Asteron Life Complete

Supplementary Product Disclosure Statement (SPDS)

Issued 31 March 2025

This is a Supplementary Product Disclosure Statement (SPDS) issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) and Brighter Super Trustee ABN 94 085 088 484 AFSL 230511. It supplements the information contained in the Asteron Life Complete Product Disclosure Statement and Policy Document (PDS) issued on 1 April 2022 and the Supplementary Product Disclosure Statement (SPDS) issued on 1 June 2023.

This SPDS is to be read together with the PDS and any other SPDS.

The purpose of this SPDS is to notify of a change to the Trustee name and change in Fund name in the SPDS issued on 1 June 2023.

Changes to the PDS

This SPDS makes the following changes to the Asteron Life Complete PDS as amended by the SPDS issued on 1 June 2023:

1. Update to page ii - **About this Product Disclosure Statement and Policy Document**, under sub section - **The issuers**. Delete the following wording:

"LGIAsuper Trustee ABN 94 085 088 484, AFSL 230511, RSE Licence No. L0000178 is the Trustee of LGIAsuper, ABN 23 053 121 564, RSE No. R1000160, trading as Brighter Super. LGIAsuper Trustee is not part of the TAL group of companies."

and replace with:

"Brighter Super Trustee ABN 94 085 088 484, AFSL 230511, RSE Licence No. L0000178 is the Trustee of Brighter Super, ABN 23 053 121 564, RSE No. R1000160. Brighter Super Trustee is not part of the TAL group of companies."

2. Update to page ii - **About this Product Disclosure Statement and Policy Document**, under sub section - **Important disclosure**. Delete the following wording:

"The Asteron Life Complete product described in this Product Disclosure Statement and Policy Document (PDS), which includes the policy terms and conditions, is issued by TAL Life, with the exception of an interest in LGIAsuper, ABN 23 053 121 564, RSE No. R1000160 (Fund), which is issued by the Trustee who will hold an Asteron Life Complete policy on your behalf, as a member of the Fund."

and replace with:

"The Asteron Life Complete product described in this Product Disclosure Statement and Policy Document (PDS), which includes the policy terms and conditions, is issued by TAL Life, with the exception of an interest in Brighter Super, ABN 23 053 121 564, RSE No. R1000160 (Fund), which is issued by the Trustee who will hold an Asteron Life Complete policy on your behalf, as a member of the Fund.

3. Change to terms and references throughout the PDS:

- All references to "LGIAsuper Trustee" or "Trustee", hereafter refers to "Brighter Super Trustee".
- All references to "LGIAsuper" (Fund), hereafter refers to "Brighter Super" (Fund), ABN 23 053 121 564, RSE No. R1000160.

TALAST0047/0425

Asteron Life Complete

Supplementary Product Disclosure Statement (SPDS)

Issued 1 June 2023

This is a Supplementary Product Disclosure Statement (SPDS) issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) and LGIAsuper Trustee ABN 94 085 088 484 AFSL 230511. It supplements the information contained in the Asteron Life Complete Product Disclosure Statement and Policy Document (PDS) issued on 1 April 2022.

This SPDS is to be read together with the PDS and any other SPDS.

The purpose of this SPDS is to notify of a change to the Trustee name and related details in the PDS.

Changes to the PDS

This SPDS makes the following changes to the Asteron Life Complete PDS:

1. Update to page ii - **About this Product Disclosure Statement and Policy Document**, under sub section - **The issuers**. Delete the following wording:

"SPSL Limited ABN 61 063 427 958, AFSL 237905, RSE Licence No L0002059 (Trustee) is the trustee of the SPSL Master Trust ABN 98 350 952 022, RSE Fund Registration No. R1056655. The Trustee is wholly owned by LGIAsuper Trustee as trustee for LGIAsuper (LGIAsuper) and is not part of the TAL group of companies."

and replace with:

"LGIAsuper Trustee ABN 94 085 088 484, AFSL 230511, RSE Licence No. L0000178 is the Trustee of LGIAsuper, ABN 23 053 121 564, RSE No. R1000160, trading as Brighter Super. LGIAsuper Trustee is not part of the TAL group of companies."

2. Update to page ii - **About this Product Disclosure Statement and Policy Document**, under sub section - **Important disclosure**. Delete the following wording:

"The Asteron Life Complete product described in this Product Disclosure Statement and Policy Document (PDS), which includes the policy terms and conditions, is issued by TAL Life, with the exception of an interest in the SPSL Master Trust RSE No R1056655 ABN 98 350 952 022 SFN 1400 429 47 (Fund), which is issued by the Trustee who will hold an Asteron Life Complete policy on your behalf, as a member of the Fund."

and replace with:

"The Asteron Life Complete product described in this Product Disclosure Statement and Policy Document (PDS), which includes the policy terms and conditions, is issued by TAL Life, with the exception of an interest in LGIAsuper, ABN 23 053 121 564, RSE No. R1000160 (Fund), which is issued by the Trustee who will hold an Asteron Life Complete policy on your behalf, as a member of the Fund."

3. Update to page 77 - **Our privacy policy**. Delete the following wording:

"You can view our privacy policy at suncorp.com.au/super/privacy"

and replace with:

"You can view our privacy policy at brightersuper.com.au/about-us/governance/reports-and policies/privacy."

4. Update to page 90 - **The Trust Deed**. Delete the following wording:

"You can obtain a copy of the Trust Deed on line at https://www.suncorp.com.au/about-us/who-is-suncorpsuper/governance.html"

and replace with:

"You can obtain a copy of the Trust Deed online at brightersuper.com.au"

5. Change to terms and references throughout the PDS:

- All references to "SPSL Limited" or "Trustee", hereafter refers to "LGIAsuper Trustee", ABN 94 085 088 484, AFSL 230511, RSE Licence No. L0000178."
- All references to "SPSL Master Trust", hereafter refers to "LGIAsuper" (Fund), ABN 23 053 121 564, RSE No. R1000160."

TALAST0012/0623

Asteron Life Complete

Product Disclosure Statement and Policy Document

1 April 2022

About this Product Disclosure Statement and Policy Document

The issuers

TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). SPSL Limited ABN 61 063 427 958, AFSL 237905, RSE Licence No L0002059 (Trustee) is the trustee of the SPSL Master Trust ABN 98 350 952 022, RSE Fund Registration No. R1056655. The Trustee is wholly owned by LGIAsuper Trustee as trustee for LGIAsuper (LGIAsuper) and is not part of the TAL group of companies. The TAL group of companies are not part of the LGIAsuper Group. The different entities of TAL and the LGIAsuper Group of companies are not guaranteed by or responsible for, or liable in respect of, products and services provided by the other. The Trustee uses the Asteron Life brand under licence from the TAL group of companies.

Important disclosure

The Asteron Life Complete product described in this Product Disclosure Statement and Policy Document (PDS), which includes the policy terms and conditions, is issued by TAL Life, with the exception of an interest in the SPSL Master Trust RSE No R1056655 ABN 98 350 952 022 SFN 1400 429 47 (Fund), which is issued by the Trustee who will hold an Asteron Life Complete policy on your behalf, as a member of the Fund.

Both TAL Life and the Trustee take full responsibility for the whole PDS.

This PDS also contains important information about the Fund. If you become a member of the Fund, the Trustee will buy a policy on your behalf. TAL Life will pay any benefits under that policy to the Trustee, and the benefit amount will form part of your superannuation entitlements. Payment from the Fund to you will be subject to superannuation law requirements.

This policy may be offered by TAL Life to trustees of external superannuation funds for the benefit of its member(s). In this regard the trustee must be satisfied it can take out the policy under superannuation law and the trustee must make its own decision as to whether it can pay any benefits under this policy to members in accordance with superannuation law. Some benefits such as the Grief Support Service may not be payable from the external superannuation fund in accordance with the relevant conditions of release, even after TAL Life has agreed to pay it to the trustee in the event of a claim. The trustee should seek its own advice prior to accepting a policy issued by TAL Life offering these benefits. TAL Life makes no representations as to whether the trustee is able to take out this policy or whether any benefits can be paid to members by the trustee.

Benefits under your policy

There are certain entry and expiry ages, health, occupational and pastime limits that apply in respect of the benefits and optional benefits available under your policy. The ability to adjust the terms and conditions of your policy or increase the level of cover available, may also be subject to your age, health, occupation or pastimes at the time you apply to adjust the terms and conditions or increase the level of cover, together with the consent of the trustee. Contact us (please refer to chapter 5, section 16 'Contacting us and complaints') to determine your eligibility to apply for cover, adjusted cover or increased cover under your policy.

Benefits are not payable in some circumstances, which are explained under chapter 5, section 9 'Times when we won't pay'. Unless otherwise stated, payment of a benefit is subject to our acceptance of your claim and satisfaction of our claim requirements being met (please refer to chapter 5, section 15 'Making a claim').

To be eligible for a benefit payment you must meet the conditions of the policy while your cover is in force.

How to Apply

Information about how to apply for an Asteron Life Complete policy is set out below in the section titled 'Applying for an Asteron Life Complete policy' as well as in chapter 5, section 3 'How to apply'. The relevant application form will be provided to you by your adviser or by TAL Life together with this PDS. You must receive this PDS and be in Australia to be eligible to apply for cover.

Please read the information titled 'Your duty when applying for an Asteron Life Complete policy' in chapter 5 section 5. This is important because there is a risk that a benefit will not be paid under the policy if the applicable duty or duties are not complied with.

Cover is subject to our acceptance.

Your contract with us

If you are issued with an Asteron Life Complete policy, this PDS together with the information you provide in your application and the schedule, constitutes your insurance policy and is evidence of your insurance contract with us. You should read this document in conjunction with the schedule and your original disclosure and policy documents, because together they contain important information relating to your policy. Please keep this PDS and your schedule in a safe place. Your schedule is issued to you based on the information provided by you to us on your application for insurance.

Cooling Off

If you are issued with an Asteron Life Complete policy, you will have a cooling off period to decide whether the product is suitable for your needs. Information about the cooling off period can be found on page 65.

This PDS is not advice

The information in the PDS does not take into account your personal circumstances. You should consider the appropriateness of the information having regard to your objectives, financial situation and needs.

Future update information

All the information in this PDS is current at the time of issue. We may change or update information from time to time that is not materially adverse by preparing a Product Information Update. You will find Product Information Updates on our Website at www.asteronlife.com.au. You can also obtain a printed copy of any Product Information Update, at no cost, by contacting us on the contact details provided on the back of this PDS.

Applying for an Asteron Life Complete policy

You can make an application for the Asteron Life Complete product described in this PDS if you are or were previously insured under an *original policy*:

- that is being replaced with a new Asteron Life Complete policy; or
- under which you are repurchasing cover as a new Asteron Life Complete policy.

This includes where you:

- exercise a buy back, or reinstatement option under your *original policy*; or
- exercise a continuation or conversion option; or
- make a change to the policy owner which requires the *original policy* to be cancelled and a new policy to be issued in its place.

What to expect when you transfer policy ownership

Certain transfers of policy ownership require the cancellation and replacement of the original policy. If you make an application to transfer the ownership of your *original policy* and we accept it, the *original policy* will be cancelled, and a new Asteron Life Complete policy will be issued in its place. You'll receive a new schedule, which outlines your specific cover details and lists the new policy owner. Premiums will be determined at the time of issuing the new policy and will be shown on the schedule. The premium for the new policy may differ from the premium for the *original policy*, so prior to making an application you should obtain a premium quote by contacting us or your financial adviser.

What to expect when you repurchase cover after a claim

Your *original policy* may have included a cover buy back or reinstatement option that allows you to repurchase cover within a specified period after a claim has been paid. Please take care to ensure we receive your application within the time specified for the exercise of the option. If you make an application to repurchase cover following a claim and we accept it, a new Asteron Life Complete policy will be issued, and you'll receive a new schedule which outlines your specific cover details. Premiums will be determined at the time of issuing the new policy and will be shown on the schedule. The premium for the new policy may differ from the premium for the *original policy*, so prior to making an application you should obtain a premium quote by contacting us or your financial adviser.

What to expect when you exercise a continuation or conversion option

In certain situations where your circumstances have changed, you may be able to continue cover under, or convert cover to, a new policy. Please note that the new cover will typically be granted on different terms to the original policy. If you make an application to exercise a continuation or conversion option and we accept it, a new Asteron Life Complete policy will be issued, and you'll receive a new schedule, which outlines your specific cover details. Premiums will be determined at the time of issuing the new policy and will be shown on the schedule. The premium for the new policy may differ from prior premiums, so prior to making an application you should obtain a premium quote by contacting us or your financial adviser.

How to apply

To apply for the Asteron Life Complete product described in this PDS, you will first need to be provided with a quote either by your financial adviser or us. We will also provide you or your financial adviser with the appropriate application form, depending on your circumstances, together with this PDS. You must receive this PDS in Australia and be in Australia to be eligible to apply for cover. Please note that applications are also subject to our acceptance.

Please note that your application will be subject to the terms of any option you are applying to exercise (such as a transfer of ownership, cover repurchase, or cover continuation option), which will be set out in your original disclosure or policy document or application form.

Please also ensure you read the information titled 'The duty of disclosure and the duty to take reasonable care not to make a misrepresentation' in chapter 5 section 5. This is important because there is a risk that a benefit will not be paid under the policy if the applicable duty or duties are not complied with.

By applying for the Asteron Life Complete product described in this PDS, you agree to be bound by the terms of this PDS and Policy Document and the new Policy Schedule we will issue to you if your application is accepted.

Understanding this PDS

As you read through this PDS, you'll notice we use terms and expressions which have a particular meaning:

- When we refer to 'you' or 'your' in the context of death, disablement, a condition or procedure, income, expenses, life events, occupation or age, we're referring to the insured person, who may not be the policy owner, in all other cases we're referring to the policy owner. If the policy is owned through the SPSL Master Trust, the policy owner is SPSL Limited as trustee for the SPSL Master Trust.
- When we refer to 'we', 'our', 'us' or 'TAL Life', we're referring to TAL Life.
- When we refer to 'Trustee' we're referring to SPSL Limited as trustee for the SPSL Master Trust.
- When we refer to 'Life Cover Super' and 'Income Protection Cover Super', we're referring to cover owned through the SPSL Master Trust.
- When we refer to 'Income Protection Covers', we're referring to Income Protection Cover - Accident Only Cover, Income Protection Cover and Income Protection Plus Cover.
- When we refer to 'linked TPD Cover' or 'linked Trauma Cover', we're referring to TPD Cover and Trauma Cover (respectively) linked to Life Cover.

You'll also see medical conditions and other words written in *italics*. To find out what they mean, please refer to chapter 7 'Medical Glossary, Definitions'. If there's anything else you need help to understand, please contact your financial adviser or our customer service team on 1800 221 727.

Other important things to note:

- The headings in this PDS are intended to help identify sections of the document, but are not to be used to interpret the provisions of this policy.
- Words indicating the singular can also be taken to mean the plural and vice versa.
- All references to dollar amounts are references to Australian currency.
- All payments to and from us must be in Australian dollars.
- Some of the benefits offered in this PDS are not available for *superannuation policies*. These benefits are marked with NS.
- Some features in this PDS may not be available on policies purchased following a claim on your *original policy*. These features are marked with NC. For further information, please refer to your original disclosure documents.
- This policy is to be interpreted in line with the law as it applies in New South Wales.

If you'd like to contact us or the Trustee for further information on anything in this PDS, please call our customer service team on 1800 221 727.

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Chapter 1

Asteron Life Complete

Asteron Life Complete

Insurance to fit your life

Let's face it—sorting out life insurance is often the last thing on your mind when you're fit and healthy.

After all, there are so many more exciting things to do—like being with your family and friends, working and travelling.

That's why we have developed Asteron Life Complete. It's a comprehensive suite of insurance covers which can be tailored to suit wherever you're at in life. Which means you can focus on what's important to you, secure in the knowledge that whatever happens, you and your family's financial future is protected 7 days a week, 24 hours a day, anywhere in the world.

Life Cover

When you think about it, your life is your most valuable asset. And like other valuable assets (such as your home, car or boat), you should protect it so if something happens your family is looked after. Life Cover can help do this by paying a lump sum in the event of your death or diagnosis of a *terminal illness*. This money may help with your mortgage payments, your children's education expenses, or go towards creating an income for your family's future.

Total and Permanent Disablement (TPD) Cover

If you're *totally and permanently disabled*, TPD Cover can help ease the financial pressure on you and your family by providing a lump sum payment which can be used to pay medical bills, make home modifications, generate an income if you can't work again, or even assist with ongoing expenses like paying off the mortgage.

Trauma Cover

Trauma Cover pays you a lump sum payment if you're diagnosed with a serious medical condition (as defined in this PDS). You can use the payment to help with the cost of your medical treatments, and for everyday expenses like your mortgage or rent so you can concentrate on getting better.

Income Protection Cover

Income Protection Cover is designed to replace up to 80% of your *monthly income* if you're unable to work due to *sickness* or *injury*—making sure bills and expenses can still be paid while you're recuperating.

Business Expenses Cover

Running your own business can be stressful, especially if you have to take time off work if you're sick. That's why Business Expenses Cover was developed. It's there to help you pay for fixed business expenses like utility bills or rent by providing a *monthly benefit* if you're unable to work due to *sickness* or *injury*.

Child Cover

Like Trauma cover for adults, Child Cover can help alleviate the financial pressure on families if a child becomes seriously ill. Child Cover is available for a list of defined events including serious medical conditions, and can be used to pay for medical treatments, or give you the financial means to take time off work to be by your child's side.

Key features of Asteron Life Complete

These features apply to all covers in the Asteron Life Complete product.

Worldwide Cover

Wherever you are in the world, you're covered 7 days a week, 24 hours a day. This includes when you travel, move house, change jobs, or become unemployed.

Upgrades to your policy, and change to premiums

From time to time we may make improvements to Asteron Life Complete benefits and definitions. We will automatically pass on any improvements we make to Asteron Life Complete to you when they do not result in an increase in your premium.

Where improvements to Asteron Life Complete do result in an increase to your premium, we will notify you at least 30 days prior to the change taking effect. You can take up our offer to make the change by continuing to pay your premiums, including any increase. Or you can choose not to accept our offer by calling our customer service team or writing to us within 30 days of receiving the notice. If you tell us you do not want to take up the offer, we will remove the improvements and any applicable premium increase.

If you have a *pre-existing condition* at the time we apply an improvement to your policy, the improvement will not apply to that *pre-existing condition* when we assess any claim affected by that *pre-existing condition*.

Grief Support Service

If either you or your immediate family need grief counselling at the time of claim, we'll pay for up to 4 hours* of initial confidential grief counselling (or up to 6 hours* if you choose combined counselling) for you or your immediate family.

The grief counselling sessions will be provided by an independently owned organisation appointed by us, and are not available for any other forms of counselling.

* Any travel time by the counsellors is included in this time.

Chapter 2

Life

TPD

Trauma

Life, TPD, Trauma

Life Cover

Protecting your family's future

Your life is your most important asset. By making sure it's properly insured, you're providing your family with a financial safety net if something happens to you.

Life Cover works by paying a lump sum if you die or become *terminally ill.* As everyone's situation is different, when you apply, you choose how much you're covered for—this is called your Life Cover *sum insured.* Your financial adviser can help you decide your *sum insured*.

Built in and optional benefits

Your Life Cover includes a number of built in benefits and optional benefits. A summary of these are set out in the tables below. Full details of these benefits are located in the 'Life, TPD and Trauma benefits in detail' section on pages 15 to 29 of this PDS. Make sure you read through them carefully and talk to your financial adviser about how they apply to you. Some of the benefits offered in this PDS are not available for *superannuation policies*. These benefits are marked with NS.

Built in benefits	What does it do?	Benefit in detail on page
Life Cover Benefit	Pays the Life Cover sum insured in the event of your death.	19
Terminal Illness Benefit	Pays the Life Cover *sum insured* if you're diagnosed as *terminally ill*.	19
Funeral Advancement Benefit NS	Provides an advance payment up to $20,000 to help meet immediate funeral expenses in the event of your death.	19
Financial Planning Benefit NS	Pays up to $2,500 as reimbursement of financial advice fees following the payment of the Life Cover Benefit or Terminal Illness Benefit.	19
Waiver of Premium Due to Serious Disablement NS	Waives your Life Cover premiums for up to 2 years if you suffer a *sickness* or *injury* that results in you being constantly and permanently unable to perform at least 2 *activities of daily living*.	20
Loyalty Funeral Benefit	Pays an additional $15,000 in the event of your death if your premiums are paid on a level to age 70 basis for 10 consecutive years.	20
Premium and Cover Suspension Benefit	You can apply to suspend your premium and cover for up to 12 months if you experience financial hardship, are unemployed, or are on sabbatical, maternity, paternity or long-term leave from work.	20
Premium Freeze Option	You can freeze the premiums on your cover so your future premium continues at a set amount.	21
Continuation of Cover	You can convert your Life Cover Super *sum insured* to a new policy with Life Cover outside superannuation if you're no longer eligible to make superannuation contributions.	18

Optional benefits	What does it do?	Benefit in detail on page
Business Security Option NS	You can increase your Life Cover *sum insured* once a year when a specified business event occurs without the need for any further medical information.	24
Child Cover NS	Pays the Child Cover *sum insured* if the insured child dies, becomes *terminally ill*, or suffers one of the defined medical events listed on page 57.	57
Waiver of Premium Option	Waives the premiums payable on your Life Cover while you're *significantly disabled* and unable to work for 6 consecutive months or more.	25
Healthy Life Option	Provides a discount on your Life Cover and/or TPD Cover premiums if you qualify for this option.	26
Healthy Plus Option	Provides a discount on your Life Cover premiums if you qualify for this option.	26

Key features

- Worldwide Cover
- Upgrades to your policy, and change to premiums

Times when we won't pay

There are certain situations when we won't pay a benefit. These situations are explained in chapter 5, section 9 on page 69.

Total and Permanent Disablement (TPD) Cover

Caring for you if you become disabled

We all love to live the lifestyle we have grown accustomed to. But if you become disabled, you may have to make some big adjustments to accommodate things like a change in mobility, being unable to work, or even needing constant care.

With TPD Cover, you're paid a lump sum if you become *totally and permanently disabled*. When you apply, you choose how much you're covered for (your TPD Cover *sum insured*), and can use this money for things like medical bills, make home modifications, generate an income if you can't work again, or even assist with ongoing expenses like paying off the mortgage.

TPD Cover can be selected as stand alone cover, or linked to Life Cover. For more information on linking options, please read chapter 5, section 1.3 'Linking Options' on page 61.

Built in and optional benefits

Your TPD Cover includes a number of built in benefits and optional benefits. A summary of them are set out in the tables below. Full details of these benefits are located in the 'Life, TPD and Trauma benefits in detail' section on pages 15 to 29 of this PDS. Make sure you read through them carefully and talk to your financial adviser about how they apply to you.

The benefits in the tables below are available for both TPD Stand Alone Cover and TPD Cover (unless we have specified otherwise). Some of the benefits offered in this PDS are not available for *superannuation policies*. These benefits are marked with NS.

Built in benefits	What does it do?	Benefit in detail on page
Total Permanent and Disablement (TPD) Benefit	Pays the TPD Cover *sum insured* if you become *totally and permanently disabled*.	21
Single Loss of Limb or Eye Benefit NS	Pays 25% of the TPD Cover *sum insured* if you suffer *single loss of limb or eye (permanent).*	21
Limited Death Benefit	Pays a benefit of up to $20,000 in the event of death or *terminal illness* if the TPD Benefit is not payable.	21
Financial Planning Benefit NS	When receiving a TPD Benefit, you may need financial advice. We'll pay up to $2,500 as reimbursement of financial advice fees following the payment of the TPD Benefit.	19
Premium and Cover Suspension Benefit	You can apply to suspend your premiums and cover for up to 12 months if you experience financial hardship, are unemployed, or are on sabbatical, maternity, paternity or long-term leave from work.	20
Premium Freeze Option	You can freeze the premiums on your cover so your future premiums continue at a set amount.	21
Continuation of Cover NS	You can apply to continue your TPD Benefit on the *any occupation TPD* or *own occupation TPD* definition to age 70.	18
Conversion Benefit	You can convert your TPD Stand Alone Cover to a new policy with Life Cover and linked TPD Cover when certain life events occur.	22

Optional benefits	What does it do?	Benefit in detail on page
Business Security Option NS	You can increase your TPD Cover *sum insured* once a year when a specified business event occurs without the need for any further medical information.	24
Child Cover NS	Pays the Child Cover *sum insured* if the insured child dies, becomes *terminally ill*, or suffers one of the defined medical events listed on page 57.	57
Waiver of Premium Option	Waives the premiums payable on your TPD Cover if you're *significantly disabled* and unable to work for 6 or more consecutive months.	25

TPD Cover linked to Life Cover

This is one way to structure Life and TPD Cover. Premiums are discounted when compared to the combined premium of Life Cover and TPD Stand Alone Cover. This is because if we pay a linked TPD benefit for *total and permanent disablement* or *single loss of limb or eye (permanent)*, we'll reduce:

- your linked Life Cover *sum insured*, and
- any Trauma Cover *sum insured* that is linked to your Life Cover,

by the amount of the benefit paid. However, you may be eligible for the Life Cover Buy Back benefit after a TPD claim. You can read more about this benefit below or on page 23.

If you have selected the Double TPD option, we won't reduce your Life Cover *sum insured*, and in addition, we'll waive all future premiums for the Life Cover Benefit linked to your TPD Cover, equal to the amount of the TPD Benefit paid. You can read more about Double TPD in section 22 on page 26.

The benefits in the tables below are only available if you have chosen linked TPD Cover.

Built in benefits	What does it do?	Benefit in detail on page
Life Cover Buy Back	You can purchase a new policy with Life Cover 12 months after the TPD Benefit has been paid for the same linked TPD Cover *sum insured,* without providing further medical information.	23

Optional benefits	What does it do?	Benefit in detail on page
Double TPD	If we pay the full TPD Cover *sum insured*, we won't reduce your linked Life Cover *sum insured*, and we'll waive all future premiums for the linked Life Cover Benefit equal to the amount of the TPD Cover *sum insured*.	26

TPD definitions

If you're *totally and permanently disabled*, we'll pay the TPD Cover *sum insured* if you meet the definition that applies to your policy. The type of cover provided by each definition is different as is the cost.

Below is a brief summary of each TPD definition. A detailed explanation is located in chapter 7 'Medical Glossary, Definitions'.

Definition	Conditions						
	Suffer *single loss of limb or sight (permanent)*	Suffer *significant cognitive impairment*	Unable to do 2 *activities of daily living*	Suffer one of the defined medical conditions	Unlikely ever again to be able to work in your own occupation	Unlikely ever again to be able to work in any occupation	Unlikely ever again to be able to perform *normal domestic duties*[1]
Own occupation TPD (including ***Split TPD own occupation)*** NS	✓	✓	✓	✓	✓	×	✓
Any occupation TPD	✓	✓	✓	✓	×	✓	✓
Split TPD any occupation	×	×	×	×	×	✓	×
Modified TPD	✓	✓	✓	×	×	×	×

[1] You will be assessed against the *home-maker TPD* definition if you're a *home-maker* and not working in any *gainful occupation* at the time of the event giving rise to your TPD claim.

If you're a *home-maker* and not working in a gainful occupation

We'll issue your TPD Cover with the *any occupation TPD* definition, which allows you to move in and out of the workforce without having to change the TPD definition. At claim time, we'll assess you under either the *home-maker TPD* definition or *any occupation TPD* definition depending on whether you're a *home-maker* or in paid employment at the time of disablement.

If you have an *own occupation TPD* or any *occupation TPD* definition and are a *home-maker* and not working in any *gainful occupation* at the time of claim, we'll assess you under the *home-maker* TPD definition.

If you're not a *home-maker* and not working in a gainful occupation

If you are not working in any gainful occupation, only the *Modified TPD* definition will be available to apply for.

If you're working 20 hours or less

If your occupation class is AA, LP, MP, or AP and you're working 20 hours or less per week when you apply for *own occupation TPD*, we'll issue your TPD Cover with the *own occupation TPD* definition.

At claim time we'll assess your claim under either:

- the *home-maker TPD* definition if you were a *home-maker* or not working in any *gainful occupation*
- the *any occupation TPD* definition if you were working 20 hours or less per week, or
- the *own occupation TPD* definition if you were working more than 20 hours per week, at the time of claim.

TPD Cover variation when you're 65

Once you're 65, the maximum amount of TPD insurance you can hold across all insurance companies is $3,000,000. If your TPD Cover *sum insured* is higher than $3,000,000 prior to age 65, we'll automatically reduce your TPD Cover *sum insured* to $3,000,000 on the policy anniversary when you're age 65.

If the *own occupation TPD* or *any occupation TPD* definition applies to your TPD Cover, the definition will convert to the *modified TPD* definition.

Continuation of TPD Cover under the *own occupation TPD* or *any occupation TPD* definitions to age 70 is available for selected occupation classes. For full details of this benefit and conditions which apply, please refer to section 3.2 'Continuation of cover for TPD' on page 18.

Key features

- Worldwide Cover
- Upgrades to your policy, and change to premiums

Times when we won't pay

There are certain situations when we won't pay a benefit. These situations are explained in chapter 5, section 9 on page 69.

Trauma Cover NS

Helping you through serious illness

A serious illness can unfortunately affect any of us. And if it does happen, you want to be able to focus all of your energy on getting better again, not worrying about bills or loss of income.

That's where Trauma Cover steps in. It provides you and your family with a lump sum if you're diagnosed with one of a list of defined serious medical conditions or undergo certain medical procedures.

Trauma Cover can be selected as stand alone cover, or linked to Life Cover. For more information on linking options, please read chapter 5, section 1.3 'Linking Options' on page 61.

There are 2 types of Trauma Cover, Trauma and Trauma Plus. When you apply, you choose how much you're covered for (your Trauma Cover *sum insured*), depending on your needs. Your financial adviser can help you decide what's suitable.

Please note, to be eligible to receive the Trauma Benefit or Partial Trauma Benefit under Trauma Stand Alone Cover, you must survive 14 days from the date of the defined medical event. If you don't survive for 14 days, we'll pay the Limited Death Benefit (please see the table below).

Trauma Cover is not available through *superannuation policies*.

Built in and optional benefits

Your Trauma Cover includes a number of built in benefits and optional benefits. A summary of these are set out in the tables below. Full details of these benefits are located in the 'Life, TPD and Trauma benefits in detail' section on pages 15 to 29 of this PDS. Make sure you read through them carefully and talk to your financial adviser about how they apply to you.

The benefits in the tables below are available for both Trauma Stand Alone Cover and linked Trauma Cover (unless we have specified otherwise).

Built in benefits	What does it do?	Benefit in detail on page
Trauma Benefit	Pays the Trauma Cover *sum insured* if you're diagnosed as suffering a Trauma Benefit defined medical event listed on page 12.	22
Partial Trauma Benefit	Pays a percentage of the Trauma Cover *sum insured* if you're diagnosed with a Partial Trauma Benefit defined medical event listed on page 13.	22
Limited Death Benefit	Pays a benefit of up to $20,000 if you die and the Trauma Benefit or the Partial Trauma Benefit is not payable. Only available on Trauma Stand Alone Cover.	21
Financial Planning Benefit	When receiving a Trauma Benefit, you may need financial advice. We'll pay up to $2,500 as reimbursement of financial advice fees following the payment of the Trauma Benefit.	19
Premium and Cover Suspension Benefit	You can apply to suspend your premiums and cover for up to 12 months if you experience financial hardship, are unemployed, or are on sabbatical, maternity, paternity or long-term leave from work.	20
Premium Freeze Option	You can freeze the premiums on your cover so your future premiums continue at a set amount.	21
Continuation of Cover	You can convert your Trauma Stand Alone Cover to a policy with TPD Stand Alone Cover if the Trauma Benefit has not become payable before the *expiry date.*	18
Conversion Benefit	You can convert your Trauma Stand Alone Cover to a policy with Life Cover and linked Trauma Cover when certain life events occur.	22

Optional benefits	What does it do?	Benefit in detail on page
Business Security Option	You can increase your Trauma Cover *sum insured* once a year when a specified business event occurs without the need for any further medical information.	24
Child Cover	Pays the Child Cover *sum insured* if the insured child dies, becomes *terminally ill*, or suffers one of the defined medical events listed on page 57.	57
Waiver of Premium Option	Waives the premiums payable on your Trauma Cover if you're *significantly disabled* and unable to work for 6 or more consecutive months.	25
Trauma Booster Option	Doubles the payment for the Partial Trauma Benefit, and boosts the payment of the Trauma Benefit by an additional 25% of the Trauma Cover *sum insured* for 5 specified trauma events.	27
Trauma Reinstatement Option	You can purchase a new policy with Trauma Stand Alone Cover 12 months after the Trauma Benefit has been paid for the same Trauma Cover *sum insured,* without providing further medical information.	27

Trauma Cover linked to Life Cover

This is one way to structure Life and Trauma Cover. Premiums are discounted when compared to the combined premium of Life Cover and Trauma Stand Alone Cover. This is because if we pay a Trauma Benefit or a Partial Trauma Benefit, we'll reduce:

- your linked Life Cover *sum insured*, and
- any TPD Cover *sum insured* that is linked to your Life Cover,

by the amount of the benefit paid. However, you may be eligible for the Life Cover Buy Back benefit after a Trauma claim. You can read more about this benefit below and on page 22.

If you have selected Double Trauma, we won't reduce the linked Life Cover *sum insured*, and in addition, we'll waive all future premiums for the linked Life Cover *sum insured* equal to the amount of the Trauma Benefit paid. You can read more about Double Trauma in section 25 on page 28.

Built in benefits	What does it do?	Benefit in detail on page
Life Cover Buy Back	You can purchase a new policy with Life Cover 12 months after the Trauma Benefit has been paid for the same linked Trauma Cover *sum insured* without providing further medical information.	23

Optional benefits	What does it do?	Benefit in detail on page
Double Trauma	If we pay the full Trauma Cover *sum insured*, we won't reduce your linked Life Cover Benefit. In addition, we'll waive all future premiums for the linked Life Cover Benefit equal to the amount of the Trauma payment.	28

Trauma Benefit NS

We'll pay the Trauma Cover *sum insured* when you're diagnosed as suffering one of the defined medical events listed in the table below, and defined in chapter 7 'Medical Glossary, Definitions' on pages 92 to 106. The list that applies to your Trauma Cover depends on whether you have selected Trauma or Trauma Plus.

For full details of the Trauma Benefit, please read the 'Life, TPD and Trauma benefits in detail' section on pages 15 to 29.

List of defined medical events when we'll pay a full Trauma Benefit

Defined medical event	Trauma Plus	Trauma
Aplastic anaemia (requiring treatment)	✓	✓
Benign tumour of the brain with specified permanent impairment	✓	✓
Benign tumour of the spine with specified permanent impairment	✓	✓
Blindness (permanent)	✓	✓
*Cancer (of specified criteria)**	✓	✓
Cardiomyopathy with permanent impairment (of specified severity)	✓	✓
Chronic kidney failure (undergoing regular dialysis)	✓	✓
Chronic liver failure (resulting in permanent symptoms)	✓	✓
Chronic lung failure (on permanent oxygen therapy)	✓	✓
Coma (of specified severity)	✓	✓
*Coronary artery angioplasty – triple vessel**	✓	✓
*Coronary artery bypass surgery**	✓	✓
Creutzfeldt-Jakob disease	✓	✓
Deafness	✓	✓
Dementia including Alzheimer's disease with permanent impairment (of specified severity)	✓	✓
Encephalitis resulting in permanent impairment (of specified severity)	✓	✓
*Heart attack (of specified severity)**	✓	✓
*Heart surgery (open)**	✓	✓
Hepatitis B or C-occupationally acquired	✓	✓
HIV-occupationally acquired	✓	✓
Intensive care (requiring 10 days of continuous tracheal intubation)	✓	✓
Loss of independent existence (permanent)	✓	✓
Loss of use of limbs or sight (permanent)	✓	✓
Loss of speech (permanent)	✓	✓
Major head trauma resulting in permanent impairment (of specified severity)	✓	✓
Major organ transplant (of specified organs)	✓	✓
Medically acquired HIV (contracted from a medical procedure or operation)	✓	✓
Meningitis resulting in permanent impairment (of specified severity)	✓	✓
Motor neurone disease	✓	✓
Multiple sclerosis (with persistent neurological abnormalities)	✓	✓
Muscular dystrophy	✓	✓
*Out of hospital cardiac arrest**	✓	✓
Paralysis (permanent)	✓	✓
Parkinson's disease (degenerative idiopathic)	✓	✓
Primary pulmonary hypertension	✓	✓
*Repair or replacement of aorta (excluding intra-arterial and non-surgical techniques)**	✓	✓
*Repair or replacement of valves (via open heart surgery)**	✓	✓
Severe burns	✓	✓

Defined medical event	Trauma Plus	Trauma
Severe diabetes mellitus (with specified complications)	✓	✗
Severe rheumatoid arthritis	✓	✓
Significant cognitive impairment	✓	✓
*Stroke**	✓	✓

* Cover does not start until the later of the policy *commencement date* and 3 months after the following scenarios, whichever one is applicable to you:

- we receive a fully completed application for insurance from you
- we receive a fully completed application for increase to the *sum insured* (in respect to the increased portion only), or
- the most recent reinstatement of the policy or declaration of continued good health.

This does not apply if your policy is a *replacement policy*.

Partial Trauma Benefit NS

When you're diagnosed as suffering one of the defined medical events listed in the table below (except for *coronary artery angioplasty**), and defined in chapter 7 'Medical Glossary, Definitions', we'll pay 20% of the Trauma Cover *sum insured,* subject to a maximum of $100,000.

For *coronary artery angioplasty**, we'll pay the lesser of $25,000 and 25% of the Trauma Cover *sum insured.*

The Trauma Cover *sum insured* will be reduced by each payment under the Partial Trauma Benefit and your premiums changed accordingly. If you have selected a mixed premium type, unless requested otherwise by you, we will firstly reduce the stepped premium *sum insured*.

For full details of the Partial Trauma Benefit, please read section 16 on page 22.

List of defined medical events when we'll pay a Partial Trauma Benefit

Defined medical event	Trauma Plus	Trauma
Adult onset type 1 diabetes after age 30	✓	✗
Benign tumour of the brain (of specified severity)	✓	✗
Benign tumour of the spine (of specified severity)	✓	✗
Carcinoma in situ of the breast^*	✓	✗
Carcinoma in situ of the female organs^*	✓	✗
Carcinoma in situ of the male organs^*	✓	✗
Colostomy and/or ileostomy (permanent)	✓	✗
*Coronary artery angioplasty**	✓	✓
*Early stage chronic lymphocytic leukaemia**	✓	✗
Early stage skin melanoma (excluding melanoma in situ)^*	✓	✗
Early stage prostatic cancer^*	✓	✗
Hydrocephalus	✓	✗
Major burns	✓	✗
Serious accidental injury	✓	✗
Severe Crohn's disease	✓	✗
Severe osteoporosis	✓	✗

Defined medical event	Trauma Plus	Trauma
Severe ulcerative colitis	✓	✗
Single loss of limb or eye (permanent)	✓	✗

* Cover does not start until the later of the policy *commencement date* and 3 months after the following scenarios, whichever one is applicable to you:

- we receive a fully completed application for insurance from you
- we receive a fully completed application for increase to the sum insured (in respect to the increased portion only), or
- the most recent reinstatement of the policy or declaration of continued good health.

This does not apply if your policy is a *replacement policy*.

^ We'll pay the Partial Trauma Benefit once only for the first of these conditions to occur.

Key Features

- Worldwide Cover
- Upgrades to your policy, and change to premiums

Times when we won't pay

There are certain situations when we won't pay a benefit. These situations are explained in chapter 5, section 9 on page 69.

Life, TPD and Trauma benefits in detail

You've already seen an overview of all the features and benefits of your cover, now it's time to go through these in detail. It's important you read this section of the PDS carefully as it forms a part of your insurance contract.

Please use the coloured icons below to understand which benefit is available on your cover.

Benefits available under:	
Life Cover	Life
TPD Stand Alone Cover only	TPD Stand Alone
TPD Cover (including TPD Stand Alone Cover and linked TPD Cover unless we have specified otherwise)	TPD
Trauma Stand Alone Cover only	Trauma Stand Alone
Trauma Cover (including Trauma Stand Alone Cover and linked Trauma Cover unless we have specified otherwise)	Trauma

Built in benefits

This section provides detail about the benefits available under your Life Cover, TPD Cover or Trauma Cover. Some of the benefits offered in this PDS are not available for *superannuation policies*. These benefits are marked with NS.

Some features may not be available on policies purchased following a claim on your *original policy*. These features are marked with NC. For further information, please refer to your original disclosure and policy documents.

1. Automatic Increase NC

Life | TPD | Trauma

While your cover is in force, on each anniversary of the *commencement date*, we'll offer to increase the *sum insured* for:

- Life Cover
- TPD Cover, and
- Trauma Cover

without any account being taken of your health, occupation or pastimes.

The increase in the *sum insured* offered to you will be the greater of the *indexation factor* and 5%. Premiums will be increased to reflect the increased *sum insured*.

Automatic Increase won't apply if:

- the Premium Freeze Option applies (please refer to section 11)
- the Business Security Option applies (please refer to section 19)
- premiums are being waived because we have paid a benefit under Double TPD or Double Trauma, if applicable (please refer to section 22 and 25), or
- you elect not to accept our offer of an increased *sum insured* by calling our customer service team or providing written notice to us within 30 days of the anniversary of the *commencement date*.

Automatic Increase does not apply to the *sum insured* for Child Cover and does not apply to the Loyalty Funeral Benefit.

2. Guaranteed Future Insurability NC

Life | TPD | Trauma

You can increase the Life Cover, TPD Cover or Trauma Cover *sum insured* without the need for further medical evidence if:

- any of the increase events in the table on page 16 occur to you
- the *sum insured* for the cover to be increased is at least $25,000
- you're 55 years of age or less at the *commencement date* of the cover, and
- you're 60 years of age or less when the event occurs,

and the evidence required as described on page 16 is provided.

Increase Event	Evidence Required
You get married.[1]	An Australian Court must recognise the marriage as a legal marriage. We'll require a copy of the marriage certificate.
You have commenced a domestic relationship with a *spouse*, which continues for 12 months and began within the previous 18 months.[1]	We'll require a statutory declaration stating that you're living with a person in a domestic relationship in good faith for 12 months after commencing the relationship.
You or your *spouse* gives birth to a child.	We'll require a copy of the birth certificate, which must name you or your *spouse* as a parent.
You or your *spouse* adopts a child.	We'll require a copy of the adoption certificate, which must name you or your *spouse* as an adopting parent.
You take out or increase a loan secured over your own real estate or business of at least $25,000.	We'll require a copy of the mortgage and loan documents.
Your annual salary increases by at least $5,000.	You must give us sufficient evidence of this (for example pay slips or a letter from your employer confirming the salary increase).
You're a working partner or a working director in a business and you increase your financial interest in the business by at least $25,000.	You must give us sufficient evidence of this (for example, a copy of minutes of partners' or directors' meetings confirming the amount and that the change has occurred).
An increase in your value to a business, where you're a *key person* to that business and the business owns the policy.	You must give us sufficient evidence of this (for example pay slips or a letter from your employer confirming the remuneration package increase).
You become a carer for the first time.	A statutory declaration from the person being cared for (dependant), or the dependant's legal representative, or certification from the Guardianship Board, detailing: • the nature of the dependency • the close personal relationship held with you • that the dependant permanently resides with you, and • that you're personally providing financial and domestic (for example bathing and dressing them and cooking for them) support to the dependant. In addition, we'll require a statement from the dependant's doctor verifying the need for and nature of the care required, and that such care is required for at least 6 months.
Every 5th anniversary of the *commencement date*, if the policy owner has held this policy continuously since that date.	No evidence is required.
A change of tax dependency status because you have ceased to have any *tax dependants* as defined by current tax law (Life Cover through a superannuation arrangement only).	We'll require a statutory declaration that you no longer have any *tax dependants*, and that this change in circumstance occurred within the previous 12 months. The increase benefit can only be used once for this event. If the policy is converted to a non-superannuation policy, the non-superannuation Life Cover *sum insured* will be reduced by the amount of increase applied as a result of this increase event.

[1] If you have a domestic relationship with a *spouse* you then marry you can only increase under one of these increase events, not both.

For Life Cover, Life Cover Super and Trauma Cover, Guaranteed Future Insurability is available for covers where a medical loading of up to 75% applies. For TPD Cover, this feature is only available where standard premium rates apply.

2.1 Minimum and maximum increase amounts

The maximum total amount that your cover can increase over the duration of the policy is the lesser of the original Life Cover, TPD Cover or Trauma Cover *sum insured* (as applicable) at the *commencement date* or the current *sum insured.* For example if the Life Cover, TPD Cover or Trauma Cover *sum insured* is $500,000 at the *commencement date* and the current *sum insured* is $600,000, the maximum total increase under Guaranteed Future Insurability is $500,000 across the life of the policy (as long as you don't exceed the maximum *sum insured* for that cover).

The following minimum and maximum limits also applies per increase event:

Cover	Life Cover	TPD Cover and Trauma Cover
Minimum per event	$25,000	$25,000
Maximum per event	The lesser of: • $200,000 • 50% of the Life Cover *sum insured* at the *commencement date* • the amount of the new mortgage or the amount of increase in the mortgage (if applicable) • 5 times your increase in salary (if applicable) • 5 times the average of the last 3 years consecutive annual increases in the *key person's* gross remuneration package (if applicable) • the actual amount of increase in the financial interest in the business (if applicable), and • for Life Cover through a superannuation arrangement only, the increased taxation liability incurred when a superannuation death benefit is paid to non *tax dependants* (if applicable).	The lesser of: • $200,000 • 25% of the TPD Cover or Trauma Cover *sum insured* at the *commencement date* • the amount of the new mortgage or the amount of increase in the mortgage (if applicable) • 5 times your increase in salary (if applicable), and • 5 times the average of the last 3 years, and consecutive annual increases in the *key person's* gross remuneration package (if applicable).

2.2 When Guaranteed Future Insurability does not apply

Guaranteed Future Insurability does not apply:

- if you're entitled or intending to make a claim for a benefit under this policy, or we have accepted a claim, or we have paid a benefit under your Asteron Life Complete policy (other than a benefit under Child Cover)
- if the Business Security Option applies (please refer to section 19)
- if premiums are being waived under Double TPD (please refer to section 22) or Double Trauma (please refer to section 25)
- if premiums are being waived under the Waiver of Premium Option (please refer to section 20), or the Waiver of Premium due to Serious Disablement Benefit (please refer to section 8), until the anniversary of the *commencement date* immediately after you're no longer disabled and premium payments recommence
- if the maximum *sum insured* for the cover has been reached (please refer to chapter 5, section 2.2 'How much cover can I apply for')
- for Life Cover, Life Cover Super and Trauma Cover, where a medical loading above 75%, or any 'per mille' loading*, applies to the cover. A medical exclusion is considered equal to a 50% loading for this purpose, or
- for TPD Cover, where the cover has a medical, occupational or pastime loading and/or exclusion instead of standard rates.

* an extra premium per $1,000 of sum insured (per mille loading)

2.3 How to exercise Guaranteed Future Insurability

You can only exercise an increase under Guaranteed Future Insurability once in any 12 month period.

You can exercise Guaranteed Future Insurability by providing written notice to us (including the evidence required for the event as listed in this section) within:

- 60 days of the increase event, or
- 30 days either side of the anniversary of the *commencement date* if the increase event occurred within the previous 12 months.

The premiums will be increased to reflect the increase in cover. The increased *sum insured* applies from the date we confirm to you the new Life Cover, TPD Cover or Trauma Cover *sum insured* in writing, as long as the additional premium has been paid.

2.4 Restrictions on the increased sum insured

Any exclusions, restrictions or loadings that apply on this cover will also apply to the increased portion.

For the first 6 consecutive months after cover for the increase in Life Cover, TPD Cover or Trauma Cover *sum insured* starts:

- any increase amount in excess of $100,000 for the Life Cover Benefit is only payable in the event of your *accidental death* if the increase is in relation to:
  - a mortgage
  - an increase in your financial interest in a business, or
  - your value to a business where you're a *key person*
- any increase amount for the TPD Benefit in excess of $25,000 will only be paid for *accidental total and permanent disablement,* and
- any increase amount for the Trauma Benefit in excess of $25,000 will only be paid as a result of *injury.*

3. Continuation of Cover

3.1 Continuation of Cover for Life Cover Super

In the event that the Life Cover Super and linked TPD Cover (if applicable) under your Asteron Life Complete policy ends and you're no longer eligible to make superannuation contributions, provided cover has not been discontinued due to any of the circumstances referred to in section 26 (apart from not being eligible to make superannuation contributions), you can convert your cover within 30 days, without further health or financial evidence to a new cover which, in our opinion, is the most comparable to an Asteron Life Complete policy with Life Cover (providing death and terminal illness cover) and linked TPD Cover (if applicable).

The new Life Cover *sum insured* will be the *sum insured* at the time of conversion. If applicable, the linked TPD Cover *sum insured* and TPD definition will be the same as for the linked TPD Cover at the time of conversion.

Premiums will be calculated using the rates then applying for Life Cover and linked TPD Cover (if applicable), increased by any loading factors which applied under your Asteron Life Complete policy.

The terms of the new Life Cover (and linked TPD Cover if applicable) will reflect the terms of the cover issued by us which, in our opinion, most closely resembles the terms of your Asteron Life Complete policy with Life Cover (and linked TPD Cover if applicable).

3.2 Continuation of Cover for TPD NS

You can apply to continue your TPD Cover on the *any occupation TPD* or *own occupation TPD* definition to age 70 if your occupation class is AA, AP, MP, LP, A1 or A2. To apply you will need to complete an application for continuation of cover, including questions about your continued health, and return it to us. If we accept your application, your TPD Cover will convert to the *modified TPD* definition at age 70.

At age 65, a maximum TPD *sum insured* of $1,000,000 applies for the *own occupation TPD* and *any occupation TPD* definition, and an overall maximum *sum insured* of $3,000,000 applies for TPD Cover across all insurance companies.

This option is not available where Split TPD is selected.

3.3 Continuation of Cover for Trauma

If the Trauma Benefit (please refer to section 15) has not become payable before the *expiry date*, you can apply to convert your cover, without further health or financial evidence, to a cover, which in our opinion, is most comparable to our TPD Stand Alone Cover. The TPD definition under the new TPD Cover will be the equivalent of *loss of independent existence (permanent), loss of use of limbs or sight (permanent) and significant cognitive impairment.*

The *sum insured* for the new TPD Cover will be the lesser of:

- the Trauma Cover *sum insured*, at the *expiry date,* and
- $1,000,000.

Premiums will be calculated using the rates then applying for TPD Stand Alone Cover stepped premiums or the most comparable cover stepped premiums, increased by any loading factors applying under the Trauma Cover.

This benefit is not available if the Business Security Option is applicable to your Trauma Cover (please refer to section 19) and is only available if the Trauma Cover is not linked to Life Cover.

4. Life Cover Benefit

Life

If you die while covered under Life Cover and we haven't made a payment for the Terminal Illness Benefit (please refer to section 5), we'll pay the Life Cover *sum insured*, less any payments we have made for:

- the TPD Benefit and the Single Loss of Limb or Eye Benefit (if applicable), unless Double TPD applies to your policy
- the Funeral Advancement Benefit (please refer to section 6), or
- the Trauma Benefit and Partial Trauma Benefit (if applicable), unless Double Trauma applies to your policy.

5. Terminal Illness Benefit

Life

If you become *terminally ill* while covered under Life Cover, we'll pay the Life Cover *sum insured* less any payments we have made for:

- the TPD Benefit and the Single Loss of Limb or Eye Benefit (if applicable), unless Double TPD applies to your policy, or
- the Trauma Benefit or Partial Trauma Benefit (if applicable), unless Double Trauma applies to your policy.

6. Funeral Advancement Benefit NS

Life

Whilst covered under Life Cover, we'll provide an advance payment for funeral expenses and other immediate costs:

- in the event of your *accidental death* during the first 3 years after the *commencement date* (or the date the cover was most recently reinstated), and
- thereafter on your death from all causes.

The amount we'll pay is the lesser of $20,000 and 25% of the Life Cover *sum insured*.

On our receipt of a completed claim form and the original or a certified copy of the Death Certificate, or Medical Certificate of Cause of Death, or other evidence satisfactory to us, the benefit will be paid in accordance with chapter 5, section 7 `Who will receive the benefits of my cover'.

Payment of the Funeral Advancement Benefit is intended to allow prompt payment to assist in meeting funeral expenses and other immediate costs with limited evidentiary requirements. Payment of this benefit does not mean that any other benefit under the policy will be admitted or paid.

The Funeral Advancement Benefit can be claimed at any time before we pay the Life Cover *sum insured*. The Funeral Advancement Benefit need not be claimed but, if claimed, it reduces the Life Cover *sum insured*.

7. Financial Planning Benefit NS

Life TPD Trauma

If we accept and pay a claim because in our opinion:

- you're *totally and permanently disabled* under the TPD Benefit
- you're diagnosed with a defined medical event under the Trauma Benefit
- you're diagnosed as *terminally ill*, or
- you're deceased,

we'll reimburse the recipient(s) of the benefit for accredited financial planning advice that they obtain.

The maximum amount we'll reimburse is the lesser of:

- $2,500, and
- 25% of the Life Cover, TPD Cover, or Trauma Cover *sum insured* (as applicable).

If there is more than one recipient of the benefit paid under your cover, each recipient will be entitled to an equal share of the Financial Planning Benefit. For example if there were 5 recipients and the reimbursement amount is $2,500, each recipient would be entitled to up to $500.

This benefit is only paid once per life insured.

Financial planning advice must be provided by an accredited financial adviser approved by us. In addition, the Financial Planning Benefit must be claimed within 12 months of receiving the Life Cover Benefit, TPD Benefit, Trauma Benefit or Terminal Illness Benefit payment (as applicable) from us.

The Financial Planning Benefit does not apply to any cost incurred when dealing with the claim or implementation of the financial plan nor do we take any responsibility for the financial advice provided or the implementation of that advice.

In order to apply for the benefit we require the recipient(s) to submit the following:

- a request for reimbursement
- a copy of the detailed invoice that was provided to the recipient showing a breakdown of the services provided including the authorised representative and Australian Financial Services Licence numbers and details (if applicable), and
- a receipt showing how much was paid.

Payment of the Financial Planning Benefit does not reduce the amount of the claim payment or any other benefit payable under your policy.

8. Waiver of Premium due to Serious Disablement NS

Life

If you're aged 65 or under and you suffer a *sickness* or *injury* that results in you being constantly and permanently unable to perform at least 2 of the numbered *activities of daily living* without the physical assistance of someone else, we'll waive the requirement for you to pay the premiums for the Life Cover Benefit until the earlier of:

- the date a total of $2,000 of Life Cover Benefit premiums have been waived
- the date when 2 years' worth of Life Cover premiums have been waived, or
- the date cover ends under Life Cover.

If Automatic Increase applies (please refer to section 1) and we're waiving premiums under this benefit, we'll continue to make annual increases to the Life Cover *sum insured*.

If Business Security Option applies to this policy, the option will expire on the date we commence waiving premiums under this benefit.

9. Loyalty Funeral Benefit

Life

If level to age 70 premiums apply to your policy, you may be eligible for an additional premium free Life Cover Benefit *sum insured* of $15,000 called a Loyalty Funeral Benefit.

You will be eligible for this benefit, if after the first 10 consecutive years after the *commencement date* the:

- Life Cover *sum insured* has not reduced below $200,000 at any time, and
- premiums have been continuously paid on a level to age 70 basis.

Once you have qualified for the Loyalty Funeral Benefit, it will continue regardless of any reduction to the Life Cover *sum insured*.

The following conditions also apply to the Loyalty Funeral Benefit:

- it will be paid to the estate of the life insured and is not transferable
- it is payable once per life insured
- it cannot be cancelled or modified by us for any reason and no premiums are payable in relation to the benefit
- any claim made for the payment of this benefit will be assessed based on the claim criteria applicable to a claim made under the Life Cover Benefit (refer to section 4 for more details), and
- Automatic Increase does not apply to the Loyalty Funeral Benefit.

10. Premium and Cover Suspension Benefit

Life TPD Trauma

You can tell us to suspend premiums and cover under your Life Cover, TPD Cover or Trauma Cover if you're:

- unemployed
- on sabbatical, maternity, paternity or long term leave from work, or
- experiencing financial hardship due to your household income for the last 3 months reducing by more than 30% (as compared to the household income over the preceding 3 month period*).

* Not available if financial hardship is as a result of bankruptcy or your business being put in receivership or liquidation.

The Premium and Cover Suspension Benefit is only available if your cover has been continuously in force since the *commencement date* and premiums have been paid for at least the previous 12 consecutive months. We'll suspend premiums and cover for a maximum of 12 months from the time the application is accepted by us in writing.

If cover is suspended, it is not automatically reinstated. Cover may only be reinstated upon application and after we have received the next premium. If you don't

apply to reinstate the cover within 12 months, the policy will be cancelled.

If you're suffering from or have symptoms of a *sickness* or *injury* which developed or became apparent during the period of suspension at the time the cover is reinstated, no benefit is payable for any subsequent claim affected by that symptom, *sickness* or *injury*.

11. Premium Freeze Option

Life | TPD | Trauma

If you're paying premiums on a stepped basis you can notify us to freeze the premium on your Life Cover, TPD Cover or Trauma Cover at any time (this excludes policy fees and government charges).

This means that:

- your future premiums will be fixed at the same amount as at the date of notification
- on that anniversary, and on each anniversary of the *commencement date*, the *sum insured* for this cover adjusts to the amount which can then be purchased for the frozen premium based on:
  - our standard stepped premiums rates for Asteron Life Complete
  - our premiums discounts in accordance with chapter 5, section 10 'Premiums and payment'
  - your sex, occupation, smoking status and any agreed premium loading factors, and
  - your age on your next birthday on or after the recalculation.

The Premium Freeze Option does not apply to cover provided under Child Cover (if applicable).

You can notify us to end the premium freeze at any time. The premium freeze will then end on the next policy anniversary of the *commencement date* after we receive the written request.

12. TPD Benefit

TPD

If you become *totally and permanently disabled* as a result of a *sickness* or *injury* while you're covered for this benefit, we'll pay the full TPD Cover *sum insured*.

- For TPD Cover linked to Life Cover, we will pay the:
  - Life Cover Benefit instead of the TPD Benefit, if you die, or
  - Terminal Illness Benefit instead of the TPD Benefit if you become *terminally ill* or are *totally and permanently disabled* as a result of a *terminal illness*.
- For TPD Stand Alone Cover, we will only pay the TPD Benefit if you survive at least 14 days from the date of the *sickness* or *injury* which results in you being *totally and permanently disabled*. If you do not survive at least 14 days, we'll pay the Limited Death Benefit.

The TPD definition which applies to the policy will be shown on the schedule and is explained in chapter 7 'Medical Glossary, Definitions'.

The TPD Cover *sum insured* will be reduced by any payments we have made for:

- the Single Loss of Limb or Eye Benefit (please refer to section 13), and

if your TPD Benefit and Trauma Cover (if applicable) are linked to Life Cover:

- the Trauma Cover (please refer to section 15), and
- the Partial Trauma Benefit (please refer to section 16).

13. Single Loss of Limb or Eye Benefit NS

TPD

We'll pay the Single Loss of Limb or Eye Benefit if you suffer a *single loss of limb or eye (permanent)* and you then survive at least 14 days.

The amount we'll pay is the lesser of:

- 25% of the TPD Cover *sum insured,* and
- $500,000.

We'll pay the Single Loss of Limb or Eye Benefit only once.

The TPD Cover *sum insured* will be reduced by the Single Loss of Limb or Eye Benefit.

14. Limited Death Benefit

TPD Stand Alone | Trauma Stand Alone

If you die or become *terminally ill* while your policy is in force and a TPD Benefit (please refer to section 12) or Trauma Benefit (please refer to section 15) is not payable, we'll pay a Limited Death Benefit. The amount we'll pay is the lesser of $20,000 and the TPD Cover or Trauma Cover *sum insured* (as applicable).

This benefit is not available if your TPD Cover or Trauma Cover is linked to Life Cover.

15. Trauma Benefit NS

Trauma

We'll pay the Trauma Cover *sum insured* once only if you suffer one of the medical events listed in the Trauma Benefit defined medical events table on page 12, and you survive at least 14 days from the date of diagnosis or date of the procedure (applies to Trauma Stand Alone Cover only).

The Trauma Cover defined medical events that apply to your policy depend on whether you have selected Trauma or Trauma Plus.

The Trauma Cover *sum insured* will be reduced by any payments we have made for:

- the Partial Trauma Benefit (please refer to section 16), and

if your TPD Cover and Trauma Cover (if applicable) are linked to Life Cover:

- the TPD Benefit (please refer to section 12), and
- the Single Loss of Limb or Eye Benefit (please refer to section 13).

16. Partial Trauma Benefit NS

Trauma

We'll pay the Partial Trauma Benefit if you suffer one of the defined medical events listed in the Partial Trauma Benefit defined medical events table on page 13 and 14, and you survive at least 14 days from the date of diagnosis or the date of the procedure (applies to Trauma Stand Alone only).

The defined medical events that apply to your policy depend on whether you have selected Trauma or Trauma Plus.

For all conditions other than *coronary artery angioplasty,* the amount we'll pay is 20% of the Trauma Cover *sum insured,* subject to a maximum of $100,000.

For *coronary artery angioplasty*, the amount we'll pay is the lesser of $25,000 and 25% of the Trauma Cover *sum insured.*

We'll pay the Partial Trauma Benefit (other than for *coronary artery angioplasty* - see below for details):

- once for *carcinoma in situ of the breast* or *carcinoma in situ of the female organs* or diagnosis of *early stage prostatic cancer* or *carcinoma in situ of the male organs* or *early stage skin melanoma (excluding melanoma in situ)*
- once for *serious accidental injury,* and
- once for *single loss of limb or eye (permanent).*

We'll pay the Partial Trauma Benefit for *coronary artery angioplasty* for:

- the first *coronary artery angioplasty* procedure to occur after the cover for this procedure starts, and
- each subsequent *coronary artery angioplasty* procedure.

The Trauma Cover *sum insured* will be reduced by each payment of this benefit and premiums changed accordingly.

17. Conversion Benefit NS

TPD Stand Alone | Trauma Stand Alone

You can convert part or all of your TPD Stand Alone Cover or Trauma Stand Alone Cover to an Asteron Life Complete policy which includes cover in the event of death if:

- you're not entitled to make a claim and a TPD Benefit or Trauma Benefit (as applicable) has not been paid
- any of the life events in the table below occur to you
- you're aged 40 or under,

and the evidence required as described below is provided.

Life Event	Evidence Required
You get married	An Australian Court must recognise the marriage as a legal marriage. We'll require a copy of the marriage certificate.
You have commenced a domestic relationship with a *spouse*, which continues for 12 months. The relationship must have commenced within the previous 18 months.	We'll require a statutory declaration stating that you're living with a person in a domestic relationship in good faith for 12 months after commencing the relationship.
You or your *spouse* gives birth to a child.	We'll require a copy of the birth certificate, which must name you or your *spouse* as a parent.
You or your *spouse* adopts a child.	We'll require a copy of the adoption certificate, which must name you or your *spouse* as an adopting parent.

If you have TPD Stand Alone Cover, it will be converted to the cover we're issuing at that time, which, in our opinion, is most like our Asteron Life Complete policy with Life Cover and linked TPD Cover. The TPD definition under the new TPD Cover will be the

equivalent of the TPD definition that applies under the original TPD Stand Alone Cover.

If you have Trauma Stand Alone Cover, it will be converted to the cover we're issuing at that time, which, in our opinion, is most like our Asteron Life Complete policy with Life Cover and linked Trauma Cover. The type of Trauma Cover for the new Trauma Cover will be the equivalent of the cover that applies under the original Trauma Stand Alone.

The new cover can have a Life Cover and linked TPD Cover or linked Trauma Cover (as applicable) *sum insured* up to the same amount as your original TPD Stand Alone Cover or Trauma Stand Alone Cover (as applicable), less the total Life Cover *sum insured* for all in force TAL Life policies at the time of conversion where you're the life insured.

The terms and conditions of, and premiums payable under the new cover will be based on those applicable to a cover we issue at the time you exercise this benefit that, in our opinion, is most comparable to an Asteron Life Complete policy with Life Cover and linked TPD Cover or linked Trauma Cover (as applicable).

17.1 How to exercise the Conversion Benefit

You can exercise this benefit by providing written notice to us (including the evidence required for the life event as listed in this section) within:

- 60 days of the event, or
- 30 days either side of the anniversary of the *commencement date* if the event occurred within the previous 12 months.

We'll write to you within 30 days of the conversion taking place and send you a new schedule. Cover under the new Life Cover (and linked TPD Cover or Trauma Cover if applicable) will commence once we have received the first premium.

This benefit can be exercised once only per policy.

17.2 Restrictions on the new policy

Any exclusions or loadings that applied to the original cover may also apply to the new cover.

For the first 12 consecutive months after the new policy starts cover won't apply for *terminal illness*, and the Life Cover Benefit is only payable in the event of your *accidental death*.

18. Life Cover Buy Back

TPD | Trauma

This benefit is not available under Trauma Stand Alone Cover or TPD Stand Alone Cover.

If we have made a payment of the full TPD Cover or Trauma Cover *sum insured* for a linked TPD Benefit or Trauma Benefit, you can take out a new cover which, in our opinion, is most comparable to an Asteron Life Complete policy with Life Cover (death and *terminal illness* cover only) for a *sum insured* equal to the TPD Cover *sum insured* or Trauma Cover *sum insured* without further medical evidence if:

- the TPD Benefit or Trauma Benefit payment was before the anniversary of the *commencement date* when you're 65, and
- you're still alive.

Life Cover Buy Back will only be valid for a period of 30 days commencing on the exercise date; that is, 12 months after the later of:

- the date we receive your fully completed claim form*, and
- the date when you satisfy the criteria for the Trauma Benefit under section 15 or the TPD Benefit under section 12 (as applicable).

* a fully completed claim form includes the claim form with all applicable parts and all treating doctor and specialist statements completed.

To exercise this benefit, you can contact us directly in writing (please refer to chapter 5, section 16 'Contacting us and complaints' for our details).

We must receive the completed application form and first premium within this 30 day period. If the option is taken up, the new cover will begin once we have received the first premium and we will send you a new schedule.

Any exclusion or medical, occupational or pastimes loadings that apply to your original Life Cover may also apply to the new Life Cover. The terms and conditions of, and premiums payable under the new cover will generally be based on those applicable to a policy that, in our opinion, is most comparable to an Asteron Life Complete policy with Life Cover we issue at the time you exercise the Life Cover Buy Back. Guaranteed Future Insurability and the Business Security Option do not apply to the new Life Cover.

This benefit is not available if Double TPD or Double Trauma is selected or for a payment under the Single Loss of Limb or Eye Benefit, the Partial Trauma Benefit or if you have the Business Security Option.

Optional benefits

This section provides detail about the optional benefits of your cover, if they have been selected.

19. Business Security Option NS

Life TPD

Trauma

Premium Structure	Entry age next birthday	Expiry age next birthday
Stepped	18-62	66
Level	18-60	66

If the Business Security Option applies to your Life Cover, TPD Cover or Trauma Cover and your age next birthday is less than 66, you can apply to increase the Life Cover, TPD Cover or Trauma Cover *sum insured* without the need for further medical evidence, if financial evidence is provided to our reasonable satisfaction.

19.1 Maximum increases on Business Security Option

The maximum limit to which the Life Cover, TPD Cover or Trauma Cover *sum insured* can be increased to under the Business Security Option is:

- for Life Cover, the lesser of up to 3 times the Life Cover *sum insured* at the *commencement date* and $15,000,000
- for the TPD Cover, the lesser of up to 3 times the TPD Cover *sum insured* at the *commencement date* and $5,000,000, and
- for the Trauma Cover, the lesser of up to 3 times the Trauma Cover *sum insured* at the *commencement date* and $2,000,000.

For example if your original TPD Cover *sum insured* is $500,000 the maximum increase available under the Business Security Option is $1,000,000 bringing your total TPD Cover *sum insured* to $1,500,000.

All maximum limits refer to the total *sum insured* for cover of a similar type offered under any insurance policy. For example, if you hold a TPD Stand Alone Cover with us and TPD cover with another company, the $5,000,000 limit applies to the total *sum insured* for TPD insurance across all companies.

19.2 How to exercise the Business Security Option

You must apply, in writing, to increase the Life Cover, TPD Cover or Trauma Cover *sum insured*. One increase can be made every 12 months. You must be actively working in your *usual occupation* at the time of application for the increase. The rationale for the increase, and the financial evidence required to substantiate the increase, must be consistent with that nominated in the initial application for the Business Security Option.

- The increase must not exceed the increase in value of the associated business purpose, using the same valuation basis as that used in the initial application for the Business Security Option.
- On a policy with Life Cover and linked TPD Cover and/or linked Trauma Cover (as applicable), if the linked TPD Cover or Trauma Cover *sum insured* is being increased, the linked Life Cover *sum insured* must also be increased by at least the same amount.
- If you select 'Loan Cover' as the Business Security Option reason, for the first 6 months after the cover for the increase in Life Cover *sum insured* starts, the increase in *sum insured* is only payable in the event of:
  - *accidental death*, for the Life Cover Benefit
  - *accidental total and permanent disablement*, for the TPD Benefit, or
  - *injury*, for the Trauma Benefit.

The premiums will be increased to reflect the increase in Life Cover, TPD Cover or Trauma Cover *sum insured*. The increased cover applies from the date we confirm to you the new Life Cover, TPD Cover or Trauma Cover *sum insured* in writing, as long as the additional premium has been paid.

19.3 Expiry of Business Security Option

The Business Security Option must be exercised within 3 years from the *commencement date* of the Business Security Option, otherwise it will expire. Thereafter, the Business Security Option will expire on the earliest of the following:

- the date we receive your written request to cancel the option
- the maximum increase limit for the Life Cover, TPD Cover or Trauma Cover *sum insured* has been reached
- if you're entitled to make a claim or we have paid a claim under this policy (other than for Child Cover, please refer to chapter 4)
- the date we commence waiving premiums under the Waiver of Premium Option (please refer to section 20), or the Waiver of Premium due to Serious Disablement Benefit (please refer to section 8)

- the anniversary of the *commencement date* 3 years after the later of:
  - the last increase under the option we approved, and
  - the last reduction in the Life Cover, TPD Cover or Trauma Cover *sum insured* which you requested and we approved
- the date of cancellation of this cover for non-payment of the premium (please refer to chapter 5, section 10.6 'What happens if the premium isn't paid?')
- the anniversary of the *commencement date* when you're age 65, or
- the date of your death.

19.4 Varied terms on the Business Security Option

If the Business Security Option applies to your Life Cover, TPD Cover or Trauma Cover, cover is subject to the following restrictions:

- Automatic Increase (please refer section 1) does not apply but will apply on the first anniversary after expiry or cancellation of the Business Security Option provided this cover has not been cancelled for non-payment of the premium (please refer to section chapter 5, section 10.6 'What happens if the premium isn't paid?')
- Double TPD (please refer to section 22) does not apply
- Double Trauma (please refer to section 25) does not apply
- Guaranteed Future Insurability (please refer to section 2) does not apply
- Life Cover Buy Back (please refer to section 18) does not apply
- automatic conversion of the Trauma Stand Alone Cover to TPD Stand Alone Cover at the *expiry date* (please refer to section 3) does not apply
- the Financial Planning Benefit (please refer to section 7) does not apply, and
- the Conversion Benefit (please refer to section 17) does not apply.

20. Waiver of Premium Option

Life | TPD | Trauma

If the Waiver of Premium Option applies to your cover, we'll waive the premiums for any period during which you're *significantly disabled* and covered for this option, as long as you have been continuously *significantly disabled* for the previous 6 consecutive months.

You must pay premiums for the first 6 months while you're *significantly disabled*, but we'll refund any premiums paid for this period if we accept the Waiver of Premium claim.

We won't waive premiums if your *significant disability* is directly or indirectly caused by an intentional self-inflicted act.

If Business Security Option applies to this policy, the option will expire on the date we commence waiving premiums under this option.

20.1 Automatic increases while we're waiving premiums

If Automatic Increase applies (please refer to section 1) and we're waiving premiums under the Waiver of Premium Option because you're *significantly disabled*, we'll continue to make annual increases to the Life Cover, TPD Cover or Trauma Cover *sum insured* (as applicable).

Recurring disablement

If your *significant disablement* recurs for the same or related cause while you're covered for the Waiver of Premium Option, we'll recommence waiving the premiums without requiring you to be *significantly disabled* for a further continuous period of 6 consecutive months.

Your *significant disablement* is recurring if we have waived your premiums because of *significant disablement* and, within 6 consecutive months of your entitlement to waiver of premium ending, you become *significantly disabled* again from the same or related cause.

If there is more than 6 consecutive months between 2 periods of *significant disablement*, we'll treat the later period as a new *significant disablement* even if it is from the same or related cause. This means that a new 6 month eligibility period will apply.

20.2 Recommencement of premiums

You must recommence payment of premiums on the earlier of the date when you're no longer *significantly disabled* or the anniversary of the *commencement date* when you're 65.

When premiums become payable again, the premium will be calculated in accordance with chapter 5, section 10 'Premiums and payment'.

20.3 When the Waiver of Premium Option ends

The Waiver of Premium Option ends on the anniversary of the *commencement date* when you're age 65.

21. Healthy Plus Option and Healthy Life Option

These optional discounts are designed to reward healthy lives and are only available on a stepped premium basis. Please refer to the application form to see what information is needed to apply.

The Healthy Plus Option cannot be applied for in conjunction with the Healthy Life Option on the same cover type. These discounts are not available with the Business Security Option.

Please note these discounts are not applied to policies purchased as a result of transactions such as:

- your exercise of a buy back, trauma reinstatement option or continuation option; or
- the cancellation and replacement of an existing policy,

where the discounts were not applied to the *original policy*.

21.1 Healthy Plus Option

Life

Entry age next birthday	Entry age next birthday for reinstatement of the Healthy Plus Option
30-50	31-55

If the Healthy Plus Option applies to your policy, a discount will be applied to your Life Cover premium. This discount is provided based on additional health and personal information and other evidence.

To qualify for and maintain the Healthy Plus Option discount, the amount of your Life Cover *sum insured* must continuously remain at or above $250,000 for the duration of your policy and premiums must be paid on a stepped premium basis.

The discount will decrease by 1% at each policy anniversary and will vary depending on the number of years since:

- the *commencement date* of this option, or
- the most recent reinstatement of the Healthy Plus Option discount.

The original discount is provided based on additional health and personal information and other evidence. Once the discount is applied to your premium, it is subject to a minimum of 10% regardless of any changes to your health, occupation or pastimes.

You may apply to reinstate the original discount any time prior to the anniversary of the *commencement date* when you're age 55 next birthday. The original discount does not apply until we have confirmed this to you in writing.

21.2 Healthy Life Option

Life TPD

Entry age next birthday
30-55

If the Healthy Life Option applies to your policy, a discount will be applied to your Life Cover and / or TPD Cover premium. This discount is provided based on additional health and personal information and other evidence.

To qualify for and maintain the Healthy Life Option discount in relation to:

- Life Cover, the amount of your Life Cover *sum insured* must continuously remain at or above $250,000 for the duration of your policy and premiums must be paid on a stepped premiums basis
- TPD Cover, the amount of your TPD Cover *sum insured* must continuously remain at or above $250,000 for the duration of your policy and premiums must be paid on a stepped basis.

22. Double TPD

TPD

This benefit is only available if TPD Cover is linked to Life Cover.

If Double TPD applies to your linked TPD Cover, and while you're covered for Double TPD:

- we have paid the TPD Benefit under section 12, and
- you're alive and at least 14 days have passed since the TPD event for which the TPD Benefit was paid,

we will:

- not reduce the Life Cover *sum insured**, and
- waive all future premiums for the Life Cover *sum insured* equal to the amount of the TPD Benefit payment.

We won't waive premiums for the Life Cover *sum insured* above the amount of the TPD Benefit payment, or for any other covers linked to your Life Cover or any other benefits under the policy.

Once we have made a payment under Double TPD, the Life Cover *sum insured* can no longer be increased. Automatic Increase and Guaranteed Future Insurability will no longer apply to the policy.

Double TPD won't apply for a payment made under the Single Loss of Limb or Eye Benefit. However, a payment under the Single Loss of Limb or Eye Benefit will reduce the TPD Cover *sum insured*.

If you have selected both Double TPD and Trauma Cover linked to Life Cover, any payment under Double TPD will reduce the Trauma Cover *sum insured*. Similarly, any payment under the Trauma Benefit including the Partial Trauma Benefit or the Trauma Booster Option will reduce the *sum insured* for Double TPD.

Cover for Double TPD ends on the anniversary of the *commencement date* when you're 65.

* This won't apply if we have made a payment because you're *terminally ill*.

23. Trauma Booster Option NS

Trauma

The Trauma Booster Option is only available if you have selected Trauma Plus.

If the Trauma Booster Option applies to your Trauma Cover we'll pay an additional 25% of the Trauma Cover *sum insured* if you suffer:

- *blindness (permanent)*
- *motor neurone disease*
- *muscular dystrophy*
- *paralysis (permanent), or*
- *severe burns.*

The maximum amount we'll pay for the Trauma Benefit under this policy including the boosted amount under this section is $2,000,000.

If the Trauma Booster Option applies to your Trauma Cover we'll double any payment under the Partial Trauma Benefit. For example, if the Partial Trauma Benefit is $100,000, we'll double the payment amount to $200,000. The maximum amount we'll pay for the Partial Trauma Benefit including the boosted amount under this section is $200,000.

24. Trauma Reinstatement Option NS

Trauma

If the Trauma Reinstatement Option applies to your policy, and we have made a Trauma Benefit payment (please refer to section 15) or Partial Trauma Benefit payment (please refer to section 16), you can effect a new Trauma Stand Alone Cover without further medical evidence if:

- the Trauma Benefit or Partial Trauma Benefit payment was before the anniversary of the *commencement date* when you're 65
- the Trauma Benefit or Partial Trauma Benefit payment was made while you're covered for the Trauma Reinstatement Option
- the Trauma Benefit payment was not for:
  - *loss of independent existence (permanent)*
  - *loss of use of limbs or sight (permanent)*
  - *paralysis (permanent), or*
  - *significant cognitive impairment*
- the Partial Trauma Benefit payment was not for *single loss of limb or eye (permanent)* or *serious accidental injury,* and
- you're still alive.

The *sum insured* for the new Trauma Stand Alone Cover will be up to or equal to 100% of the Trauma Cover *sum insured* or Partial Trauma Benefit payment.

The type of trauma cover on the new Trauma Stand Alone Cover will be the equivalent of the type of trauma cover on the original Trauma Cover.

24.1 Exercising the Trauma Reinstatement Option

The Trauma Reinstatement Option will only be valid for a period of 30 days commencing on the exercise date; that is, 12 months after the later of:

- the date we receive your fully completed claim form*, and
- the date when you satisfy the criteria under the Trauma Benefit (please refer to section 15) or Partial Trauma Benefit (please refer section 16).

* a fully completed claim form includes the claim form with all applicable parts and all treating doctor and specialist statements completed.

To exercise this benefit, you can contact us directly in writing (please refer to chapter 5, section 16 'Contacting us and complaints' for our details).

We must receive the completed application form and first premium within this 30 day period. If the option is taken up, the new cover will begin once we have received the first premium and we'll send you a new schedule.

Any exclusions, restrictions, special terms or conditions or medical, occupational or pastimes loadings that apply to this policy may also apply to the new policy. The terms and conditions of, and premiums payable

under the new cover will generally be based on those applicable to a cover that, in our opinion, is most comparable to the Trauma Cover we issue at the time you take up the Trauma Reinstatement Option.

24.2 Restrictions on Reinstated Benefits

The new Trauma Stand Alone Cover will be subject to the following restrictions:

- automatic conversion of the Trauma Stand Alone Cover to a TPD Stand Alone Cover at the *expiry date* (please refer to section 3) won't apply
- Guaranteed Future Insurability (please refer to section 2) won't apply
- the Waiver of Premium Option won't be available (please refer to section 20) and if premiums were being waived under the Waiver of Premium Option for this cover, the waiver won't apply to the new Trauma Stand Alone Cover
- the Trauma Reinstatement Option won't be available (please refer to section 24)
- Automatic Increase (please refer section 1) does not apply
- the Financial Planning Benefit (please refer to section 7) does not apply
- the Conversion Benefit (please refer to section 17) does not apply, and
- the Business Security Option (please refer to section 19) does not apply.

We won't pay a claim for the Trauma Benefit or the Partial Trauma Benefit (Reinstated Benefits) under the new Trauma Stand Alone Cover if:

- the date of diagnosis of one of the defined medical events, or the circumstances/symptoms leading to the diagnosis of one of the defined medical events (please refer to sections 15 and 16, first occurs:
  - before you exercise the Trauma Reinstatement Option, and
  - before we receive your completed application form and first premium
- the defined medical event (please refer to sections 15 and 16) is the same defined medical event (please refer to sections 15 and 16), or is directly or indirectly caused by or related to the defined medical event (please refer to sections 15 and 16), for which the original Trauma Benefit or Partial Trauma Benefit was paid
- the defined medical event is *loss of independent existence (permanent), loss of use of limbs or sight (permanent) or significant cognitive impairment*
- the defined medical event is *severe diabetes mellitus (with specified complications)* or *adult onset type 1 diabetes* after age 30 where the original Trauma Benefit or Partial Trauma Benefit payment was for a heart condition*, *stroke, chronic kidney failure (undergoing regular dialysis)* or *chronic liver failure (resulting in permanent symptoms)*
- the defined medical event is a heart condition* and the original Trauma Benefit or Partial Trauma Benefit payment was also for a heart condition*
- the defined medical event is a heart condition*, *stroke, chronic kidney failure (undergoing regular dialysis)* or *chronic liver failure (resulting in permanent symptoms)* and the original Trauma Benefit payment was for *severe diabetes mellitus (with specified complications)*
- the defined medical event is a *stroke* or *paralysis (permanent)* (directly or indirectly resulting from a *stroke*) and the original Trauma Benefit or Partial Trauma Benefit payment was for a heart condition*, or
- the defined medical event is a heart condition*, *stroke, chronic kidney failure (undergoing regular dialysis)* or *chronic liver failure (resulting in permanent symptoms)* and the original Partial Trauma Benefit payment was for *adult onset type 1 diabetes after age 30*.

* In the above paragraph, heart condition means any of the following defined medical events: *cardiomyopathy with permanent impairment (of specified severity), coronary artery angioplasty, coronary artery angioplasty – triple vessel, coronary artery bypass surgery, heart attack (of specified severity), heart surgery (open), out of hospital cardiac arrest, primary pulmonary hypertension, repair or replacement of aorta, repair or replacement of aorta (excluding intra-arterial and non-surgical techniques), repair or replacement of valves (via open heart surgery).*

The type of trauma cover on the new Trauma Stand Alone Cover will be the equivalent of the type of trauma cover on the original Trauma Cover and the other terms of the new modified Trauma Stand Alone Cover will be the same as those offered under our Trauma Stand Alone Cover at that time.

25. Double Trauma NS

Trauma

This benefit is only available if Trauma Cover is linked to Life Cover.

If Double Trauma applies to your Trauma Cover, and while you're covered for Double Trauma:

- we have paid the Trauma Benefit under section 15, and
- you're alive and at least 14 days have passed since the defined medical event for which the benefit was paid,

we will:

- not reduce the Life Cover *sum insured** and
- waive all future premiums for the Life Cover *sum insured* equal to the amount of the Trauma Cover *sum insured* (except for any booster payment made under section 23).

We won't waive premiums for the Life Cover *sum insured* above the amount of the Trauma Cover *sum insured*, or for any other rider benefits under your Life Cover policy.

Once we have made a payment under Double Trauma, the Life Cover *sum insured* can no longer be increased. Automatic Increase and Guaranteed Future Insurability will no longer apply to the Life Cover.

Double Trauma won't apply for any payments made under the Partial Trauma Benefit. However, any payments for the Partial Trauma Benefit will reduce the Trauma Cover *sum insured*.

If you have selected both Double Trauma and TPD Cover linked to the same Life Cover, any payment under Double Trauma will reduce the linked TPD Cover *sum insured*. Similarly, any payment under the linked TPD Benefit including the Single Loss of Limb or Eye Benefit will reduce the linked Trauma Cover *sum insured* for Double Trauma.

Cover for Double Trauma ends on the anniversary of the *commencement date* when you're 65.

* This won't apply if we have made a payment because you're *terminally ill*.

26. When cover ends

Life | TPD | Trauma

Your cover will end on the earliest of:

- the date we receive your written request to cancel the cover or policy*
- the date of cancellation of the policy for non-payment of the premium (please refer to chapter 5, section 10.6 'What happens if the premium isn't paid?')*
- the date of full payment of the Life Cover, TPD Cover or Trauma Cover *sum insured* for the Life Cover Benefit, the Terminal Illness Benefit, the TPD Benefit or the Trauma Benefit (as applicable)*
- the date the Life Cover, TPD Cover or Trauma Cover *sum insured* is reduced to nil because we have made a payment under Life Cover, TPD Cover (including Split TPD) or Trauma Cover (as applicable)*
- the date the TPD Cover *sum insured* is reduced to nil because we have made a payment under Split TPD or the date that one Split TPD policy lapses due to non-payment of premium or cancellation (please refer to chapter 5, section 1.5 'Split TPD')
- for Life Cover Super, the date you're no longer eligible to make superannuation contributions (or have them made on your behalf)
- the date that we confirm in writing that the full Life Cover, Trauma Cover or TPD Cover *sum insured* under your policy has been converted to a new policy under a continuation option (as per section 3)
- the benefit *expiry date*
- the date your policy ends, or
- the date of your death.

* For Life Cover, if you're entitled to the Loyalty Funeral Benefit after having already met the eligibility criteria (refer to section 9), you will be entitled to be issued with a policy with Life Cover equal to the Loyalty Funeral Benefit *sum insured*.

Chapter 3

Income Protection

Business Expenses

Income Protection, Business Expenses

Selecting your level of cover

Safeguarding your income when you need it most

We all rely on our income to cover our day-to-day expenses. And in most cases, if you're ill and can't work for a short period of time you have access to sick leave to get you by.

But sometimes, illness or injury takes an extended period to recover from and you may need to take time off work for longer than any paid leave can cover. Or, if you're a business owner, the impact of you not working means you also have ongoing business expenses to cover on top of your wage.

That's where having Income Protection and Business Expenses Covers can help. Both pay you a *monthly benefit* if you're *disabled* and are unable to work due to *sickness* or *injury*.

For each cover, there are options which you can apply for at an extra cost. Your financial adviser can help you determine which type of cover will suit your personal needs best.

Eligibility

How much cover can I have?

You can apply for a maximum* *Total Monthly Benefit* of up to $60,000 for Income Protection Covers and Business Expenses Cover (individually).

For Income Protection Covers, the maximum total benefit you can insure at application is:

Monthly income	Annual income
• 75% of your first $26,667 of monthly income • 50% of the next $20,000 of monthly income, and • 20% of the balance of monthly income.	• 75% of your first $320,000 of annual income • 50% of the next $240,000 of annual income, and • 20% of the balance of annual income.

* Maximum level includes insurance cover of a similar type offered under another insurance policy issued by any insurer including us.

In addition, the following conditions apply:

- Cover above a *Total Monthly Benefit* of $40,000 is only available to occupation classes AP, LP, MP and selected AA occupations, subject to eligibility.
- A 2 year *benefit period* will apply to any cover above $30,000.

If you select the SuperSaver Option the way we calculate your *Total Monthly Benefit* will change. This is explained in section 39 on page 54.

Income Protection Covers are only available if you work at least 20 hours per week. Business Expenses Cover is only available if you work at least 30 hours per week.

Waiting and benefit period

The *waiting period* and *benefit period* which you select at application will determine when a claim is payable and the maximum length of time it can be paid.

The *waiting period* is the period of time that must elapse before we'll pay a claim. Payments are made monthly in arrears after the end of the *waiting period.* For example, if your *waiting period* is 30 days we'll make the first payment after 60 days.

The *benefit period* is the maximum period of time for which we'll pay a benefit whilst you're *disabled*.

Waiting period for Income Protection Covers

You can choose the following *waiting period*s when applying for Income Protection Covers:

- 14 days
- 30 days
- 60 days
- 90 days
- 1 year, or
- 2 years.

The 14 day *waiting period* isn't available if your occupation class is C or S.

Waiting period for Business Expenses Cover

You can choose the following *waiting period*s when applying for Business Expenses Cover:

- 14 days
- 30 days
- 60 days, or
- 90 days.

Benefit period for Income Protection Covers

You can select a 2 years, 5 years, to age 65 or to age 70 *benefit period* for all cover types except Accident Only Cover. Availability also depends on your occupation class and conditions may apply. Please see availability below. Your adviser can let you know which *benefit period* is most suitable for your needs.

Benefit Period Availability for different occupation classes		Benefit Period			
		2 years	5 years	Age 65	Age 70
Occupation category	AA, AP, LP, MP and A1	✓	✓	✓	✓
	A2 and B	✓	✓	✓	×
	C and S	✓	✓	×	×

Please note:

- *Benefit period* to age 70 is not available for Income Protection – Accident Only Cover.
- In addition, the following conditions apply for a *benefit period* to age 70:
  - some benefits and options are not payable after age 65 (see section 41 on page 55 for more details), and
  - for any claim arising after age 65, assessment will be based on an indemnity basis only.

Benefit period for Business Expenses Cover

All Business Expenses Cover have a benefit period of 12 months. If you're still *disabled* at the end of the *benefit period*, and we haven't paid 12 times the Business Expenses *monthly benefit*, we may extend your *benefit period* by up to 6 months. This is explained further in section 7.3 on page 44.

Payments whilst overseas

The benefits we'll pay if you're *disabled* outside Australia and New Zealand depend on the cover you've selected and your occupation class as explained in the table below.

Cover	Payment whilst overseas
Income Protection Plus Cover (occupation classes AA, AP, LP, MP, A1 or A2)	If you're *disabled* outside Australia and New Zealand and are entitled to receive payments from us, and in our reasonable opinion can still meet our claim requirements (explained in chapter 5, section 15 'Making a claim'), you'll continue to receive payments whilst you remain outside Australia and New Zealand.
Income Protection Cover (occupation classes AA, AP, LP, MP, A1 or A2)	
Business Expenses Cover	
Income Protection Plus Cover (occupation classes B, C and S)	If you're *disabled* outside Australia and New Zealand and are entitled to receive payments from us, and in our opinion can still meet our claim requirements (explained in chapter 5, section 15 'Making a claim'), you'll continue to receive payments for up to 3 months while you remain outside Australia and New Zealand. Benefits will recommence without a new *waiting period* when you return to Australia or New Zealand if: ● your *disablement* has been continuous since we ceased payments ● you're still *disabled* from the same cause when you return to Australia or New Zealand, and ● you're otherwise entitled to receive payments for that *disablement* under the policy.
Income Protection Cover (occupation classes B, C and S)	
Income Protection - Accident Only Cover	

Payment whilst unemployed

If your cover is provided under an Income Protection *superannuation policy*, and you become *unemployed* while the Income Protection cover is in force, we may not be able to pay any Income Protection benefit. There are important considerations regarding having insurance through a superannuation fund. If your employment situation changes, please speak to your adviser about the appropriateness of having, or continuing to have, insurance benefits through superannuation.

Income Protection for medical professionals

We understand the nature of your profession exposes you to unique risks that require specific benefits. Income Protection Plus Cover and Income Protection Cover have a number of built-in benefits tailored to protect you against these professional risks.

The following benefits only apply if we have classified your occupation as MP. To understand the full terms and conditions, please ensure you read the 'Income Protection and Business Expenses benefits in detail' section on pages 40 to 55 of this PDS carefully, and talk to your financial adviser about how they apply to you.

Blood borne diseases

If you're diagnosed with HIV or Hepatitis B or C, we'll deem you to be *totally disabled* or *partially disabled* if your income is reduced as a result your condition and you meet our requirements, as explained in section 20 on page 48.

Additional lump sum payment for blood borne diseases

In addition to the total or partial disability benefit, our Needlestick and Medical Hazards Benefit will provide a lump sum payment of 50 times the *Total Monthly Benefit* in the event you're infected with HIV or Hepatitis B or C, during the course of performing your regular duties. This means you're covered for needlestick injuries, airborne particles like bone dust, sprays and splashes.

Income Protection Plus Cover has a number of built-in benefits which help to protect you against the particular occupational risks you face as a Medical Professional.

Becoming disabled while you're overseas

We understand that your job can take you overseas for fellowship years, special placements and career development. If you're overseas and become *disabled*, our Overseas Assist Benefit will reimburse up to $10,000 for you and your immediate family members to return to Australia. This is explained in section 24 on page 51.

Recognising the challenges you face being self-employed

If you're self-employed you face additional challenges if you become *disabled*. While you're on claim for total disability we'll reimburse up to $10,000 in business coaching or consulting expenses under the Business Rehabilitation Benefit to help your business cope with you being out of action. This is explained in section 34 on page 53.

Once you're back on your feet your business may not be at the same capacity it was and your income may be reduced for a period of time. We recognise this so if you've been *totally disabled* for 6 months or more and you return to full-time work, we'll pay you an additional amount equal to your *Total Monthly Benefit* under the Return to Business Benefit. This is explained in section 35 on page 53.

Built in benefits for medical professionals	Income Protection Plus Cover	Income Protection Cover	Benefit in detail on page
Blood borne diseases NS	✓	✓	48
Needlestick and Medical Hazards Benefit NS	✓	✓	51
Return to Business Benefit NS	✓	✓	53
Business Rehabilitation Benefit NS	✓	×	53
Overseas Assist Benefit NS	✓	o*	51

* This benefit is available as part of the Extras Package Option.

Income Protection Covers

Making sure your bills get paid

We all like getting paid regularly, and as our responsibilities grow we begin to rely more and more on that income to pay the bills, the mortgage, and all our other day-to-day expenses. So what happens if you're sick or injured and can't work?

Income Protection Covers pays a *monthly benefit* if you become *disabled* and are unable to work due to *sickness** or *injury*.

There are 3 types of Income Protection cover:

1. Income Protection Plus Cover
2. Income Protection Cover+
3. Income Protection - Accident Only Cover

Your financial adviser can help you decide which cover is most suitable for your needs.

* Cover for *sickness* is not available on Income Protection – Accident Only Cover.

\+ Only Income Protection Cover can be provided through *superannuation policies*. Benefits which are not available under *superannuation policies* are marked with NS.

Built in and optional benefits

Your Income Protection Cover will have a number of built in benefits, and additional options which you can choose to include. A summary of these are set out in the tables below.

When reading the tables below please note:

✓ This symbol represents benefits built in to the cover.

O This symbol represents optional additional benefits which can be applied for an additional cost.

✕ This symbol represents benefits not available.

Some of the benefits offered in this PDS are not available for *superannuation policies*. These benefits are marked with NS.

Your level of cover and the definitions which apply to your policy depend on if you've chosen Income Protection Plus Cover, Income Protection Cover or Income Protection – Accident Only Cover. To understand the full terms and conditions, please ensure you read the 'Income Protection and Business Expenses benefits in detail' section on pages 40 to 55 of this PDS carefully, and talk to your financial adviser about how they apply to you.

Benefit type	What does it do?	Income Protection Plus Cover	Income Protection Cover	Income Protection - Accident Only Cover	Benefit in detail on page
Totally Disabled Benefit	Pays a *monthly benefit* if you're *totally disabled* after the *waiting period* as a result of *sickness** or *injury*.	✓	✓	✓	41
Partially Disabled Benefit	Pays a *monthly benefit* if you're *partially disabled* after the *waiting period* as a result of *sickness** or *injury*.	✓	✓	✓	42
Death Benefit	If you die or become *terminally ill*, we'll pay a benefit equal to the following multiple of the *monthly benefit*.	6 times	3 times	3 times	44
Recurring Disability	If we have paid the Totally Disabled Benefit or Partially Disabled Benefit and you suffer from the same or a related *sickness** or *injury* within a specified period, we'll recommence payments without applying a new *waiting period.*	✓	✓	✓	45
Premium Waiver Benefit	If we're paying you a benefit because you're *disabled*, we'll waive the premiums payable under the policy.	✓	✓	✓	46

*Cover for *sickness* is not available on Income Protection – Accident Only Cover.

Benefit type	What does it do?	Income Protection Plus Cover	Income Protection Cover	Income Protection - Accident Only Cover	Benefit in detail on page
Premium and Cover Suspension Benefit	You can apply to suspend your premiums and cover for up to 12 months if you experience financial hardship, are unemployed, or are on sabbatical, maternity, paternity or long-term leave from work.	✓	✓	✓	46
Pregnancy Premium Waiver	We'll waive premiums for up to 6 months if you become pregnant while your policy is in force.	✓	✓	✓	46
Concurrent Disability	If you're entitled to claim for more than one benefit because you're suffering from 2 or more *concurrent disabilities*, payments will be made for the condition that entitles you to the highest benefit.	✓	✓	✓	47
Waiting Period Conversion	You can reduce your *waiting period* if your existing insurance from your employer or superannuation no longer applies.	✓	✓	✓	47
Temporary Extended Waiting Period	You can temporarily reduce your premium by temporarily extending your *waiting period*.	✓	✓	✓	47
Elective Surgery Benefit NS	Cover for elective surgery if you transplant part of your body to someone else or improve your appearance under the advice of a *registered doctor*.	✓	✓	×	45
AIDS Cover	Cover for *disability* through AIDS related illness.	✓	✓	×	44
Specific Injury Benefit NS	If you suffer one of a list of specified injuries, we'll pay the Totally Disabled Benefit for a specified payment period without applying the *waiting period*.	✓	O	×	47
Crisis Benefit NS	If you suffer one of the defined medical events listed on page 50, we'll treat you as if you're *totally disabled* and pay the Totally Disabled Benefit for up to 6 months without applying the *waiting period.*	✓	O	×	49
Overseas Assist Benefit NS	If you become *disabled* overseas, and are entitled to receive payments, we'll reimburse up to $10,000 for you and your immediate family members to return to Australia.	✓	O	×	51
Accommodation Benefit NS	If you're *bed confined* more than 100km from home as a result of being *totally disabled*, we'll reimburse accommodation costs for a family member to stay with you.	✓	O	×	51
Bed Confinement Benefit NS	If you're *bed confined* for more than 72 consecutive hours as a result of being *totally disabled*, we'll pay 1/30th of the *Total Monthly Benefit* for each day you're *bed confined* during the *waiting period*.	✓	O	×	51

Benefit type	What does it do?	Income Protection Plus Cover	Income Protection Cover	Income Protection - Accident Only Cover	Benefit in detail on page
Family Assist Benefit NS	If we have paid the Totally Disabled Benefit for 30 consecutive days and you continue to be *totally disabled*, we'll pay for either a family member or a registered nurse to care for you.	✓	O	×	51
Transportation Benefit NS	If you become either *totally disabled* or *partially disabled* and require emergency transportation within Australia, we'll reimburse the cost of the transportation.	✓	O	×	52
Childcare Reimbursement Benefit NS	If you're *totally disabled* and require additional childcare assistance, we'll reimburse the child care fees incurred as a result of your *sickness* or *injury*.	✓	O	×	52
Unemployment Benefit NS	Allows you to waive your premiums for up to 6 months if you become involuntarily unemployed.	✓	O	×	52
Increasing Claim Option	While you're receiving payments, we'll increase the *Total Monthly Benefit* at each anniversary of the *commencement date*.	O	O	O	45
Day 1 Accident Option	If you're *totally disabled* for more than 72 consecutive hours due to an *injury*, we'll pay 1/30th of the *Total Monthly Benefit* for each day you're *totally disabled* during the *waiting period*.	O	O	O	54
Child Cover NS	Pays the Child Cover *sum insured* if the insured child dies, suffers a *terminal illness*, or suffers one of the defined medical events listed on page 57.	O	O	×	57
Booster Option NS	Boosts the *monthly benefit* for either: • the Crisis Benefit payment period, or • a prescribed period of Totally Disabled or Partially Disabled benefit payments.	O	O	×	54
SuperSaver Option	You can apply to insure an additional 5% of your *monthly income* for superannuation contributions.	O	O	×	54
Split Income Protection Option	If you have applied for Income Protection cover owned through a *superannuation policy*, this option allows you to access benefits which are not available through the *superannuation policy*.	O	O	×	55

Built in rehabilitation benefits

We want to help you get your life back on track after illness or injury. That's why we have made sure your Income Protection Cover includes built in rehabilitation benefits to give you a helping hand on the road to recovery.

The benefits available to you will depend on the cover you've selected as shown in the table below.

Benefit type	What does it do?	Income Protection Plus Cover	Income Protection Cover	Income Protection - Accident Only Cover	Benefit in detail on page
Rehabilitation Benefit	We'll reimburse retraining and rehabilitation fees if you're *totally disabled* or *partially disabled*.	✓	✓	✓	52
Return to Work Benefit NS	We'll pay this benefit if you return to *full time* work immediately after we have paid the Totally Disabled Benefit for 6 months or more.	✓	✓	×	53
Return to Business Benefit NS	We'll pay this benefit if you return to *full time* work in your business immediately after we have paid the Totally Disabled Benefit for 6 months or more.	✓	✓	×	53
Business Rehabilitation Benefit NS	If you're self-employed and are *totally disabled* or *partially disabled*, we'll reimburse business coaching or consulting fees.	✓	×	×	53

Agreed Value or Indemnity

The *monthly benefit* amount we'll pay under the Totally Disabled Benefit depends on whether you select Agreed Value or Indemnity.

Agreed Value NS

Under Agreed Value, the *monthly benefit* is the amount we agree on when we accept your application including any increases under Automatic Increase, regardless of any subsequent rise or fall in your income.

This is explained in more detail in section 4 on page 41.

Agreed Value is not available for *superannuation policies,* unless it is selected through the non-superannuation policy issued under the Split Income Protection Option, as explained on page 55.

Agreed Value is also not available unless Income Protection Cover applied and Agreed Value was selected under your *original policy*.

Indemnity

If Indemnity is selected, the *monthly benefit* will be:

- the lesser of the *monthly benefit* as shown in your schedule including any increases under Automatic Increase, and the total of:
  - 75% of your first $26,667 of monthly *pre-disability income*
  - 50% of the next $20,000 of monthly *pre-disability income,* and
  - 20% of the balance of monthly *pre-disability income.*

This is explained in more detail in section 5 on page 42.

Key features

- Worldwide Cover
- Automatic Increase
- Upgrades to your policy, and change to premiums
- Guaranteed Future Insurability
- Payments Whilst Overseas

Times when we won't pay

There are certain situations when we won't pay a benefit. These situations are explained in chapter 5, section 9 on page 69.

Business Expenses Cover NS

Keeping your business running

In the same way Income Protection gives you the peace of mind that your personal expenses would be covered if you were sick, Business Expenses Cover offers business owners the financial assurance that if you become *disabled* and can't work, your fixed business expenses would be covered too.

It reimburses costs up to a *monthly benefit* for Allowable Business Expenses, which includes things like rent, electricity, water and insurance—so you're able to focus on recuperating rather than worrying about your business.

Business Expenses is not available to *superannuation policies*.

Built in benefits

Business Expenses Cover has a number of built in benefits which are automatically included in your policy. A summary of these are set out in the tables below. To understand the full terms and conditions, please ensure you read the 'Income Protection and Business Expenses benefits in detail' section on pages 40 to 55 of this PDS carefully, and please talk to your financial adviser about how they apply to you.

Built in benefits	What does it do?	Benefit in detail on page
Business Expenses Benefit	We'll pay the Business Expenses Benefit if you're *totally disabled* or *partially disabled*.	43
Death Benefit	If you die or become *terminally ill*, we'll pay a benefit equal to 3 times the Business Expenses *monthly benefit*.	44
Premium and Cover Suspension Benefit	You can apply to suspend your premiums and cover for up to 12 months if you experience financial hardship, are unemployed, or are on sabbatical, maternity, paternity or long-term leave from work.	46
Recurring Disability	If we have paid the Business Expenses Benefit and you suffer from the same or a related *sickness* or *injury* within a specified period, we'll recommence payments without applying a new *waiting period*.	45
Elective Surgery	Cover for elective surgery if you transplant part of your body to someone else or improve your appearance under the advice of a *registered doctor*.	45
Concurrent Disability	If you're entitled to claim for more than one benefit because you're suffering from 2 or more *concurrent disabilities*, payments will be made for the condition that entitles you to the highest benefit.	47
Specific Injury Benefit	If you suffer one of a list of specified injuries, we'll pay the Totally Disabled Benefit for a specified payment period without apply the *waiting period*.	47
Blood Borne Diseases	Cover for blood-borne diseases (HIV and Hepatitis B and C) if you're a health care professional.	48
Crisis Benefit	If you suffer one of the defined medical events listed on page 50, we'll treat you as if you're *totally disabled* and pay the Business Expenses Benefit for up to 2 months without applying the *waiting period.*	49

What are Allowable Business Expenses?

Allowable Business Expenses include your share of those business expenses listed below plus any others which we specifically approve. Whether they're allowable may also depend on whether your office is the same as, or separate to your residential address.

- Rent or interest/fees on a loan to finance a premises
- Insurance of a property (e.g. fire)
- Property rates/taxes
- Security costs
- Repairs and maintenance
- Fixed line telephone
- Gas
- Electricity
- Water
- Mobile telephone
- Cleaning and laundry
- Lease or financing costs (excluding payments attributable to the initial cost) on equipment excluding any taxi or truck which can and will be let out to generate income
- Car lease (excluding taxi)
- Registration and insurance of vehicles and equipment
- Repairs and maintenance of equipment
- Salaries of employees who don't generate any business income
- Payroll tax on the above salaries
- Superannuation in respect of the above salaries (Superannuation Guarantee Charge amounts only)
- Regular advertising costs
- Accounting and auditing fees
- Bank fees/charges and account transaction taxes
- Interest/fees on loan to finance the business
- Professional association dues and subscriptions
- Business insurance (e.g. public liability)
- Postage
- Net cost of a locum (a suitably qualified replacement for you whose sales, income or billings are less than the cost to employ them)*.

* If the gross sales, income or billings generated by the locum during that month exceed the fees incurred by the locum, we won't reduce any benefit payable because of these excess amounts.

For example, if the locum fees in a month were $2,500 and gross billings generated by the locum were $1,500, then the $1,000 net cost of the locum is an eligible business expense.

However, if the locum fees were $2,500 and gross billings generated were $3,000 (i.e. a $500 profit), there would be no net cost of the locum and in addition we wouldn't reduce eligible business expenses by the profit.

Allowable Business Expenses **do not include**:

- salaries, fees or drawings and related costs paid to or for:
  - you, or
  - any member of your family unless they were a bona fide employee and were employed at least 30 days before you became *disabled*
- repayments of loan principal
- costs of equipment, books, fittings, fixtures, furniture, goods, implements, merchandise, stock or any other items of capital nature
- expenses met or reimbursed under other insurance that were not disclosed to us at the time you applied for the policy, or
- depreciation expenses.

Key features

- Worldwide Cover
- Automatic Increase
- Upgrades to your policy, and change to premiums
- Payments Whilst Overseas

Times when we won't pay

There are certain situations when we won't pay a benefit. These situations are explained in chapter 5, section 9 on page 69.

Income Protection and Business Expenses benefits in detail

You've already seen an overview of all the features and benefits of your cover, now it's time to go through these in detail. It's important you read this section of the PDS carefully as it forms a part of your insurance contract.

Please use the coloured icons below to understand which benefit is available on your cover.

Benefits available under:

Income Protection Plus Cover
Income Protection Plus

Income Protection Cover
Income Protection

Income Protection - Accident Only Cover
Accident Only

Business Expenses Cover
Business Expenses

Benefits under your policy

This section provides detail about the benefits available under your Income Protection Covers and Business Expenses Cover.

1. Automatic Increase

Income Protection Plus | Income Protection | Accident Only | Business Expenses

On each anniversary of the *commencement date* while this policy is in force, we'll offer to increase the *Total Monthly Benefit* without taking into account your age or any changes to your health, occupation or pastimes.

The increase in the *Total Monthly Benefit* offered to you will be the greater of the *indexation factor* and 3%. Premiums will be increased to reflect the increased *Total Monthly Benefit*.

Automatic Increase won't apply if:

- you're receiving payments from us under this cover, or
- you elect not to accept our offer of an increased *Total Monthly Benefit* by calling our customer service team or providing written notice to us within 30 days of the anniversary of the *commencement date*.

If Indemnity applies to your cover, you should consider whether the increased cover is, or will be required.

2. Guaranteed Future Insurability

Income Protection Plus | Income Protection | Accident Only

You can apply to increase the *Total Monthly Benefit* each year by providing written notice to us within 30 days of the anniversary of the *commencement date*, without needing to provide further medical evidence if:

- you're under age 55
- no benefit has been received or is payable under this policy, and
- premiums are not being waived.

If you select cover on an Agreed Value basis, we'll require financial evidence to support the increased *Total Monthly Benefit*.

The maximum increase is the lesser of:

- 10% of the *Total Monthly Benefit* at the *commencement date* of this policy
- $1,000 per month, and
- the difference between the *Total Monthly Benefit* and $20,000.

The total of all increases in the *Total Monthly Benefit*, under this benefit, cannot exceed the original *Total Monthly Benefit* at the *commencement date*.

This benefit is not available, or ceases to be available if:

- the *Total Monthly Benefit* is equal to or greater than $20,000
- you're entitled to make a claim, or we have accepted a claim under this policy, or
- a medical loading greater than 75% applies to the policy. A medical exclusion is considered equal to a 50% loading for this purpose.

3. Totally Disabled Benefit

Income Protection Plus | Income Protection | Accident Only

We'll pay the *Total Monthly Benefit* after the end of the *waiting period* if solely due to *sickness*+ or *injury* while covered under this policy, you're *totally disabled* and you've been:

Income Protection Plus Cover	Income Protection Cover
	Income Protection – Accident Only Cover+
If your occupation class is AA, AP, LP, MP, A1 or A2: • *disabled* for the entire *waiting period* and • continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability). If your occupation class is B, C or S: • continuously *totally disabled* for at least 7 consecutive days during the *waiting period* • continuously *disabled* for the balance of the *waiting period*, and • continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability).	• *totally disabled* and not working in any *gainful occupation* for 14 of the first 19 days during the *waiting period* • continuously *disabled* for the balance of the *waiting period*, and • continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability).

Payments accrue from the first day after the end of the *waiting period* for each period you're *totally disabled,* and are made monthly in arrears.

+ For Income Protection – Accident Only Cover, cover for *sickness* is not available. The Totally Disabled Benefit will only be paid if your *disability* is solely and directly as a result of an *injury*.

3.1 When payment of the Totally Disabled Benefit ends

Payment of the Totally Disabled Benefit ends at the first of the following events:

- the date you're no longer *totally disabled*
- the end of the *benefit period,* and
- the date cover ends under this policy (please refer to section 41).

The amount we'll pay depends on whether you have selected Agreed Value or Indemnity.

4. Agreed Value NS

Income Protection Plus | Income Protection | Accident Only

If the policy is an Agreed Value contract, the *monthly benefit* and the *SuperSaver monthly benefit* refer to:

- the amounts accepted at application and shown in your schedule regardless of any subsequent rise or fall in your income, or
- the amounts adjusted in accordance with the terms and conditions of this policy, or by agreement between you and us.

* Benefits may be adjusted at claim time if income disclosed at application cannot be financially supported.

Agreed Value is not available for *superannuation policies,* unless it is selected through the non-superannuation policy issued under the Split Income Protection Option, as explained on page 55.

Agreed Value is also not available on policies purchased as a result of the cancellation and replacement of an existing policy, where Agreed Value was not selected on the original policy.

4.1 Endorsed Agreed Value NS

Income Protection Plus | Income Protection | Accident Only

If you provide evidence of your income for the last 2 financial years when applying for insurance to support the *Total Monthly Benefit*, (including any increases in the *Total Monthly Benefit* you apply for and we confirm in writing), the cover will be endorsed and you won't need to provide any further proof of income to support the *Total Monthly Benefit* if we're making payments under the Totally Disabled Benefit.

Your *Total Monthly Benefit* payable under the Totally Disabled Benefit will be subject to a minimum of:

- the amount stated in your schedule as the *Total Monthly Benefit*
- any increases under Automatic Increase
- any increases to the *Total Monthly Benefit* confirmed by us in writing, and
- less any reductions to the *Total Monthly Benefit* confirmed by us in writing, and
- less any relevant adjustments as specified under section 36.

Endorsed Agree Value is not available for *superannuation policies* unless it is selected through the non-superannuation policy issued under the Split Income Protection Option, as explained on page 55.

Endorsed Agreed Value is also not available on policies purchased as a result of the cancellation and

replacement of an existing policy, where Endorsed Agreed Value was not selected on the *original policy*.

5. Indemnity

Income Protection Plus | Income Protection | Accident Only

If Indemnity is selected, the *monthly benefit* will be the lesser of:

- the amount referred to in section 3 above, and
- the total of:
  - 75% of the first $26,667 of *pre-disability income*
  - 50% of the next $20,000 of *pre-disability income,* and
  - 20% of the balance of *pre-disability income.*

If the SuperSaver Option (please refer to section 39) applies, the *SuperSaver monthly benefit* used to determine the amount payable will be the lesser of:

- the *SuperSaver monthly benefit,* and
- 5% of your *pre-disability income.*

Indemnity is only available under the Split Income Protection Option if Income Protection Plus has been selected.

6. Partially Disabled Benefit

Income Protection Plus | Income Protection | Accident Only

6.1 Payment of the Partially Disabled Benefit

We'll pay the Partially Disabled Benefit after the end of the *waiting period* if solely due to *sickness*[+] or *injury* while covered under this policy, you're *partially disabled* and you have been:

Income Protection Plus Cover	Income Protection Cover
	Income Protection – Accident Only Cover[+]
If your occupation class is AA, AP, LP, MP, A1 or A2: • *disabled* for the entire *waiting period*, and • continuously *disabled* since the end of the *waiting period*, (unless your *disablement* is a recurring disability). If your occupation class is B, C or S: • continuously *totally disabled* for at least 7 consecutive days during the *waiting period*,* • continuously *disabled* for the balance of the *waiting period*, and • continuously *disabled* since the end of the *waiting period*, (unless your *disablement* is a recurring disability).	• *totally disabled* and haven't been working in any *gainful occupation* for 14 of the first 19 days during the *waiting period* • continuously *disabled* for the balance of the *waiting period*, and • continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability).

Payments accrue from the first day after the end of the *waiting period* for each period you're *partially disabled*, and are made monthly in arrears.

[+] For Income Protection – Accident Only Cover, cover for *sickness* is not available. The Partially Disabled Benefit will only be paid if your *disability* is solely and directly as a result of an *injury*.

* We'll waive the criteria if, in our opinion, you will be permanently *partially disabled* or *partially disabled* for at least 12 consecutive months.

Calculation of the Partially Disabled Benefit

If you're *partially disabled*, the Partially Disabled Benefit will be calculated using the following formula:

$$\frac{(A - B) \times C}{A}$$

A = *pre-disability income*

B = *monthly income* while *partially disabled*

C = *Total Monthly Benefit*

If your *monthly income* while *partially disabled* is negative, we'll treat it as zero.

If your occupation class is AA, AP, LP, MP, A1 or A2 and you're continuously *disabled* for the first 3 consecutive months immediately after the end of the *waiting period,* and 'B' is less than or equal to 20% of 'A', we'll pay the *Total Monthly Benefit* for the first 3 months.

For all occupation classes, if there is a delay between the time you generated your *monthly income* and when you actually receive it, we'll deem the income to have been received in the month you actually generated the income and this will form the basis of our calculation of 'B'.

If you're *partially disabled* and you're not working to your capability as a result of causes other than *sickness** or *injury* and this situation continues for at least 2 months, then 'B' will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability. In determining what you could reasonably be expected to earn if you were working to the extent of your capability, we'll take into account available medical evidence (including the opinion of your *registered doctor*) and any other relevant considerations directly related to your medical condition (including information provided by you).

If we're making *monthly benefit* payments and intend to adjust future payments due to a change in how we calculate 'B', we'll notify you 30 days prior to this taking place.

If you're unable to perform the *important income producing duties* of your *usual occupation* for more than 10 hours per week, we won't change how we calculate 'B'.

If you were working *part-time* in your *usual occupation* during the 12 consecutive months immediately before your *disability* started, and you're unable to perform the *important income producing duties* of your *usual occupation* for more than 5 hours per week, we won't change how we calculate 'B'.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover.

6.2 When payment of the Partially Disabled Benefit ends

Payment of the Partially Disabled Benefit ends at the first of the following events:

- the date you're no longer *partially disabled*
- the end of the *benefit period*, or
- the date cover ends under this policy (please refer to section 41).

7. Business Expenses Benefit NS

Business Expenses

7.1 Payment of the Business Expenses Benefit if you are totally disabled

We'll pay the Business Expenses Benefit after the end of the *waiting period* if solely due to *sickness* or *injury* while covered under this policy, you're *totally disabled* and you have been:

If your occupation class is AA, AP, LP, MP, A1 or A2:

- *disabled* for the entire *waiting period,* and
- continuously *disabled* since the end of the *waiting period*, (unless your *disablement* is a recurring disability).

If your occupation class is B or C:

- continuously *totally disabled* for at least 7 consecutive days during the *waiting period*
- continuously *disabled* for the balance of the *waiting period*, and
- continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability).

Payments accrue from the first day after the end of the *waiting period* of each period you're *totally disabled*, and are made monthly in arrears.

The amount payable while you're *totally disabled* is the lesser of:

- the Business Expenses *monthly benefit,* and
- the allowable business expenses incurred for the applicable month.

We'll pay the first 2 months of claim payments without requiring evidence of expenses incurred during that time. If these guaranteed payments exceed the actual *allowable business expenses* in the first 2 months, we reserve the right to reduce future payments by the amount of the overpayment.

If the benefit payable while you're *totally disabled* is payable for less than one month, the amount payable will be calculated as 1/30th of the amount payable for a full month for each day you're *totally disabled*.

7.2 Payment of the Business Expenses Benefit if you are partially disabled

We'll pay the Business Expenses Benefit after the end of the *waiting period* if solely due to *sickness* or *injury* while covered under this policy, you're *partially disabled* and you have been:

If your occupation class is AA, AP, LP, MP, A1 or A2:

- *disabled* for the entire *waiting period*, and
- continuously *disabled* since the end of the *waiting period* (unless your *disablement* is a recurring disability).

If your occupation class is B or C:

- continuously *totally disabled* for at least 7 consecutive days during the *waiting period**
- continuously *disabled* for the balance of the *waiting period*, and
- continuously *disabled* since the end of the *waiting period*, (unless your *disablement* is a recurring disability).

* We'll waive the criteria if, in our opinion, you will be permanently *partially disabled* or *partially disabled* for at least 12 consecutive months.

Payments accrue from the first day of each period during which you're *partially disabled* after the end of the *waiting period* and are made monthly in arrears.

The amount payable while you're *partially disabled* will be calculated using the following formula:

$$\frac{A - B}{A} \times C$$

Where:

A = *pre-disability business income*

B = your share of *business income* during the applicable month (before any benefit is payable under this policy)

C = the lesser of the *monthly benefit* and the *allowable business expenses* incurred for the applicable month

If 'B' is negative in a month, we'll treat 'B' as zero. If the benefit payable while you're *partially disabled* is payable for less than one month, the amount payable will be calculated as 1/30th of the amount payable for a full month for each day you're *partially disabled*.

7.3 When the Business Expenses Benefit ends

Payment of the Business Expenses Benefit ends when the first of the following occurs:

- you're no longer *totally disabled* or *partially disabled* (as applicable)
- unless the *benefit period* is extended in accordance with this section, the end of the *benefit period*, and
- the date cover ends under this policy (please refer to section 41).

If you're *totally disabled* at the end of the *benefit period,* you can agree to extend the *benefit period,* if in our opinion you continue to be *totally disabled*, until the first of the following occurs:

- we have paid 12 times the *monthly benefit*
- the expiration of a further 6 months, or
- the date cover ends under this policy (please refer to section 41).

8. AIDS Cover

Income Protection Plus | Income Protection

If you become *disabled* through an AIDS related illness while your policy is in force, and a benefit would otherwise have been payable, we'll pay the Totally Disabled Benefit (please refer to section 3) and Partially Disabled Benefit (please refer to section 6), as applicable.

9. Death Benefit

Income Protection Plus | Income Protection | Accident Only | Business Expenses

We'll pay a Death Benefit if you become *terminally ill* or die while covered under the Income Protection Covers or Business Expenses Cover.

For Income Protection – Accident Only Cover, the Death Benefit is only payable for *accidental death.*

The amount we'll pay is 3 times the *Total Monthly Benefit*. For Income Protection Plus Cover, we'll double the payment amount to a total of 6 times the *Total Monthly Benefit.*

A maximum payment of $60,000 applies to the Death Benefit for a life insured across all Income Protection Covers with us.

10. Increasing Claim Option

Income Protection Plus | Income Protection | Accident Only

The Increasing Claim Option is an optional benefit at an additional cost if you select Income Protection Cover.

If the Increasing Claim Option applies to your cover (as shown in your schedule) and you're receiving monthly benefit payments, we'll increase the *Total Monthly Benefit* at each anniversary of the *commencement date* by the *indexation factor* (the Pregnancy Premium Waiver Benefit and the Unemployment Benefit are not considered to be payments for this purpose).

When you're no longer *disabled*, we won't reduce the indexed *Total Monthly Benefit* unless you request the reduction in writing. The revised premium for the *Total Monthly Benefit* will be determined in accordance with chapter 5, section 10 'Premiums and payment'.

11. Recurring Disability

11.1 Recurring Disability - Income Protection Covers

Income Protection Plus | Income Protection | Accident Only

If you suffer from the same or a related *sickness** or *injury* within:

- 6 months of *disability* claim payments ending if the *benefit period* is 5 years or less, or
- 12 months of *disability* claim payments ending if the *benefit period* is longer than 5 years,

we'll consider your *disablement* as being recurring.

If we consider you to have a recurring disability and it occurs whilst this cover is still in force, we'll recommence payments of the *Total Monthly Benefit* without applying a new *waiting period* but payments will only be made for any remaining part of the *benefit period*. The *benefit period* is reduced by the previous periods for which we paid benefits for the *disablement* and each recurrence of the *disablement*.

If the *benefit period* is 5 years or less, and payments have been made for the full *benefit period*, you must return to *full-time* work for at least 6 consecutive months and perform all of the *important income producing duties* of your *usual occupation* without restriction before becoming eligible to submit a new claim for the same or a related *sickness** or *injury*. A new *waiting period* and *benefit period* will then apply.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover

11.2 Recurring Disability - Business Expenses Cover NS

Business Expenses

If you suffer from the same or a related *sickness* or *injury* within 6 months of *disability* claim payments ending we'll consider your *disablement* as being recurring.

If we consider you to have a recurring disability and it occurs whilst this cover is still in force, we'll recommence payments of the Business Expenses Benefit (refer to section 7) without a new *waiting period*, but payments will only be made for any remaining part of the *benefit period*. The *benefit period* is reduced by the previous periods for which we paid benefits for the *disablement* and each recurrence of the *disablement*.

If we have made payments for the full *benefit period*, you must return to *full-time* work for at least 6 consecutive months and perform all of the *important business income producing duties* of your *usual occupation* without restriction before becoming eligible to submit a new claim for the same or a related *sickness* or *injury*. A new *waiting period* and *benefit period* will then apply.

12. Elective Surgery Benefit NS

Income Protection Plus | Income Protection | Business Expenses

We'll pay the Totally Disabled Benefit or Partially Disabled Benefit (as applicable) if, on the advice of a *registered doctor*, you have elective surgery to:

- transplant part of your body to someone else, or
- improve your appearance,

where the applicable benefit would otherwise have been payable except that your *disability* was due to the surgery, rather than a *sickness* or *injury*.

The Elective Surgery Benefit won't apply if your elective surgery to improve your appearance took place within 6 months of:

- the *commencement date*
- an increase in the *Total Monthly Benefit,* but only in respect of the increased portion, or
- the most recent reinstatement of this cover.

This benefit is not available for *superannuation policies*.

13. Premium Waiver Benefit

Income Protection Plus | Income Protection
Accident Only | Business Expenses

For Income Protection Plus Cover only:

If you're *disabled* and are receiving a benefit for that *disability* from us under this cover, the premiums payable under the Income Protection Plus Cover will be waived until you're no longer *disabled,* even if the *benefit period* expires earlier.

If you have selected the Split Income Protection Option with Income Protection Plus Cover, the above will apply to both your non-superannuation policy, and your *superannuation policy* whilst both policies are in force, if this benefit falls due. If cover ends under either policy, any remaining in force policy will be subject to standard terms as described in this section.

For all other policies:

If you're *disabled* and are receiving the payments for that *disability* from us under this cover, the premiums payable for the cover will be waived until the first of the following occurs:

• the date you're no longer *disabled,* or

• the date that you're not entitled to receive payments for that *disablement* under this policy.

Premium Waiver Benefit will apply during the payment period for the Crisis Benefit (if applicable, please refer to section 21) or the Specific Injury Benefit (please refer to section 19). Otherwise, the Premium Waiver Benefit is backdated to the first day of the *waiting period*, if a benefit is payable after the end of the *waiting period.*

Premiums referable to the *waiting period* will be refunded with the first payment from us. When premiums become payable again, the premium will be calculated in accordance with chapter 5, section 10 'Premiums and payment'.

14. Premium and Cover Suspension Benefit

Income Protection Plus | Income Protection
Accident Only | Business Expenses

You can suspend premiums and cover under your Income Protection Covers and Business Expenses Cover if you're:

- *unemployed*
- on sabbatical, maternity, paternity or long term leave from work, or
- experiencing financial hardship due to your household income for the last 3 months reducing by more than 30% (as compared to the household income over the preceding 3 month period*).
- The Premium and Cover Suspension Benefit is only available if your cover has been continuously in force since the *commencement date* and premiums have been paid for at least the previous 12 consecutive months. We'll suspend premiums and cover for a maximum of 12 months from the time the application is accepted by us in writing.

If cover is suspended, it is not automatically reinstated. Cover may only be reinstated upon application and after we have received the next premium. If you do not apply to reinstate the cover within 12 months, the policy will be cancelled.

If you're suffering from or have symptoms of a *sickness*^ or *injury* which developed or became apparent during the period of suspension at the time the cover is reinstated, no benefit is payable for any subsequent claim affected by that symptom, *sickness*^ or *injury*.

* Not available if financial hardship is as a result of bankruptcy or your business being put in receivership or liquidation.

^ Cover for *sickness* is not available for Income Protection – Accident Only Cover.

15. Pregnancy Premium Waiver

Income Protection Plus | Income Protection
Accident Only

If you become pregnant while this cover is in force but not within 6 months of:

- the *commencement date,* or
- the most recent reinstatement of this policy, and

you're not working in a *gainful occupation,* we'll waive the premiums for up to 6 months at any stage you select provided this period:

- begins no earlier than the start of your second trimester, and
- finishes no later than 6 months from the date of birth of your child.

Cover continues during the period that premiums are being waived under this benefit.

You must notify us in writing when you wish to waive premiums under this benefit and provide us with a certificate of your pregnancy from a *registered doctor.*

Unless cover has otherwise ceased under section 41, this benefit will cease when a total of 6 months of premiums, including any premiums waived during an earlier pregnancy, have been waived.

16. Concurrent Disability

Income Protection Plus | Income Protection | Accident Only | Business Expenses

If you suffer from a *concurrent disability*, and are eligible for more than one payment for the Totally Disabled Benefit or Partially Disabled Benefit (whichever is applicable), payment will only be made for the condition that entitles you to the highest benefit. We won't pay for more than one benefit at the same time.

17. Waiting Period Conversion

Income Protection Plus | Income Protection | Accident Only

If a 2 year *waiting period* applies to your cover and you have comparable insurance cover provided by an employer or superannuation fund, you may apply to reduce your *waiting period* to 30, 60 or 90 days should that cover no longer apply.

You must apply within 30 days of your previous cover ceasing to apply and evidence of the previous cover must be supplied.

18. Temporary Extended Waiting Period

Income Protection Plus | Income Protection | Accident Only

If a 30 day *waiting period* applies to your cover, you can elect to increase the *waiting period* to 60 or 90 days for a period of up to 13 months.

The *waiting period* can be reduced back to 30 days without the need for further underwriting during this time. You must contact us in order to apply to reinstate the original *waiting period* before the end of this 13 month period.

The application to increase the *waiting period* and subsequently reinstate the original *waiting period* can be made only once during the lifetime of your cover.

18.1 Limitations

If you apply to extend the *waiting period* under the Temporary Extended Waiting Period, and then subsequently apply to reinstate the original *waiting period*, the cover will be subject to the following limitations:

- The Day 1 Accident Option (if applicable) will no longer apply to the cover if the application to increase the *waiting period* is accepted, and won't be reinstated if the *waiting period* is subsequently decreased to the original *waiting period*.
- No decrease in the *waiting period* will be accepted where you're entitled to benefit under the policy, whether on claim or not.
- The original *waiting period* won't apply for any claim where the *sickness**, *injury*, condition or related symptom occurred during the period where:
  - the *waiting period* was increased, and
  - symptoms existed that would cause a reasonable and prudent person to seek a diagnosis, care or treatment from a *registered doctor*, or other healthcare professional, or
  - medical advice or treatment was recommended by, or received from, a *registered doctor*, or other health care professional.

Any claim resulting from the above will be subject to the increased *waiting period* which was applied for and accepted by us.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover.

19. Specific Injury Benefit NS

Income Protection Plus | Income Protection | Business Expenses

The Specific Injury Benefit is available if you choose a 14, 30, 60 or 90 day *waiting period*.

The Specific Injury Benefit is an optional benefit at an additional cost if you select Income Protection Cover.

If you suffer a listed specific injury while covered under this benefit, we'll treat you as if you're *totally disabled* and make payments for the applicable payment period shown in the table below for each cover, but not beyond the date that the cover ends (please refer to section 41). We'll do this without applying the *waiting period*. The waiting period applies to all other benefit payments unless specified.

Specific injury	Income Protection Plus Cover and Income Protection Cover	Business Expenses Cover
Paralysis	60 months	12 months
Total and permanent loss of use of:		
Both hands or both feet	24 months	6 months
Sight in both eyes	24 months	6 months
One hand and one foot	24 months	6 months
One hand and sight in one eye	24 months	6 months
One foot and sight in one eye	24 months	6 months
One arm or one leg	18 months	2 months
One hand or one foot or sight in one eye	12 months	2 months
Thumb and one index finger of the same hand	6 months	1 month
A *fracture*, requiring immobilisation of your:		
Upper leg – femur	3 months	1 month
Pelvis, except coccyx	3 months	1 month
Skull, except bones of the nose or face	2 months	1 month
Jaw	2 months	1 month
Upper arm	2 months	1 month
Elbow	2 months	1 month
Shoulder blade	2 months	1 month
Lower leg – tibia and fibula (excluding knee cap, foot, ankle, heel and toes)	2 months	1 month
Ankle (excluding heel, foot and toes)	2 months	1 month
Knee cap	2 months	1 month
Foot (excluding ankle, heel and toes)	1 month	1 month
Heel (excluding ankle, foot and toes)	1 month	1 month
Lower arm (excluding elbow, wrist, hand, thumb and fingers)	1 month	1 month
Hand (excluding thumb and fingers)	1 month	1 month
A *fracture*, requiring immobilisation of your:		
Wrist (excluding hand, thumb and fingers)	1 month	1 month
Collar bone	1 month	1 month

If you suffer from more than one specific injury at the same time, we'll only pay for the specific injury with the longest payment period.

You can choose to have this benefit paid either as:

- Monthly payments of the *Total Monthly Benefit* in advance. If you die before the end of the payment period, we'll pay the remainder of the monthly payments up to the next anniversary of when your claim commenced and the Death Benefit.
- Lump sum payment(s) of up to 12 monthly payments at any one time, calculated by multiplying the *Total Monthly Benefit* by the number of applicable monthly payments. If we have paid a lump sum and you die before the end of the payment period, we'll pay the Death Benefit.

The Specific Injury Benefit won't be paid in conjunction with any other payment under this cover. If the Specific Injury Benefit and the Crisis Benefit (if applicable, refer to section 21) are payable at the same time, the higher benefit, but not both, will be payable. At the end of your payment period, your eligibility for any other benefits will be determined under the appropriate terms of this cover.

20. Blood Borne Diseases NS

Income Protection Plus | Income Protection | Business Expenses

If we have classified your occupation as MP and you're diagnosed with HIV or Hepatitis B or C, then the 3 scenarios below may apply to you. In these scenarios you must notify the relevant governing body of your condition.

Scenario	Possible consequence
You elect to disclose your condition to your patients.	Some of your patients may decide to seek medical treatment elsewhere. It could also be difficult for you to attract new patients. With a reduction in the number of patients, your income may be reduced.
You choose to cease performing 'exposure prone' procedures as defined by the relevant governing body.	You could continue performing other duties that are not considered to be 'exposure prone' procedures (e.g. consulting work or lecturing). In such cases, if a high percentage of your income was generated from performing 'exposure prone' procedures, then it is likely that your income will be reduced.
Your governing body advises you to cease performing 'exposure prone' procedures, as defined by the relevant governing body.	You may elect to continue performing other duties that are not considered to be 'exposure prone' procedures (e.g. consulting work or lecturing). In such cases, if a high percentage of your income was generated from performing 'exposure prone' procedures, then it is likely that your income will be reduced.

We'll deem that you're either unable to perform one or more of the *important income producing duties* of your *usual occupation*, or you're unable to perform the *important income producing duties* of your *usual occupation* for more than 10 hours^ per week.

If you're not working more than 10 hours^ in any *gainful occupation* and satisfy all other conditions of being *totally disabled*, payment of the Totally Disabled Benefit (if applicable, please refer to section 3) or the Business Expenses Benefit (if applicable, please refer to section 7) will commence at the end of the *waiting period*.

If the Day 1 Accident Option applies to your policy, payment for the Totally Disabled Benefit will commence from the day you first notified the relevant governing body of your medical condition. Payment will be made in arrears after diagnosis of HIV or Hepatitis B or C.

Should you continue working more than 10^ hours per week and your *monthly income* is less than your *pre-disability income*, and you satisfy all other conditions of being *partially disabled*, payments will be based on you being *partially disabled.*

^ If you were working *part-time* in your *usual occupation* during the 12 consecutive months immediately before your *disability* started, we will replace '10 hours' with '5 hours' for the purpose of determining if you meet our condition for Blood Borne Diseases.

20.1 Limitations

We won't deem you to be disabled as a result of:

- Hepatitis B or C, where a cure for Hepatitis B or C has become available prior to your infection, and
- HIV, where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to your infection or prior to the onset of your AIDS.

21. Crisis Benefit NS

Income Protection Plus | Income Protection | Business Expenses

The Crisis Benefit is available if you choose a 14, 30, 60 or 90 day *waiting period*.

The Crisis Benefit is an optional benefit at an additional cost if you select Income Protection Cover.

If you suffer from a defined medical event listed below while covered for this benefit, we'll treat you as if you're *totally disabled* for the period shown below, but not beyond the period that cover under this policy ends. We'll do this without applying the *waiting period* even if you're working*.

* The waiting period applies to all other benefit payments unless specified.

Duration of Payments		
Waiting Period	**Income Protection Covers**	**Business Expenses Cover**
14 or 30 days	6 months	2 months
60 days	4 months	1 month
90 days	3 months	1 month
1 or 2 years	N/A	N/A

Crisis Benefit medical events

- *Aplastic anaemia (requiring treatment)*
- *Benign tumour of the brain with specified permanent impairment*
- *Benign tumour of the spine with specified permanent impairment*
- *Blindness (permanent)*
- *Cancer (of specified criteria)**
- *Cardiomyopathy with permanent impairment (of specified severity)*
- *Chronic kidney failure (undergoing regular dialysis)*
- *Chronic liver failure (resulting in permanent symptoms)*
- *Chronic lung failure (on permanent oxygen therapy)*
- *Coma (of specified severity)*
- *Coronary artery angioplasty – triple vessel**
- *Coronary artery bypass surgery**
- *Creutzfeldt-Jakob Disease*
- *Deafness*
- *Dementia including Alzheimer's disease with permanent impairment (of specified severity)*
- *Encephalitis resulting in permanent impairment (of specified severity)*
- *Heart attack (of specified severity)**
- *Heart surgery (open)**
- *Hepatitis B or C-occupationally acquired*
- *HIV-occupationally acquired*
- *Intensive care (requiring 10 days of continuous tracheal intubation)*
- *Loss of independent existence (permanent)*
- *Loss of use of limbs or sight (permanent)*
- *Loss of speech (permanent)*
- *Major head trauma resulting in permanent impairment (of specified severity)*
- *Major organ transplant (of specified organs)*
- *Medically acquired HIV (contracted from a medical procedure or operation)*
- *Meningitis resulting in permanent impairment (of specified severity)*
- *Motor neurone disease*
- *Multiple sclerosis (with persistent neurological abnormalities)*
- *Muscular dystrophy*

Crisis Benefit medical events

- *Out of hospital cardiac arrest**
- *Paralysis (permanent)*
- *Parkinson's disease (degenerative idiopathic)*
- *Primary pulmonary hypertension*
- *Repair or replacement of aorta (excluding intra-arterial and non-surgical techniques)**
- *Repair or replacement of valves (via open heart surgery)**
- *Severe burns*
- *Severe rheumatoid arthritis*
- *Significant cognitive impairment*
- *Stroke**

* Cover does not start until the later of the policy *commencement date* and 3 months after the following scenarios, whichever one is applicable to you:
- we receive a fully completed application for insurance from you
- we receive a fully completed application for an increase to the *sum insured* (in respect to the increased portion only), or
- the most recent reinstatement of the policy or declaration of continued good health.

This does not apply if your policy is a *replacement policy*.

This benefit won't be paid in conjunction with the:

- Total Disability Benefit (please refer to section 3),
- Partial Disability Benefit (please refer to section 6),
- Boosted Total Disability or Partial Disability benefits paid via the Booster Option (please refer to section 38),
- Needlestick and Medical Hazards Benefit (please refer to section 22) or
- Specific Injury Benefit (please refer to section 19).

You can choose to have this benefit paid either as:

- monthly payments of the *Total Monthly Benefit* in advance. If you die before the end of the payment period, we'll pay the remainder of the monthly payments and the Death Benefit, or
- a single payment calculated by multiplying the *Total Monthly Benefit* by the number of applicable monthly payments. If you die before the end of the payment period, we'll pay the Death Benefit.

If you suffer from another condition under this benefit during the payment period, payment for the earlier condition will cease and a new payment period (adjusted by deducting any advance payments made in respect of the earlier condition) will commence in respect to the subsequent condition.

If the Crisis Benefit and Specific Injury Benefit (please refer to section 19) are payable at the same time, the higher benefit, but not both, will be payable.

22. Needlestick and Medical Hazards Benefit NS

Income Protection Plus | Income Protection

If we have classified your occupation as MP, we'll pay 50 times the *Total Monthly Benefit* if you're diagnosed with *HIV – occupationally acquired* or *Hepatitis B or C – occupationally acquired* whilst working in your *usual occupation*. This payment is subject to a maximum of $1,000,000 per life insured across all Asteron Life Complete policies.

If this benefit is payable, we won't pay the Crisis Benefit for the same condition.

Any Life Cover, TPD Cover, Trauma Cover or comparable cover payable in the event of *HIV – occupationally acquired* will be limited to $3,000,000 across all TAL Life policies.

23. Extras Package Option NS

Income Protection

If you have Income Protection Cover, benefits 24 – 30 below only apply if the Extras Package Option has been selected. This is an optional package of benefits available at an additional cost.

24. Overseas Assist Benefit NS

Income Protection Plus | Income Protection

If you're overseas and become *disabled* and are entitled to receive payments from us, we'll reimburse reasonable expenses for you and your immediate family members to return to either your home address or a medical facility in Australia.

We'll reimburse up to $10,000 in respect of the Overseas Assist Benefit over the life of this cover. You must advise us in advance of your return journey to Australia. Payment will be made after appropriate evidence is received.

This benefit won't apply:

- if your journey overseas before becoming *disabled* was taken against the advice of a health care professional, or
- for expenses covered by any other insurance policy for example, travel insurance.

25. Accommodation Benefit NS

Income Protection Plus | Income Protection

If you're *bed confined* as a result of being *totally disabled* and:

- you became *totally disabled* more than 100km from your usual place of residence, or
- on the advice of a *registered doctor*, you travel to a place more than 100km from your usual place of residence,

we'll reimburse actual accommodation costs directly incurred by an immediate family member accommodated near where you're *bed confined.*

We'll reimburse up to $250 per day for a maximum of 30 days in any 12 month period, less amounts that are otherwise reimbursed. Payments will be made monthly in arrears after the terms of this benefit are met.

26. Bed Confinement Benefit NS

Income Protection Plus | Income Protection

If you're *bed confined* for more than 72 consecutive hours as a result of being *totally disabled* during the *waiting period*, we'll pay 1/30th of the *Total Monthly Benefit* for each day (including the first 72 consecutive hours) you're *bed confined* during the *waiting period*, for up to 90 days.

If you become *bed confined* as a result of suffering a recurring disability (please refer to section 11), any further benefits will be determined after taking into account the benefits already paid under this benefit. Payments will be made monthly in arrears if the terms of this benefit are met.

The Bed Confinement Benefit won't be paid in conjunction with any other payment under this cover.

27. Family Assist Benefit NS

Income Protection Plus | Income Protection

If we have paid the Totally Disabled Benefit for at least 30 consecutive days and you continue to be *totally disabled* and need someone to look after you at home, we'll pay for either:

- an immediate family member who was in a *full-time*, *gainful occupation* immediately before you became *totally disabled* to cease all paid employment to care for you, or
- a registered nurse (who is not an immediate family member) to care for you at home at least 3 times per week.

We'll pay the lesser of:

- $3,000 a month, and
- the *Total Monthly Benefit*,

for up to 6 months over the life of this cover.

Payments will accrue from the first day the requirements of this benefit are met and they'll be made monthly in arrears.

28. Transportation Benefit NS

Income Protection Plus | Income Protection

If, while covered under this policy, you become *disabled* and require emergency transportation (other than by ambulance) within Australia, we'll reimburse the actual costs directly incurred for your transportation, other than expenses for services which are regulated by the National Health Act, 1958 (Commonwealth) and expenses otherwise reimbursed.

We'll pay up to 3 times the *Total Monthly Benefit*.

This benefit is payable only once in any 12 month period. Payments will be made when the requirements of this Transportation Benefit are met and after sufficient evidence is received.

29. Childcare Reimbursement Benefit NS

Income Protection Plus | Income Protection

If you're *totally disabled* and require additional childcare assistance solely as a result of your *sickness* or *injury*, we'll reimburse you for the additional childcare fees incurred as a result of your *sickness* or *injury* and which cannot be recovered from any other source. The amount payable will be in addition to the disability benefit payable and will be the lesser of:

- 5% of the *Monthly benefit*
- $500 per month, or
- the additional childcare costs, less amounts reimbursed from elsewhere.

Payments will be made monthly in arrears after the terms of this benefit are met. This benefit is payable for a maximum of 6 months over the life of the cover. Each child must be under the age of 12 at the time when childcare costs are incurred unless the child has special needs which require additional assistance. Evidence must be supplied each month that the childcare costs to be reimbursed are from a licensed external childcare provider. Only childcare costs which are incurred in addition to pre-disability childcare arrangements are covered under this benefit.

30. Unemployment Benefit NS

Income Protection Plus | Income Protection

If, while covered under Income Protection Plus Cover, you become involuntarily *unemployed* for reasons other than you being *disabled* and:

- you have registered with an accredited employment agency, and
- the unemployment did not occur within 6 months of:
  - the *commencement date,* or
  - the most recent reinstatement of this policy,

we'll waive the daily proportion of premiums for this cover monthly in arrears, from the first day of unemployment.

Cover continues during the period premiums are being waived under this benefit.

Unless cover has otherwise ceased under section 41, this benefit will cease on the earlier of:

- the date you're no longer *unemployed,* or
- the date a total of 6 months premium, including the premium waived during any earlier periods of unemployment, has been waived.

31. Locum Cover NS

Business Expenses

If you employ a suitably qualified replacement ('locum') for you while you're *disabled*, the net cost of the locum is an allowable business expense.

The net cost of the locum in a month is the amount by which the fees incurred for the locum during that month exceed the gross sales, income or billings generated by the locum during that month.

32. Rehabilitation Benefit

Income Protection Plus | Income Protection | Accident Only

To assist you to return to a *gainful occupation* and help you recover, we'll reimburse you for any retraining or rehabilitation expenses, up to 12 times the *Total Monthly Benefit*, if:

- we agree to your retraining or rehabilitation expenses before they're incurred
- these expenses are incurred while we're making payments for *disablement,* and
- they're not being otherwise reimbursed.

Reimbursement will commence on the first day you meet the terms of this benefit and will be made monthly in arrears.

Retraining and rehabilitation expenses may include Government sponsored or approved rehabilitation program fees, vocational training expenses, travel expenses and special equipment.

If you're suffering from a recurring disability (please refer to section 11), we'll only reimburse expenses up to the remainder (if any) of the 12 months potential payment under this benefit. If you suffer from a new

disablement, a new maximum payment under this benefit will apply.

If your policy is a *superannuation policy*, we'll reimburse the rehabilitation service provider directly. This means it's not received by or released from the Trustee, nor is the benefit paid directly to you and is therefore different to how we pay a Totally Disabled Benefit or a Partially Disabled Benefit (as applicable) under the cover.

33. Return to Work Benefit NS

Income Protection Plus | Income Protection

If you have been *totally disabled*, we'll pay an amount equal to the *Total Monthly Benefit* if:

- we have continuously paid the Totally Disabled Benefit for more than 6 months, and
- you return to *full-time* work immediately after payments have ceased.

This benefit is limited to a maximum payment amount of $20,000, and will only be paid once for the life of the cover. This benefit won't be paid in conjunction with the Return to Business Benefit.

34. Business Rehabilitation Benefit NS

Income Protection Plus

To assist you with the structure and ongoing running of your business, we'll reimburse you for any business coaching or consulting expenses, up to 3 times the *Total Monthly Benefit* (with a total maximum of $10,000), if:

- we agree to your business coaching or consulting expenses before they're incurred
- these expenses are incurred while we're making payments for *disablement,* and
- they're not being otherwise reimbursed.

Reimbursement will commence on the first day you meet the terms of this benefit and will be made monthly in arrears. A maximum of $10,000 is payable for this benefit over the life of the cover.

35. Return to Business Benefit NS

Income Protection Plus | Income Protection

If you're self-employed and have been *totally disabled*, we'll pay an amount equal to the *Total Monthly Benefit* if:

- we have continuously paid the Totally Disabled Benefit for more than 6 months, and
- you return to *full-time* work within your own business or professional practice immediately after payments have ceased.

This benefit is limited to a maximum payment amount of $20,000, and will only be paid once for the life of the cover. This benefit won't be paid in conjunction with the Return to Work Benefit.

36. When we'll limit the Monthly Benefit

Income Protection Plus | Income Protection | Accident Only

There are some circumstances when we'll limit the amount we pay under the Totally Disabled Benefit, Partially Disabled Benefit and Day 1 Accident Option (if applicable).

For all occupations, the amount we pay will be recalculated if you receive other payments in relation to the *sickness** or *injury* causing your *disablement* by way of other disability, group, sickness or accident insurance cover, including cover under a mortgage replacement policy or through a superannuation fund that were not disclosed to us at the time you applied for the cover.

If your occupation class is A1, A2, B, C or S, in addition to the above, the amount we pay will also be recalculated if you receive other payments in relation to the *sickness** or *injury* causing your *disablement* by way of any payments from workers' compensation schemes, social security, accident compensation schemes and other statutory insurances payable for loss of income.

If your cover is provided via a *superannuation policy*, in addition to the above, the amount we pay will also be recalculated if you receive other payments in relation to the *sickness** or *injury* causing your disablement by way of any paid sick leave from your employer.

If any of the payments listed above are received in the form of a lump sum then, if all or a part of that lump sum is a payment in compensation for loss of earnings, we'll convert that part of the compensation for loss of earnings to income on the basis of 1% of the loss of earnings component for each month that we pay the benefit, for a maximum of 8 years. The balance of the lump sum, if any, won't be offset.

We'll recalculate the 'benefit' so that the amount we pay, when added to your *monthly income* and the other payments to be taken into account, is no more than the greater of:

- 75% of your *pre-disability income* (or 80% of your *pre-disability income* if the SuperSaver Option

applies) where the Totally Disabled Benefit or Day 1 Accident Option is payable, or 100% of your *pre-disability income* where the Partially Disabled Benefit is payable, and

- the benefit otherwise payable.

If the Totally Disabled Benefit is being paid under section 3 and you're working for 10 hours^ or less per week in a *gainful occupation*, your *monthly income* attributable to such work won't be included in your *monthly benefit* under this section.

^ If you were working *part-time* in your *usual occupation* during the 12 consecutive months immediately before your *disability* started, we will replace '10 hours' with '5 hours' for the purpose of recalculating the benefit under this section.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover.

37. Day 1 Accident Option

Income Protection Plus | Income Protection | Accident Only

If you choose a *waiting period* of either 14 or 30 days you can apply for the Day 1 Accident Option.

If as a result of *injury*, you're continuously *totally disabled* for longer than 3 consecutive days from the day you first seek medical advice for your injury, we'll pay 1/30th of the *Total Monthly Benefit* for each day of your *waiting period* that you're continuously *totally disabled* from day 1, less any payments made under the Bed Confinement Benefit (please refer to section 26), Specific Injury Benefit (please refer to section 19) or Crisis Benefit (please refer to section 21).

This option is not available if we have classified your occupation as S. Your financial adviser can provide you with more information about occupation classes.

A payment under the Day 1 Accident Option won't be paid in conjunction with any other payment under this cover.

38. Booster Option NS

Income Protection Plus | Income Protection

If the Booster Option applies to your cover and either the Totally Disabled Benefit or Partially Disabled Benefit is payable while you're covered for this option, we'll pay an additional 1/3 of the *monthly benefit* otherwise payable for the first 3 months. Please see pages 41 – 43 for when these benefits are paid.

If the Crisis Benefit applies to your cover and we pay you the Crisis Benefit, we'll boost it by an additional 1/3 for the relevant period. Please see page 49 for information about when the Crisis Benefit is paid and the duration of payments.

You cannot boost both the Crisis Benefit and the Total Disability or Partial Disability benefits for the same cause of disablement.

If you suffer from a new disablement while you're covered for the Booster Option, the Booster Option will apply again. If you suffer from a recurring disability (please refer to section 11) while you're covered for the Booster Option, we'll recommence payments under the Booster Option until 3 months payment in total have been made.

39. SuperSaver Option

Income Protection Plus | Income Protection

If your cover is Agreed Value, and:

- you're *totally disabled,* we'll pay the *SuperSaver monthly benefit* stated in the schedule, or
- you're *partially disabled,* we'll pay the same proportion of the *SuperSaver monthly benefit* as we're paying for the *monthly benefit* (please refer to section 6).

If Indemnity applies to your cover, and:

- you're *totally disabled,* we'll pay the lesser of the *SuperSaver monthly benefit* stated in the schedule and 5% of your *pre-disability income*, or
- you're *partially disabled,* we'll pay the same proportion of the *SuperSaver monthly benefit* as we're paying for the *monthly benefit* (please refer to section 6).

In addition, we'll also pay the *SuperSaver* monthly benefit if we're making payments under this cover for the:

- Death Benefit (please refer to section 9)
- Return to Work Benefit (please refer to section 33)
- Return to Business Benefit (please refer to section 35)
- Needlestick and Medical Hazards Benefit (please refer to section 22)
- Specific Injury Benefit (please refer to section 19)
- Bed Confinement Benefit (please refer to section 26)
- Crisis Benefit (please refer to section 21), or
- Day 1 Accident Option (please refer to section 37).

SuperSaver monthly benefit payments will be paid to your nominated superannuation fund.

Automatic Increase (please refer to section 1) and Increasing Claim Option (please refer to section 10) apply to the SuperSaver Option.

40. Split Income Protection Option

Income Protection Plus | Income Protection

The Split Income Protection Option is available if you have applied for Income Protection cover owned through a *superannuation policy*.

If the Split Income Protection Option applies to your policy, we will issue you an additional, non-superannuation policy, that provides you access to Income Protection or Income Protection Plus benefits not available to *superannuation policies*. These benefits are highlighted in this chapter with the NS symbol.

Please refer to page 60 for more detail on ownership structures for non-superannuation policies.

Your *superannuation policy* will always be an Indemnity contract type, whereas the following contract types are available to the non-superannuation policy:

Split Income Protection Type	Agreed Value	Endorsed Agreed Value	Indemnity
Income Protection	✓	✓	✗
Income Protection Plus	✓	✓	✓

Please refer to page 41 for more detail on Agreed Value, Endorsed Agreed Value and Indemnity.

More detail on the Split Income Protection Option is in section 1.6 on page 62.

41. When cover ends

Income Protection Plus | Income Protection | Accident Only | Business Expenses

All cover ends on the earliest of:

- the date you permanently leave the workforce other than because of *disablement* where benefits are still payable under this cover
- the date we receive your written request to cancel this cover or policy
- the date of cancellation of this policy for non-payment of premiums (please refer to chapter 5, section 10.6 'What happens if the premium isn't paid?')
- the date on which all benefit entitlements under this cover end
- the date your policy ends
- the *expiry date* for the cover
- the date of your death
- the date you turn 65, unless a *benefit period* to age 70 applies to your cover in which case, only the following benefits will apply until the date you turn 70:
  - Totally Disabled Benefit (please refer to section 3)
  - Partially Disabled Benefit (please refer to section 6)
  - AIDS Cover (please refer to section 8)
  - Recurring Disability (please refer to section 11)
  - Death Benefit (please refer to section 9)
  - Premium and Cover Suspension Benefit (please refer to section 14)
  - Blood Borne Diseases (please refer to section 20), and
  - Needlestick and Medical Hazards Benefit (please refer to section 22).

Cover also ends under the Split Income Protection Option's non-superannuation policy on the date that cover ends for the Split Income Protection Option's *superannuation policy*.

Chapter 4

Child Cover

Child Cover

Child Cover benefits in detail

Built in benefits

This section provides detail about the benefits available under Child Cover. Child Cover is not available for *superannuation policies*.

1. Child Cover NS

If Child Cover applies for an insured child on your policy, we'll pay the Child Cover *sum insured* if the insured child:

- is *terminally ill* or dies while covered under Child Cover, or
- is diagnosed as suffering one of the defined medical events listed below.

List of defined medical events when we'll pay the Child Cover *sum insured*

- *Benign tumour of the brain with specified permanent impairment*
- *Benign tumour of the spine with specified permanent impairment*
- *Blindness (permanent)*
- *Brain damage with permanent impairment (of specified severity)*
- *Cancer (of specified criteria) – Child cover**
- *Cardiomyopathy with permanent impairment (of specified severity)*
- *Chronic kidney failure (undergoing regular dialysis)*
- *Deafness*
- *Encephalitis resulting in permanent impairment (of specified severity)*
- *Intensive care (requiring 10 days of continuous tracheal intubation)*
- *Loss of use of limbs or sight (permanent)*
- *Loss of speech (permanent)*
- *Major head trauma resulting in permanent impairment (of specified severity)*
- *Major organ transplant (of specified organs)*
- *Meningitis resulting in permanent impairment (of specified severity)*
- *Paralysis (permanent)*
- *Severe burns*
- *Stroke**

* Cover does not start until the later of the policy *commencement date* and 3 months after the following scenarios, whichever one is applicable to you:

- we receive a fully completed application for insurance from you
- we receive a fully completed application for increase to the *sum insured* (in respect to the increased portion only), or
- the most recent reinstatement of the policy or declaration of continued good heath.

This does not apply if your policy is a *replacement policy*.

We'll pay the Child Cover *sum insured* for the insured child once only.

Automatic Increase (please refer to chapter 2, section 1) does not apply to Child Cover.

2. Partial Child Cover Benefit

If Child Cover applies for an insured child on your policy, we'll pay $10,000 if the insured child suffers a *serious accidental injury* or *single loss of limb or eye (permanent)* while covered under Child Cover. We'll only pay the Partial Child Cover Benefit in respect of each insured child:

- once for *serious accidental injury*, and
- once for *single loss of limb or eye (permanent)*.

The Child Cover *sum insured* for an insured child will be reduced by the amount paid for *serious accidental injury* or *single loss of limb or eye (permanent)* and the premium may change accordingly.

If the Child Cover *sum insured* is reduced to nil, cover under Child Cover ends.

3. Guaranteed Future Insurability

You can increase the Child Cover *sum insured* for an insured child by $10,000 at a time, without the need for further medical evidence when the insured child turns:

- 6
- 10
- 14, or
- 18.

We'll require a certified copy of the insured child's birth certificate or passport.

Guaranteed Future Insurability does not apply if you've made a claim or are entitled to make a claim for the insured child under Child Cover.

The total of all increases to the Child Cover *sum insured* for the insured child under Guaranteed Future Insurability can't exceed the *sum insured* for that insured child at the *commencement date*. The maximum the *sum insured* can be increased to for the insured child is $200,000.

You can only exercise Guaranteed Future Insurability by writing to us (including the proof of age) within:

- 60 days of the insured child's relevant birthday, or
- 30 days either side of an anniversary of the *commencement date* if the insured child's relevant birthday occurred within the previous 12 months.

The premiums will be increased to reflect the increase in *sum insured*. The increased *sum insured* applies from the date we confirm to you the new Child Cover *sum insured* in writing, as long as the additional premium has been paid.

4. New Policy Option

From the insured child's 18th birthday and before the expiry of Child Cover (please refer to section 5), if no amount has become payable under section 1 or section 2 for the insured child, you can purchase a new policy with Life Cover and linked Trauma Cover, or a Trauma Stand Alone Cover from us with the child as the insured person without further medical evidence. The policy that you can buy will be the policy which, in our opinion, is most comparable to our Asteron Life Complete policy with Trauma Stand Alone Cover or Life Cover with linked Trauma Cover. Trauma Plus Cover isn't available under this option.

The *sum insured* for the new Cover will be the same Child Cover *sum insured* for the insured child as at the date when Child Cover ends. Premiums will be calculated using the rates applying at that time for the new policy, increased by any loading factors which applied under this cover for the insured child.

To exercise the New Policy Option, you must make a written application for this New Policy Option from the insured child's 18th birthday or within 30 days of the expiry of Child Cover. We must receive the completed application form and first premium within this period.

We'll send you a new schedule. Cover under the new policy will commence when we receive the first premium.

5. When Child Cover ends

Cover for each insured child under this option ends on the earliest of:

- the date we have paid the full Child Cover *sum insured* for that insured child
- the date we receive your written request to cancel Child Cover
- the *expiry date* for Child Cover for that insured child
- the date Child Cover is converted to a Trauma Stand Alone Cover or Life Cover with linked Trauma Cover
- the date the insured child dies, and
- the date the policy ends unless the Child Cover is transferred to another Asteron Life Complete policy.

Chapter 5

About Asteron Life Complete

About Asteron Life Complete

1. Ownership and structure

Asteron Life Complete can be set up in a way that best suits your needs. You have a choice of ownership structures and linking options which gives you flexibility to design your cover to suit your needs.

1.1 Ownership options

The table below shows the ownership structures available for each cover.

Ownership		Cover				
		Life Cover	TPD Cover^	Trauma Cover	Income Protection Cover^	Business Expenses Cover
Non- superannuation	Self owned	✓	✓	✓	✓	✓
	Another individual	✓	✓	✓	×	×
	Joint ownership	✓	✓	✓	×	×
	Family trust (which the insured controls)	✓	✓	✓	✓	✓
	Family trust (which the insured does not control)	✓	✓	✓	×	×
	Company (which the insured controls)	✓	✓	✓	✓	✓
	Company (which the insured does not control)	✓	✓	✓	×	×
Superannuation policies	SPSL Limited (Trustee for the SPSL Master Trust)	✓	✓	×	✓	×
	Trustee of a self-managed superannuation fund	✓	✓	×	✓	×

^ If the Split Income Protection Option or Split TPD is selected, a non-superannuation policy will be issued, linked with your *superannuation policy*.

1.2 Insurance purchased by a superannuation fund other than the SPSL Master Trust

The Asteron Life Complete product can be purchased by the trustee of a self managed superannuation fund or a small APRA fund.

The trustee of that fund is solely responsible for ensuring that they have received independent financial and taxation advice about their ability to purchase an Asteron Life Complete policy. All payments will be made to the trustee of the superannuation fund.

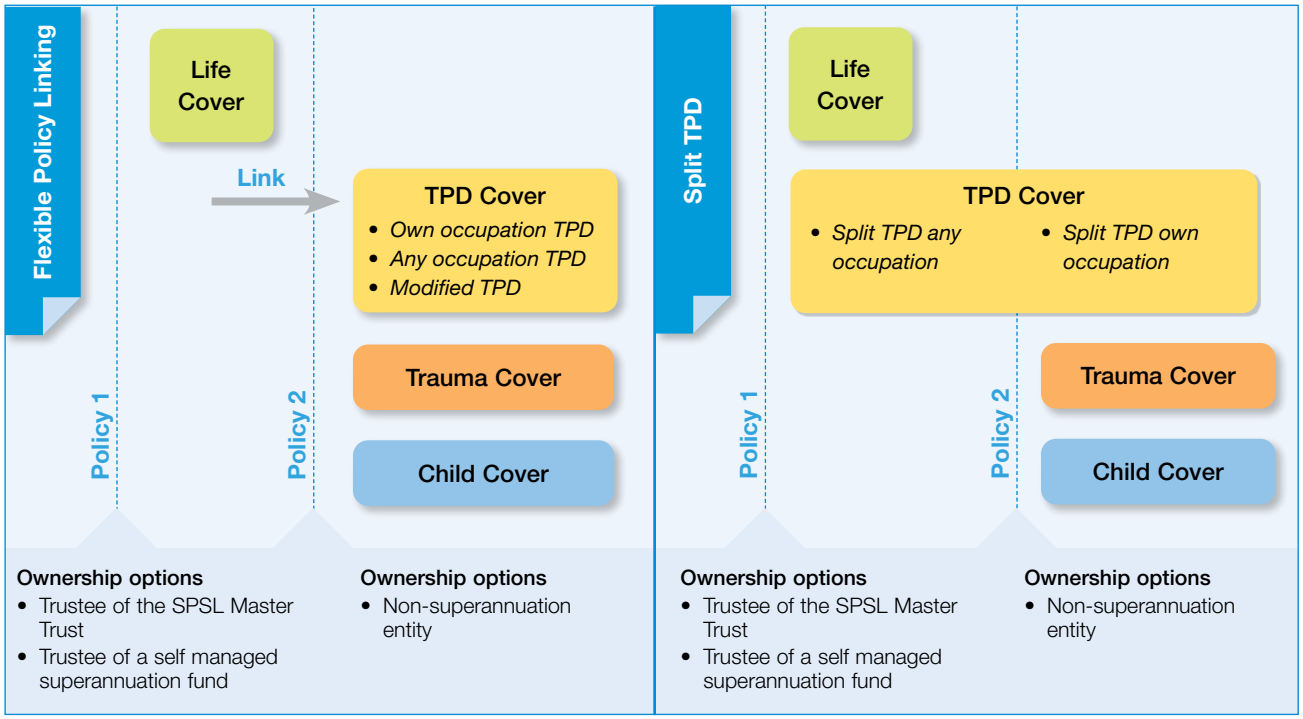
We strongly recommend that the trustee specifically requests advice in relation to the tax deductibility of premiums, the impact of the sole purpose test requirements of the Superannuation Industry (Supervision) Act 1993 (SIS) on the purchase of insurance products and information regarding the release of any insurance payments received by the trustee from the insurer.

1.3 Linking options

TPD Cover and Trauma Cover can be linked to Life Cover under the same policy, or over 2 policies with the same life insured.

- If we make a payment on a linked cover, we'll reduce the *sum insured* on all other linked cover by the amount of the payment (excludes Child Cover).
- The *sum insured* for any linked TPD Cover or Trauma Cover cannot exceed the Life Cover *sum insured*. If the Life Cover *sum insured* is reduced, we'll also reduce the TPD Cover and Trauma Cover *sum insured* if required so that they're no greater than the Life Cover *sum insured*.
- If Life Cover is cancelled, we'll cancel any cover linked to that Life Cover.

Flexible Policy Linking and Split TPD



1.4 Flexible Policy Linking

You can link covers over 2 policies if the life insured is the same person. For example, covers on a policy held under superannuation can be linked to a policy outside of superannuation.

TPD Cover and/or Trauma Cover linked to Life Cover through Flexible Policy Linking are referred to in the schedule as Flexible Linked TPD and Flexible Linked Trauma respectively.

1.5 Split TPD

This is available on Life Cover held inside superannuation.

On an Asteron Life Complete policy with Life Cover, if you add linked TPD Cover, Split TPD allows part of your TPD Cover to be held outside superannuation.

We'll issue you 2 policies under this option:

- The first policy is owned by the trustee of a superannuation fund. This is where the Life Cover and the part of your TPD Cover which meets the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS) definition of permanent incapacity, defined as *Split TPD any occupation*, will be held.
- The second policy is owned by a non-superannuation entity like an individual, company or family trust. As this policy is outside superannuation, the *Split TPD own occupation* definition will apply to this part of your TPD Cover.

1.5.1 Policy alterations

The TPD Cover *sum insured* on both policies must always be the same. A TPD Cover payment under one policy will reduce the TPD *sum insured* of the TPD Cover under the other linked policy as well as reducing the *sum insured* of any other linked covers under the 2 policies. That is, a TPD Cover will only be paid once under Split TPD or Flexible Policy Linking. Moreover, payment of the linked TPD Benefit will reduce the sum insured for any linked Trauma Cover as well as the Life Cover under the policy.

Any alteration to the TPD Cover on one policy must be applied to both policies. In the event the TPD Cover is cancelled on one of the policies, whether it is because you have requested the cancellation in writing, or due to non-payment of premiums, the cover under the other policy will end immediately.

1.5.2 Benefit at age 65

If Split TPD is selected, the TPD Cover will convert to the *modified TPD* definition at the anniversary of the policy *commencement date* when you're 65. This TPD Cover with the *modified TPD* definition will be held under the non-superannuation policy. The TPD Cover under the superannuation policy will end at the anniversary of the *commencement date* when you're 65.

1.5.3 In the event of a claim

In the event of a claim for TPD Cover where Split TPD is selected, the claim will first be assessed under the *Split TPD any occupation* definition. If we determine a claim is payable, the benefit will be paid to the Trustee of the SPSL Master Trust or the trustee of the self-managed superannuation fund (as applicable). The release of the benefit from the superannuation fund to the member will then be decided by the trustee and be subject to the governing rules of the superannuation fund and superannuation and related taxation laws current at the time of payment.

If we determine that your disablement won't meet the *Split TPD any occupation* definition, we'll then assess the TPD claim under the *Split TPD own occupation* definition. If we determine a claim is payable, the benefit will be paid to the owner of the non-superannuation policy.

1.6 Split Income Protection

You will be issued 2 policies under this option; a non-superannuation policy and a *superannuation policy*. These polices work together as one. The diagram below highlights key differences between the two policies.

1.6.1 Policy alterations

The policies share one *Total Monthly Benefit*, one *waiting period* and one *benefit period*. If you change either of these features, the change will apply to both policies. If you increase or reduce the *monthly benefit* or *Total Monthly Benefit*, accept Automatic Increase, change the premium frequency or suspend premium payments under any option available, the change will apply to both policies.

1.6.2 In the event of a claim

In the event that a claim is payable and the Split Income Protection Option applies to your cover, the total amount paid under the two policies will not be more than that payable under an equivalent individual non-superannuation policy.

We will assess whether you're eligible for a benefit through your non-superannuation policy and also your *superannuation policy*.

Benefits payable under your non-superannuation policy will be paid to the policy owner. If we determine a claim is payable under your *superannuation policy*, the benefit will be paid to the Trustee of the SPSL Master Trust or the trustee of the self-managed superannuation fund (as applicable). Benefits paid via this policy are subject to the governing rules of the superannuation fund and related taxation laws current at the time of payment.

There are some benefits that may be available through your non-superannuation policy that are paid during the *waiting period*, for example, the Specific Injury Benefit and the Crisis Benefit. During the period that these benefits are payable, you won't be paid a *monthly benefit* or *SuperSaver Monthly Benefit* (if applicable) through the *superannuation policy*.

Entitlement to a benefit

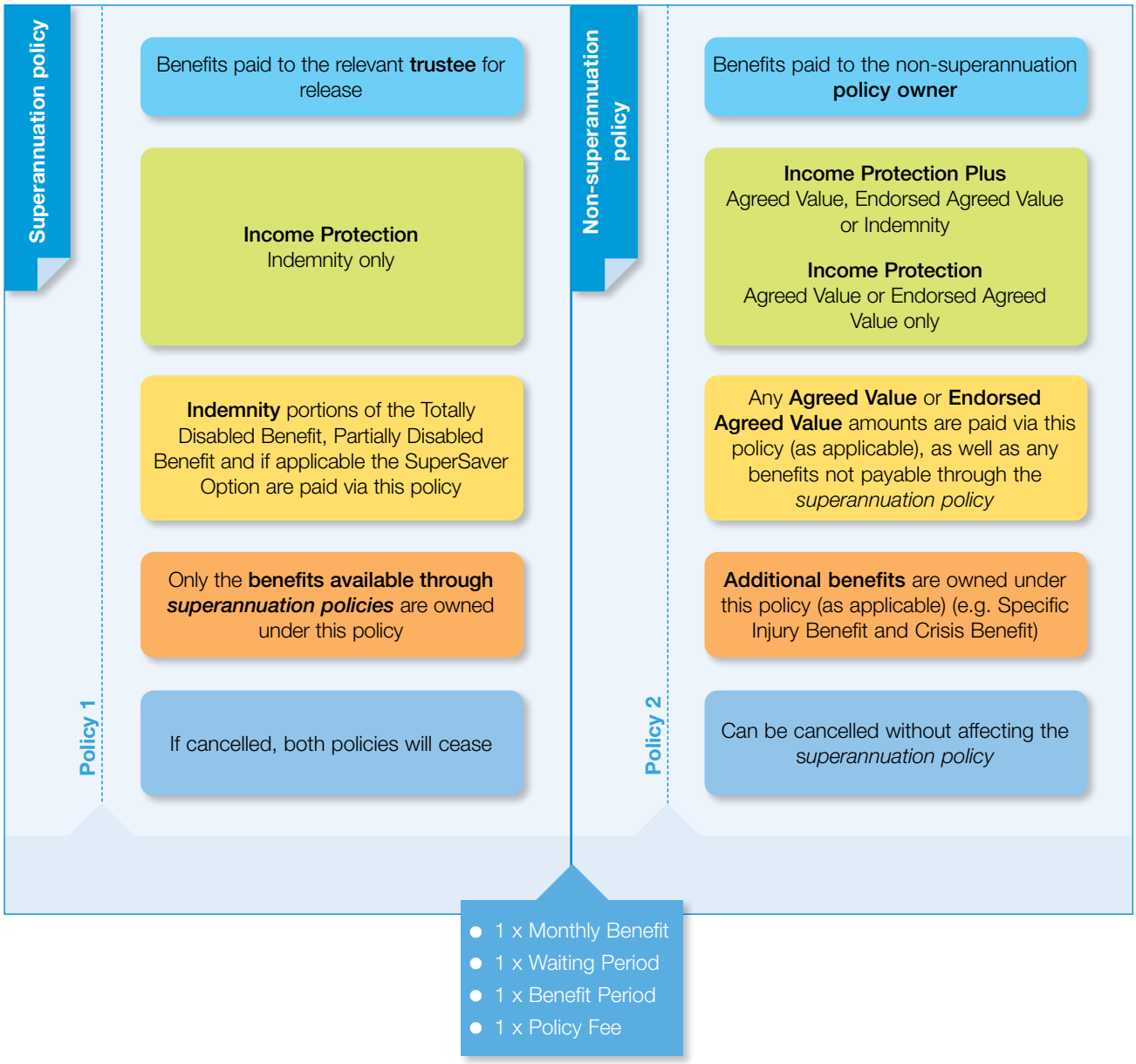
There may be circumstances where you do not have an entitlement to a benefit under the *superannuation policy*, but are eligible for a claim payment under the non-superannuation policy. In these circumstances, we will pay the benefit through the non-superannuation policy. This includes any relevant top up of the Total Disablement Benefit or Partial Disablement Benefit.

The Trustee will review all determinations that a member is not eligible for a benefit through the *superannuation policy*. While these decisions are being reviewed, any eligible benefits will continue to be paid through the non-superannuation policy.

If it is determined that you have an entitlement under the *superannuation policy*, any relevant benefit payments will then commence under this policy and the equivalent payments will cease under the non-superannuation policy.

The *benefit period* for payment of benefits under the *superannuation policy* will be reduced by any period for which we paid a benefit under the non-superannuation policy.

1.6.3 Key differences between Split Income Protection policies



2. Eligibility

2.1 What age can I apply for cover?

When choosing the type of cover you want, it's important to know each cover has entry age limits and expiry ages:

Cover	Premium structure	Entry age next birthday	Expiry age next birthday (on the policy anniversary)
Life Cover	Stepped	18-75	100
	Level	18-60	100
Life Cover Super	Stepped	18-65	75
	Level	18-60	75
TPD Cover[1]	Stepped	18-62	100
	Level	18-60	100
Trauma Cover	Stepped	18-65	75
	Level	18-60	75
Income Protection Cover[2]	Stepped	18-62	65
	Level	18-60	65
Business Expenses Cover	Stepped	18-60	65
	Level	18-60	65
Child Cover	Level	3-21	22[3]

[1] If you choose Split TPD, the *expiry age* is 66 next birthday. If your TPD Cover is linked to Life Cover Super, the expiry age is 75 next birthday.

[2] The following applies for all Income Protection Covers:

- For ages next birthday 61-62, cover is only available to occupation classes AA, AP, LP and MP only and a maximum *Total Monthly Benefit* of $30,000 applies.
- If *benefit period* to age 70 is chosen, the *expiry age* is 70 next birthday.

[3] Can be converted to an individual policy from age 19 next birthday (explained under chapter 4, section 4 'New Policy Option' on page 58).

2.2 How much cover can I apply for?

Each type of cover has a minimum and maximum level of cover you can choose at application:

Cover		
Life Cover	Minimum	Subject to minimum premiums
	Maximum	No maximum
TPD Cover	Minimum	Subject to minimum premiums
	Maximum[4]	$5,000,000[1]
Trauma Cover	Minimum	Subject to minimum premiums
	Maximum[4]	$2,000,000
Child Cover	Minimum	$10,000[2]
	Maximum[5]	$200,000
Income Protection Cover	Minimum	Subject to minimum premiums
	Maximum[4]	$60,000[3] for occupation classes AA, LP, MP, AP $40,000[3] for all other occupations
Business Expenses Cover	Minimum	Subject to minimum premiums
	Maximum[4]	$60,000

[1] The maximum limit of $5,000,000 is available to occupations classes AA, AP, MP, LP, A1 and A2 only. A maximum limit of $3,000,000 is available for occupation classes B, C and S.

[2] Includes $10,000 premium-free cover.

[3] For cover over $30,000, a 2 year *benefit period* applies.

[4] The maximum level of cover includes insurance of a similar type offered under any other insurance policy issued by any insurer.

[5] The maximum includes cover across all policies with us.

3. How to apply

To apply for the Asteron Life Complete policy, after you have received a quotation from us or your adviser, you must complete the relevant application form provided by us or your adviser, and return it to us.

You can make an application for the Asteron Life Complete product described in this PDS if you are or were previously insured under an *original policy*:

- that is being replaced with a new Asteron Life Complete policy; or
- under which you are repurchasing cover as a new Asteron Life Complete policy.

This includes where you:

- exercise a buy back, or reinstatement option under your *original policy*; or
- exercise a continuation or conversion option; or
- make a change to the policy owner which requires the *original policy* to be cancelled and a new policy to be issued in its place.

4. Cooling off period

4.1 Contacting us during the cooling off period

After we have accepted your application and issued the schedule, there is a period of time in which you may cancel the policy and obtain a refund of the premium and other charges you have paid (other than any Government taxes

and charges for which we're unable to obtain a refund). This is known as the 'cooling off' period.

Your 'cooling off' rights work in the following way:

- The 'cooling off' period is 30 days and commences from the date we issue the schedule.
- Your 'cooling off' rights won't apply if there has been any claim during the 'cooling off' period.

If you decide to cancel the policy in the 'cooling off' period, you must send a signed written request to cancel the policy to us at TAL Life, GPO Box 68, Sydney, NSW 2001.

4.2 Contacting the Trustee during the cooling off period

If the Trustee, SPSL Limited, has purchased an Asteron Life Complete policy on your behalf, you have 30 days from the date we confirm your membership of the Fund to cancel your membership and request that the Trustee cancel the Asteron Life Complete policy. This is known as the 'cooling off' period.

Any amount in the Fund that is subject to preservation will be repaid by way of transfer to another complying superannuation fund. You must make a nomination in writing of a complying superannuation fund no later than one month after notifying the Trustee of your decision to cancel the membership. The right is exercised on receipt by the Trustee of your nomination.

Your 'cooling off' rights work in the following way:

- The 'cooling off' period is 30 days and commences from the date we issue the schedule to the Trustee.
- Your 'cooling off' rights won't apply if there has been a claim under the policy.

If you decide to cancel the policy or membership of the Fund in the 'cooling off' period, you must send a signed written request to us to cancel the policy to us at TAL Life, GPO Box 68, Sydney, NSW 2001.

5. Your duty when applying for an Asteron Life Complete policy

When you apply for an Asteron Life Complete policy, you have a duty concerning the information you provide to us.

Before you are issued with an Asteron Life Complete policy, you will have a duty to take reasonable care not to make a misrepresentation to us before the policy is entered into.

If you are issued with an Asteron Life Complete Policy and you subsequently wish to extend or reinstate your Policy, or vary it (other than automatic variations or variations which reduce a sum insured or remove or reduce cover, benefits or features), you will have a duty to take reasonable care not to make a misrepresentation to us before the extension, reinstatement or variation is entered into.

More information about the duty to take reasonable care not to make a misrepresentation is set out on the following page.

Where an underwriting assessment was conducted in respect of an *original policy*, unless we tell you otherwise, we will also rely on the representations and disclosures made, and your compliance with the duty that applied at the time that *original policy* was issued (including varied, extended or reinstated), in deciding whether to issue an Asteron Life Complete Policy. The duty that applied will depend on the date that the *original policy* was entered into. More information about these duties is set out below.

We will only issue an Asteron Life Complete Policy if you complied with the duty that applied at the time the *original policy* was issued (including varied, extended, or reinstated), and the *original policy* would have been provided on the terms that it was. If you did not comply with the applicable duty, and the *original policy* would not have been issued at all or on the same terms, we may be able to avoid or vary the amount of cover or terms of your Asteron Life Complete Policy.

The duty of disclosure	The duty to take reasonable care not to make a misrepresentation
Policies to which the duty of disclosure applies The duty of disclosure applied when entering into, extending, varying, or reinstating a policy issued by us prior to 1 October 2021.	**Policies to which the duty to take reasonable care not to make a misrepresentation applies** The duty to take reasonable care not to make a misrepresentation applies when entering into, extending, varying or reinstating a policy issued by us on or after 1 October 2021. If your application is for a new policy and your application is accepted, the policy will be a consumer insurance contract.
Policies to which both duties apply If a policy issued by us was originally entered into before 1 October 2021, and is varied on or after that date by agreement between you and us to increase the sum insured in respect of one or more of the life insureds or provide one or more additional kinds of insurance covers (other than automatic variations), then to the extent of the variation: ● the policy will be treated as though it were entered into on or after 1 October 2021; ● the policy will be treated as a consumer insurance contract; and ● the duty to take reasonable care not to make a misrepresentation will apply to the policy. However, the duty of disclosure will continue to apply to those parts of the policy that were entered into prior to 1 October 2021.	
An explanation of the duty of disclosure Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. For the purposes of the Duty of Disclosure, 'you' includes both the policy owner and the life insured. You have this duty until the contract is entered into. You have the same duty before you extend, vary or reinstate the contract. You do not need to tell us anything that: ● reduces the risk we insure you for; or ● is common knowledge; or ● we know or should know as an insurer; or ● we waive your duty to tell us about. If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.	**An explanation of the duty to take reasonable care not to make a misrepresentation** When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance. **If the duty is not met** If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

The duty of disclosure	The duty to take reasonable care not to make a misrepresentation
If you did not tell us something 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 you are required to, and we would not have insured you on the same terms if you had told us, we may avoid the contract within 3 years of entering into it. If we choose not to avoid the contract, 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 you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract. If we choose not to avoid the contract or 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 you should have. However, this right does not apply if the contract has a surrender value or provides cover on death. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.	**What can we do if the duty is not met?** If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met. For example, we may: ● avoid the cover (treat it as if it never existed); ● vary the amount of the cover; or ● vary the terms of the cover. Whether we can exercise one of these remedies depends on a number of factors, including: ● whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances; ● what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms; ● whether the misrepresentation was fraudulent; and ● in some cases, how long it has been since the cover started. Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

6. When does my cover start?

If we accept your application, your cover starts when you've paid the first premium[1], and we have sent you a schedule confirming your cover.

You can change or cancel your cover within your 30 day cooling off period. For more information about this please refer to section 4.

[1] For approved Superannuation Platforms or Investment Platforms or super funds only, if you're using a rollover transaction to fund your initial premium, we'll provide you with Limited Acceptance for a maximum of 30 days (explained in section 14.5 'Limited Acceptance') of your policy.

7. Who will receive the benefits of my cover?

We'll pay all benefits to the policy owner unless we specify otherwise in this PDS.

If you die, we'll pay any benefits to your personal legal representative or a person we're authorised to pay under the relevant law. If you have Life Cover, TPD Stand Alone Cover or Trauma Stand Alone Cover and the policy is self-owned, you can nominate beneficiaries to receive any death benefits payable rather than having them paid to your estate. We'll pay any benefit payable as a consequence of your death in accordance with that nomination. Where a nominated beneficiary is under the age of 18, a trust deed may be required so the benefit can be held for them in trust.

For Life Cover and Income Protection Cover through a superannuation arrangement, we'll pay any benefits to the trustee or in accordance with the trustee's direction. The benefits will form part of your superannuation entitlements and can only be released in accordance with the relevant law. Please refer to chapter 6, section 8 'Release conditions' for more information on release conditions.

8. Policy expiry

Your policy will end on the earliest of:

- the date we receive your written request to cancel the policy*
- the date of cancellation of the policy for non payment of the premium (please refer to section 10.6 'What happens if the premium isn't paid?')*
- the date of reduction of the *sum insured* for all Life Cover, TPD Cover and Trauma Cover to nil*
- the date of reduction of the *monthly benefit* to nil, and
- the date of your death.

* For Life Cover, if you're entitled to the Loyalty Funeral Benefit after having already met the eligibility criteria (refer to chapter 2, section 9 'Loyalty Funeral Benefit'), you will still be entitled to the Loyalty Funeral Benefit after the events above. All other benefits no longer apply.

9. Times when we won't pay

Just as it's important to understand all of the benefits you receive under your policy, it's also important you understand the events that are not covered—the times when we won't pay a benefit to you.

Sometimes, we may also need to offer you insurance on varied terms because of factors unique to you, for example, your health conditions or your occupation. If this is the case, we'll tell you at the time you apply for insurance.

Where a policy is issued as a result of you entering into a transaction such as change of ownership, buy back, trauma reinstatement, continuation option or the cancellation and replacement of an existing policy, any additional exclusions, restrictions, special terms or conditions or medical, occupational or pastimes loadings, that applied to the *original policy* will also apply to the new policy, unless we tell you otherwise.

In the tables below we have listed the events that are not covered under your policy. If you have any questions relating to these events, make sure you talk to your financial adviser or call our customer service team on 1800 221 727.

Life Cover Benefit and death benefits under TPD Cover, Trauma Cover and Child Cover

We won't pay a benefit on death if death is caused directly or indirectly by an intentional self-inflicted act within 13 months of:

- the *commencement date* of cover
- an increase to the Life Cover, TPD Cover, Trauma Cover or Child Cover *sum insured* (in respect of the increased portion only), or
- the most recent reinstatement of the cover*.

This exclusion does not apply to you or an insured child if the death cover under a cover replaces death cover under another cover on that person's life that has been continuously in place longer than 13 months.

*This exclusion does not apply to the Loyalty Funeral Benefit if you've already met the eligibility criteria for it. Please refer to chapter 2, section 9 'Loyalty Funeral Benefit' for more details.

TPD Cover

The TPD Benefit won't be paid if TPD is caused directly or indirectly by an intentional self-inflicted act.

Income Protection Covers and Business Expenses Cover

A benefit won't be paid, if the event giving rise to the claim is caused directly or indirectly by:

- *a war or an act of war*, whether or not war has been declared (this exclusion does not apply to the Death Benefit)
- an intentional self-inflicted act
- your voluntary participation in any *criminal activity*
- pregnancy unless you're continuously *totally disabled* for longer than 90 days. Even if you're continuously *totally disabled* for longer than 90 days, benefits won't commence prior to the date your pregnancy finishes, or
- miscarriage or childbirth unless you're continuously *totally disabled* for longer than 90 days. We won't apply this 90 days period if your schedule states that a longer *waiting period* applies to your Income Protection Covers or Business Expenses Cover.

We won't pay for any period while you're incarcerated.

Where your Income Protection cover is provided under a *superannuation policy*, we won't pay a benefit if the event giving rise to the claim occurs during a period you are *unemployed*.

Needlestick and Medical Hazards Benefit under Income Protection Cover and Income Protection Plus Cover

We won't pay a benefit, if *Hepatitis B or C – occupationally acquired* or *HIV – occupationally acquired* was caused directly or indirectly by an intentional self-inflicted act.

Cover for the Needlestick and Medical Hazards Benefit won't apply to:

- *Hepatitis B or C – occupationally acquired* where a cure for Hepatitis B or C has become available prior to the accident or malicious act giving rise to the claim, or
- *Medically acquired HIV (contracted from a medical procedure or operation)*, where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the accident or malicious act giving rise to the claim.

Trauma Benefit, Partial Trauma Benefit, Crisis Benefit, Specific Injury Benefit and Child Cover

We will not pay a benefit if prior to the date cover for the claimed medical event started:

- symptoms relating to the claimed medical event existed that would cause a reasonable person to seek diagnosis, care or treatment from a *registered doctor*, or
- medical advice or treatment in relation to the claimed medical event was recommended or received from a *registered doctor*.

Trauma Cover and the Crisis Benefit under Income Protection Covers and Business Expenses Cover

We won't pay a benefit if the event (excluding death) giving rise to the claim was caused directly or indirectly by an intentional self-inflicted act.

Cover for the Trauma Benefit, the Crisis Benefit under Income Protection Covers and Business Expenses Cover won't apply to:

- *Medically acquired HIV (contracted from a medical procedure or operation)*, where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the medical procedure giving rise to the claim, or
- *HIV – occupationally acquired*, where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the accident or malicious act giving rise to the claim.
- *Hepatitis B or C – occupationally acquired* where a cure for Hepatitis B or C has become available prior to the accident or malicious act giving rise to the claim.

Child Cover

We won't pay a benefit if the event giving rise to the claim (including death) was caused directly or indirectly by:

- a congenital condition, or
- the intentional act of the policy owner or person who will otherwise be entitled to the benefit payable.

10. Premiums and payment

The total amount you'll pay under an Asteron Life Complete policy will change each year in line with changes in the policy fee (increased in accordance with the *indexation factor*) and government taxes or charges not included in the premium rates.

Your premium pays for your insurance cover, government fees and charges (if any) and administration costs.

The premium payable depends on a number of factors including level of cover, age, sex, smoking status, occupation, health and lifestyle.

10.1 Premium structure options – level, stepped or mixed

You can choose to structure your premiums and the way you pay it, depending on your needs.

Level premium

Level premiums are calculated based on your age at the start of the cover under this policy document, unless we tell you otherwise. On Life Cover (including any linked TPD Cover or Trauma Cover), you can select either level to age 65 or level to age 70. On all other covers, level premiums are to age 65.

Level premiums will remain the same until age 65 or 70 (as applicable) unless:

- you change the payment frequency
- the amount you're insured for changes
- we change the standard level premium rates in accordance with section 10.3
- premium discounts no longer apply in accordance with section 10.3, or
- you request other policy alterations which are agreed to by us.

If there's an increase in the amount you're insured for, we'll increase the policy premium and notify you.

The increase in policy premium will be based on:

- our standard level premium rates for Asteron Life Complete applying at the time of recalculation
- our premium discounts in accordance with section 10.3
- your sex, occupation, smoking status and any agreed premium loading factors at the *commencement date*
- the increase in the amount you're insured for, and
- your age on your next birthday on or after the increase.

If cover has not ceased, level to age 65 or level to age 70 premiums will revert to Stepped premium rates on the Policy anniversary date immediately preceding your 66th or 71st birthday (as applicable).

If there are any increases to your cover during the life of your policy, including any voluntary increases that you apply for and automatic increases under Automatic Increase, the premiums for the increased cover will be calculated based on your age at the time cover for the increased amount starts.

Stepped premium

Stepped premiums are recalculated (and will usually increase) on every policy anniversary based on:

- our standard stepped premium rates for Asteron Life Complete applying at the time of recalculation

- our premium discounts in accordance with section 10.3
- your sex, occupation, smoking status and any agreed premium loading factors at the *commencement date*
- the amount you're insured for, and
- your age on your next birthday on or after the recalculation.

Mixed premium

Mixed premium is a mixture of stepped premium and level to age 65 premium, or stepped premium and level to age 70 premium on the same policy.

At claim time, if you receive a benefit payment, and your sum insured is reduced by the amount of the payment, we will reduce the stepped portion of your mixed premium first unless you request otherwise.

Can I change my premium structure?

Switches from level to stepped premiums can be made at any time unless otherwise specified.

If you switch from stepped to level premiums the level premiums will be subject to the rates applicable to your age at the time the replacement policy commences.

Your premium illustration

The amount payable when the cover starts will be set out in a premium illustration that we can provide.

If the first premium is paid with the application, we'll deposit the money in a trust account while we're assessing the application. We retain the interest we earn on this account.

10.2 How to pay your premiums

You can pay premiums via different methods and frequencies. Please see the table below.

Premium frequency	Yearly	Half-yearly[1]	Quarterly[1]	Monthly[1]
Money order or cheque	✓	✓	✓	✗
Direct debit	✓	✓	✓	✓
Credit card	✓	✓	✓	✓ Via direct debit
BPAY For renewal premiums only	✓	✓	✓	✗
IDPS or Super Fund[2]	✓	✓	✓	✓

[1] Premiums may increase if the payment frequency is half-yearly, quarterly or monthly.

[2] Available for Life Cover Super, linked TPD Super and Income Protection Cover Super via approved providers only. Payment frequencies are only available if approved by the provider. Please speak to your financial adviser for full details.

You may change your method of payment or payment frequencies as listed above if premium payments are up to date, by providing a request to us.

You must pay premiums in advance on or before the due date. The due date is:

- the same date in the month the premium is payable as the *commencement date,* or
- if the *commencement date* is the 29th, 30th, or 31st and there is no such date in the month the premium is payable, the due date is the last day of that month.

If we have been asked to debit premium payments from a financial institution account or credit card, we'll do this on a business day. As this may not always be the due date, you should maintain sufficient credit on the business day after the due date.

10.3 When premiums may change

In addition to variations due to a stepped premium basis, premiums may vary if:

- we're requested to change the benefits or options under the policy
- we're requested to change the level of cover for any of the benefits or options under the policy
- we're requested to change the premium payment frequency on the policy
- premium discounts no longer apply (e.g. you no longer hold multiple policies with us), or
- we review and change the premium rates.

Changes to premium discounts

If a discount applies to your policy because:

- you have multiple covers, and/or
- of the total *sum insured* or *monthly benefit* amount,

and any of the covers which entitled you to the discount are subsequently cancelled, reduced, withdrawn or end, then the discount may cease to apply from that date and the premium on any remaining policies will be changed accordingly.

10.4 We may review the premium rates

We may review any of our standard premium rates, for any of our policies, at any time and as a result premiums may increase or decrease. We guarantee any change in the premium rates will not apply before the first anniversary of your policy *commencement date*. Any changes to the standard premium rates will apply to all policies in that group, an individual policy cannot be singled out for an increase. Any additional loadings which we agreed upon with you will continue to apply.

We will act reasonably when making decisions to change our premium rates or policy fees and will only make changes to the extent that it is reasonably necessary to protect our legitimate business interests.

If your premiums increase, you will always have the option to reduce the premium by reducing your cover, subject to any minimum premiums or sum insured applicable to your policy.

You will also always have the right to cancel your cover, at any time and for any reason, including a premium increase.

10.5 Are there any minimum premiums?

The minimum premiums for each life insured is as follows:

Minimum premiums (including the policy fee* and stamp duty if applicable)	
Yearly	$250
Half-yearly	$125
Quarterly	$65
Monthly	$25

* If the policy fee is waived, the minimum premiums will still apply.

10.6 What happens if the premium isn't paid?

We may cancel your policy if the premium is not paid.

If a payment is missed, we'll send a notice to you (if you're the policy owner or a member of the Fund) at the address last advised to us specifying the date on which all cover will cease if the full amount outstanding to that date is not paid. If payment is not made by that date we'll cancel the policy and provide written notice of cancellation.

We may (but are not obliged to) offer reinstatement of your cancelled policy in limited circumstances. This is subject to our approval and your payment of outstanding premiums. Any reinstatement offered by us may be subject to other terms and conditions, and we will inform you of any such terms at the time this option is offered.

If your application for reinstatement is accepted, any exclusion and qualifying periods must be served again from the date of reinstatement, pursuant to the terms of the PDS.

If reinstatement is not available or your application for reinstatement is declined and you wish to have insurance cover again, you will need to apply for a new policy.

Where level premiums apply to this policy, we base any change in the policy premium under this section on your age next birthday when this policy was issued. However, if you have increased the *sum insured* or *Total Monthly Benefit*, we base the policy premium for the increase on your age next birthday when the change was made. Any premium loading factors agreed upon will still apply.

Any change to our standard rates will apply to you from the policy anniversary after the rate change.

10.7 Policy fee information

A policy fee will be charged to contribute towards the costs of fixed expenses incurred by us to assess and administer the policy. The policy fee is payable in addition to the premium. Depending on the payment frequency you choose, a policy fee will be payable as follows:

Policy Fee	
Yearly	$96.92
Half-yearly	$49.92
Quarterly	$25.59
Monthly	$8.53

The policy fee stated in this PDS has been set at 1st April 2022 and will be increased each year in line with the *indexation factor*. This is notice of the indexation increases for the purposes of the Corporations Act.

The policy fee applying when cover under this policy commences will be stated in the schedule.

We recognise that expenses may overlap when more than one policy is being applied for at the same time, on the same insured person. In these circumstances we may waive the policy fee on one or more policies.

10.8 Healthy Plus Option and Healthy Life Option

A discount may be applied to the premium for your Life Cover Benefit if the Healthy Plus Option applies. A discount may be applied to the premium of your Life Cover and / or TPD Cover if the Healthy Life Option applies.

More information regarding these options is available in chapter 2, section 21 'Healthy Plus Option and Healthy Life Option'. You can't apply for the Healthy Plus Option in conjunction with the Healthy Life Option on the same cover type.

10.9 Government taxes and charges

We'll pass onto the policy owner any government taxes and charges (such as stamp duty) which we incur in relation to this policy and which are not included in the premium rates.

Stamp duty information

Stamp duty is a government fee that may be charged in addition to the premium. The stamp duty payable is based on the state where you reside. The rate of stamp duty varies from state to state. You may also be required to pay any new or increased government taxes and charges. These taxes and charges are outside of our control.

Goods and Services Tax (GST)

Currently GST is not charged on life insurance premiums.

10.10 What we pay your financial adviser

Your financial adviser may be paid a commission by us for your policy. This commission is allowed for in the premium payable by you. In addition to this commission, we may make payments to Australian Financial Services Licensees based on commercial arrangements.

You may negotiate a fee-for-service with your adviser and we can facilitate the collection and payment of this fee on your behalf.

Your financial adviser will provide details of the benefits he or she will receive if we issue you a policy in the Financial Services Guide and, if applicable, the Statement of Advice that he or she will give to you.

11. Taxation

The following information on taxation is based on the tax laws and rulings at the issue date of this PDS, the continuance of these laws and our interpretation of them.

These are general statements only, which highlight the possible tax implications associated with:

- the payment of premiums, and
- the receipt of benefits.

Individual circumstances may be quite different, therefore we strongly recommend that you consult a taxation adviser in regards to your own personal position.

Information about the tax treatment of premium contributions and benefits paid from the SPSL Master Trust is explained in chapter 6, section 9 'Tax'.

The tax treatment of premiums and benefits for insurance held outside super are explained below.

Benefit type	Tax treatment of premiums	Tax treatment of benefits
Death benefits	Generally not deductible	Generally not assessable income*
Total & Permanent Disability (TPD) benefits	Generally not deductible	Generally not assessable income*
Trauma benefits	Generally not deductible	Generally not assessable income*
Income Protection benefits	Generally deductible	Generally treated as assessable income
Business Expenses benefits	Generally deductible	Generally treated as assessable income

* Capital gains tax may apply in some situations.

12. Privacy statement

Your privacy and our information handling practices

We understand that the privacy of your information is important to you and we respect the confidentiality of the information that you provide to us.

In this Privacy section, all references to "We/Us/Our" means TAL Life and its related bodies corporate.

The way in which we collect, use and disclose your personal and sensitive information (together 'personal information') is explained in our Privacy Policy available using this link www.tal.com.au/privacy-policy. Alternatively, we would be pleased to provide a copy of this free of charge on request.

Our Privacy Policy contains details about the following (amongst other things):

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information (including sensitive information such as health and lifestyle information);
- the purposes for which we collect, hold, use and disclose personal information (including sensitive information);

- how our customers may access personal information about them which is held by us and how they can ask for a correction;
- our approach to direct marketing and how you can opt out of receiving direct marketing communications; and
- how we deal with any complaints that our customers may have regarding privacy issues.

Our information handling practices are based on relevant privacy laws and regulations, including, but not limited to the Privacy Act 1988 (Cth) and the 13 Australian Privacy Principles (APPs).

Additional information about relevant privacy laws and regulations and your privacy rights can be found at the website of the Australian Privacy Commissioner at http://www.oaic.gov.au including how to make a privacy related complaint and sensible steps that you can take to protect your information when dealing with organisations and when using modern technology.

If you would like a copy of our Privacy Policy or if you have any questions about the way in which we manage your information, or wish to make privacy related complaint, please contact us using the details below:

Telephone: 1300 209 088

Email: customerservice@tal.com.au

Post: GPO Box 5380 Sydney NSW 2001.

Collection, use and disclosure of information when providing our products and services

Your personal information will be collected, used and disclosed to enable us to provide or arrange for the provision of our insurance products and services. Examples of why your personal information will be collected, used and disclosed include, but are not limited to, the following:

- to confirm your identification, for example when making payments and changes to your policy;
- to process new insurance policies, including underwriting and claims assessments;
- to carry out administrative and processing functions including pre-sales, sales and ongoing customer service and support;
- to assess claims against the policy terms;
- to meet legal and regulatory requirements; and
- to review and develop our products and services, including research and surveys to meet ongoing customer expectations.

We may collect your information from and disclose your information to (and receive information from) third parties (including related bodies corporate) such as:

- affiliated product and service providers, or distributors of our products or services, including other businesses with whom we have a business, distribution or branding arrangement, or where otherwise permitted or authorised by law; and
- organisations that are involved in a corporate re-organisation or are involved in a transfer of all or part of the assets or business of their organisation and/or a TAL organisation.

Typically, in providing our products and services to you we may collect and disclose information using online and paper forms, electronic transmission of data, telephone and other available technologies. We obtain your prior consent for the collection, use and disclosure of information including, but not limited to, your consent to liaise with relevant healthcare providers, financial advisers and professionals such as your accountant and doctors.

If you do not supply the required information, we may not be able to provide the requested product or service or pay a claim.

Your personal information will be managed and held securely and we have measures in place to protect your information. In processing and administering our products and services (including at the time of underwriting and claims assessment) we may need to disclose your personal information to other organisations and individuals. Examples of why your personal information will be disclosed include, but are not limited to, the following:

- to organisations assisting us in providing our products and services such as those providing mailing and information technology services;
- to organisations assisting us in promoting, marketing and distributing our products and obtaining feedback such as surveys and research;
- to our related bodies corporate and organisations with which we have a business alliance or contractual arrangement;
- in response to enquiries, complaints and litigation, for example, disclosure to external complaints resolution bodies and lawyers;
- to meet our legal and regulatory requirements; and
- to respond to a request from a government agency or law enforcement body.

We may also disclose your personal information to other bodies such as reinsurers, your financial

adviser, healthcare and rehabilitation providers and claims investigators.

In administering your insurance benefits and in operating this product, your personal information may be disclosed to service providers in another country.

Our Privacy Policy provides information regarding relevant offshore locations where we have service providers.

Generally, we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of their personal information for a secondary purpose; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the purpose is related to improving our products and services and seeking customer input such as market research; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, a law enforcement body e.g. the police.

Your personal information and our marketing practices

Every now and then, we, or, our related bodies corporate, or organisations with which we have a business arrangement may wish to contact you (where we have your valid consent) to provide you with information about special offers and information about products and services that we think will be of interest to you. These direct marketing communications may be through any available technologies including mail, email, SMS, telephone and online, subject to relevant law. Detailed information about our marketing practices, including data matching and analytics, is available in our Privacy Policy referenced above.

These consents shall remain in effect in accordance with relevant law or unless and until you notify us that you do not want to receive direct marketing communications from us (or our related companies). If you prefer not to receive direct marketing communications from us, you can contact us at any time using the contact details above to let us know. When you contact us to opt out of receiving direct marketing communications going forward, you will be given a choice of ongoing marketing preferences.

Accuracy of information and access to information we hold

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, incomplete or out of date, please let us know using the communication methods above and we will work with you to correct the information.

Under current privacy laws and regulations, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself. There are some limited exemptions where we would be unable to provide the personal information that we hold about you in response to your request.

If, for any reason, we decline your request to access and/or update your information, we will provide you with details of the reasons and where appropriate, a list of the documents that are not being provided directly to you. In some circumstances it may be appropriate to provide you with access to information that you've requested via an intermediary, such as providing medical information to a treating General Practitioner rather than directly to yourself. If this is the case, we will let you know.

Privacy is Important…

In this Privacy section, all references to "We/Us/Our" means SPSL Limited.

Your privacy

Your privacy is important to us. We may collect, use, disclose and handle your personal information in the manner set out in this section.

What is 'personal information'?

Personal information is information or an opinion, whether true or not, about a person whose identity is apparent from the information or opinion. Personal information includes any information we collect from you directly or from another party such as your employer, another superannuation fund, your financial advisor or another personal representative, as well as publicly available sources. It includes your name, address, date of birth, tax file number, contact details and any other information you provide to us either directly or through a website, a third party or via a service provider.

Personal information also includes 'sensitive information'.

What is 'sensitive information'?

Sensitive information is information or an opinion about a person's racial or ethnic origin, political opinions, religious beliefs, membership of a professional association or trade union, sexual preferences, criminal record, health information or genetic information.

Why do we collect personal information?

We only collect personal information about you where it is necessary to establish and administer our products and services on your behalf and to keep you up to date with important changes that could affect your super or your insurance. We also collect personal information from non-members to provide information about our products and services. We handle personal information with the highest level of care and in line with the *Privacy Act 1988* (Act) and the *Australian Privacy Principles* (APPs). Where it is reasonable and practical, we will collect the information directly from you.

We will notify you when we collect your personal information from a third party and why it has been collected. We will take reasonable steps to make sure you and the third party are aware of this policy in relation to the information we collect.

We may be required to collect personal information in accordance with superannuation and taxation laws and any other relevant legislation.

In the event we receive unsolicited personal information about you from other sources, we will destroy or de-identify the information as soon as practicable if it is lawful and reasonable to do so.

We will not collect sensitive information about you without your consent and only where the information is reasonably necessary to administer our products and services. Exceptions will apply where the information is required under Australian law or in other circumstances under the Act.

We will collect health information about an individual in order to provide death and disability insurance.

What happens if you don't give us your personal information?

If you decide not to provide your personal information to us, we may not be able to provide you with our products or services. Many of our products and services require us by law to collect your personal information to identify who we are dealing with.

How we use and disclose your personal information

We collect, use, hold and disclose your personal information generally to establish and administer our products and services.

Personal information is primarily used by us to:

- start and maintain a correct superannuation account/record for you;
- identify you and your superannuation entitlements;
- accurately calculate the amount of benefit you should receive;
- assess, manage and pay any claims you may be entitled to, including claims that contain an insured component;
- communicate with you and provide advice about your superannuation and insurance cover;
- provide information to you about our products and services.

Personal information may also be:

- disclosed by us to our insurers so we can provide you insurance cover;
- used by us or a trusted supplier to undertake market research with you;
- used by us to search the Australian Taxation Office's lost member register;
- disclosed by us to our trusted suppliers such as mailing houses or market research organisations so they can complete a business activity for us;
- disclosed by us to government agencies to comply with legislation (such as the *Income Tax Assessment Act 1997*);
- disclosed by us to software administrators and assurance providers so that they can complete a business activity for us;
- used or disclosed for another purpose that is related to our functions or activities.

If you don't want us to use your personal information for marketing and research purposes, you can opt out at any time by contacting us and letting us know.

We will not sell or lease personal information to third parties. We will only distribute personal information when required by law.

We may disclose your personal information to your financial adviser or other third party but only after that person has provided us with their explicit authorisation for that disclosure to occur. Such authorisation is required in

writing and a person will be required to provide proof of identity before the authorisation is accepted.

We may be required to collect and use certain government related identifiers such as tax file numbers or Centrelink references to provide certain services to you. We do not adopt government identifiers as a customer identifier. We will not use government identifiers in any way which is inconsistent with the purpose for which they were originally issued unless it is authorised by Australian law, or by a court or tribunal order.

Can your personal information be disclosed overseas?

We engage third parties to provide services to us that support our primary functions of providing products and services to customers. These business partners or service providers may be located overseas and may not be subject to Australian privacy laws or standards.

Further, our insurers may disclose your personal information to third party recipients (including business partners, service providers and related companies) which are located outside Australia and/or are not established in, or do not carry on business in, Australia. Insurers are required to comply with the Act and the APPs.

Recipients of your personal information supplied by us to provide you with products and services, including insurance benefits, may be located in Brazil, Canada, China, Fiji, India, Indonesia, Israel, Japan, Malaysia, New Zealand, Philippines, Singapore, South Africa, the United Kingdom, USA and members of the European Union.

Can you access your personal information?

If you're registered, you can access your personal account information through your online account at any time. In this secure service, you can check your details such as your date of birth, address and account information and can also make changes to some of these details if needed.

If you don't have access to your online account, you can change your details by contacting us. We will have to conduct an identity check to establish your identity prior to considering any changes.

If you believe personal information that we hold about you is inaccurate, incomplete or not up to date, please let us know and we will take steps to correct it at no charge. Sometimes changes to your information cannot be made. If we don't correct or change the information that we hold about you at your request, we will give you a written notice including reasons for refusal, generally within 30 days of the request. If you are not satisfied with the reasons provided, you may submit a complaint. You may request us to attach a statement with your personal information record stating that you believe your personal information held with us is inaccurate, out of date, incomplete, irrelevant or misleading.

There may be some situations where we will not be able to provide you with access to your personal information. These situations may include where the access would have an unreasonable impact on the privacy of others, the information relates to existing or anticipated legal proceedings, providing access would be unlawful, or we have reason to suspect that unlawful activity or misconduct of a serious nature is being or may be engaged in. Our Complaints Officer can advise if any of these situations apply to your circumstances.

Can your personal information be used for direct marketing?

We may use your personal information to send you marketing materials and information about our products and services. The materials may be sent in various forms including email, mail, SMS and social media. If you have a preference for the type of communication used, we will endeavour to use that type whenever practical to do so. Personal information collected from you may be used to provide updates and promotional information about us and our products and services, such as upcoming sponsorship events.

If you want to opt out of receiving marketing materials, you should contact us.

We will not share or provide your personal information to other organisations other than as outlined in our privacy policy.

Our privacy policy

Our privacy policy contains information about how to make a complaint about an alleged breach of your privacy and how we'll deal with your complaint, as well as other important information about how your personal information is collected, used and disclosed. You can view our privacy policy at suncorp.com.au/super/privacy. A paper copy of our privacy policy can be provided free of charge on request.

13. Direct Debit Request Service Agreement

This Direct Debit Request (DDR) Service Agreement is only applicable if you choose to authorise TAL Life to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when providing direct debit details to TAL Life.

This DDR Service Agreement is issued by TAL Life Limited (ABN 70 050 109 450). You should direct all enquires about your direct debit to our customer service team on 1800 221 727.

13.1 Our commitment to you

a. We'll give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.

b. We'll keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.

c. Where the debiting date is not a business day, we'll draw from your nominated financial institution account on the next business day.

13.2 Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits
- ensure there are sufficient funds available in the nominated financial institution account to meet each instalment
- advise us if the nominated account is transferred or closed, or the account details change
- ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

13.3 Your rights

a. Subject to the terms and conditions of your policy, you may alter the debiting arrangements. Such advice should be received by us at least 7 working days before the debiting date for any of the following:

   - altering the DDR
   - deferring a drawing
   - suspending the DDR
   - cancelling the debiting arrangement completely.

   If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts. Alternatively you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

b. Where you consider that a debit has been initiated incorrectly, you should contact us on 1800 221 727. In the unlikely event of a complaint not being resolved satisfactorily, you can address a complaint to:

   The Manager, Life Customer Service
   TAL Life
   GPO Box 68
   Sydney NSW 2001

13.4 Other information

a. We reserve the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.

b. The terms and conditions of your TAL Life policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.

c. We may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days' notice to you, in writing. All future amounts payable by you under the policy will be debited to the financial institution account shown in the DDR unless you tell us you wish to cancel the arrangement.

d. Financial institution fees (including dishonour charges) may also apply to this debiting arrangement.

14. Other information about your policy

14.1 Altering your policy

During the period of cover, it is possible to change some of the terms provided under this policy. To do this, you should contact us and quote the policy number. We'll try to make the requested change, but this won't always be possible. In some cases, we may require further information from you in writing. Our contact details are on the back cover of this PDS.

A change to this policy will only apply if we confirm the change in writing. Where this policy is altered the premium may change.

14.2 Misstatement of age

If you have misstated your age, we have the right to adjust the benefits provided under this policy to reflect your correct age and actual premium paid. Alternatively, if your age has been overstated, we may repay any overpayments of premium with interest at the rate then prescribed by law.

We guarantee to continue this policy

Except where otherwise expressly stated in this policy, if the premiums payable under this policy are paid in accordance with section 10 'Premiums and Payment', we'll continue this policy until cover ends without any more restrictive terms being included, regardless of:

- the number of claims made, or
- any changes to your health, occupation or pastimes.

14.3 Statutory Fund information – no savings component

The Asteron Life Complete policy referred to in this PDS is not a savings plan and doesn't participate in any surplus arising in any of our Statutory Funds. This means unless the policy is cancelled during the cooling off period, there will be no refund of monies paid up to the date you cancelled. If you have paid premiums beyond the date you cancelled (for example, you pay yearly), a pro-rata refund will apply.

All policies are issued from our Number 1 Statutory Fund.

14.4 Limited Acceptance

For approved Superannuation Platforms or Investment Platforms, Limited Acceptance commences from the date we confirm in writing that your application has been accepted by our underwriting team or, if applicable, the date when we receive confirmation that you have accepted modified terms, provided we have received a fully completed rollover authority from you.

Limited Acceptance ceases on the earlier of:

- the date your initial premium is received by us and your policy commences, or
- the date 30 days after the date Limited Acceptance Cover commenced.

This is known as the limited acceptance period. If you make a claim, or the event giving rise to the claim occurs, within the limited acceptance period, we'll still pay a benefit that would otherwise be payable based on the terms and conditions set out in this PDS, less any amount of outstanding or unpaid premium.

For example, if you were applying for Life Cover with a $500,000 sum insured and your first premium was $500, if a death benefit was payable during the limited acceptance period we would pay $499,500.

15. Making a claim

If something happens and you need to make a claim, we want to make the process as straightforward as possible. So make sure you read this section and gather any information we require to process the claim.

All claim forms can be obtained by contacting our claims team on 1800 024 812.

Please note, references to 'you' in this section include, where applicable, to an insured child.

15.1 When we will commence payment

Unless we have stated otherwise, we will only commence payments under your policy when you satisfy the claim conditions outlined in this PDS and we admit liability.

In addition, payments are subject to:

- our acceptance of the claim
- you meeting our ongoing claims requirements, and
- adherence to the relevant legislative requirements.

Please refer to section 7 'Who will receive the benefits of my cover' for details of who we'll pay.

15.2 How to make a claim

We will support you through the process of making a claim. If you wish to make a claim against the policy, we strongly encourage you to contact us at the earliest possible opportunity. If you don't tell us about your sickness or injury when it happens, and this affects our ability to gather evidence that we require to assess your claim, then this may potentially impact the time that it will take us to assess your claim.

Step 1: Completing our claim forms

You (or the person entitled to claim) and your *registered doctor* (as applicable) need to complete our initial claim form to our satisfaction and return it to us.

Step 2: Mandatory claim requirements

In addition to the claim forms, you must also submit all of the following requirements to us before we can commence payments:

1. Proof of the event or condition for which the claim is being made and when it occurred
2. Proof of age (unless previously provided)
3. Proof of payment where a claim is made for reimbursement
4. Your original PDS and schedule for Life Cover, TPD Cover and Trauma Cover.

If you're submitting a claim for the Life Cover Benefit or Limited Death Benefit, we will also require proof of the cause of death.

If you're submitting a claim for TPD Cover, Trauma Cover, Child Cover, Needlestick and Medical Hazards

Benefit, Blood Borne Diseases, the Waiver of Premium due to Serious Disablement Benefit or the Crisis Benefit, we may also require all of the following:

1. Proof of the diagnosis, recommendation or prognosis giving rise to the claim by a *registered doctor* who is an appropriate specialist medical practitioner
2. Copies of all investigations performed which may include, but is not limited to, clinical, radiological, histological and laboratory evidence, and
3. Where the Needlestick and Medical Hazards Benefit, Blood Borne Diseases or *HIV - occupationally acquired* is applicable, an incident report from the relevant authority or employer.

Step 3: Additional claim requirements

We may require you to provide us with additional information including, but not limited to:

- your medical history
- your business or personal income
- your business or personal expenses
- your activities, and
- other insurance policies and claims.

Any costs associated with the mandatory and additional claim requirements listed above must be met by you or the person entitled to claim or receive benefits under the policy.

Step 4: Further claim requirements

To help us assess your claim, we may also require:

- you to be examined by a health care professional of our choice
- an accountant of our choice to verify income and/or expenses prior to and during your disablement, which may involve a financial audit or information from your accountant
- information surrounding your employment circumstances
- a signed Medicare Australia authority for any period of time relevant to your policy or claim
- a signed authority to enable us to obtain information relevant to your policy or claim from Government departments and/or other insurers, and
- a meeting with you to discuss the circumstances surrounding your claim.

We'll meet any costs associated with these further claim requirements listed above in Step 4.

We may also investigate whether the duty of disclosure or the duty to take reasonable care not to make a misrepresentation was complied with when the policy (or the *original policy*) was applied for, extended, reinstated, or varied. This may occur during the assessment of a claim, in order for us to be satisfied of our liability to pay a benefit. To conduct this assessment we may require information that relates to the period prior to the commencement of your cover, such as previous medical, employment, lifestyle, pastime or financial history. We may reserve our decision or payment of your claim until we have verified that the responses provided in the relevant application(s) were true and complete.

15.3 Payment of Income Protection Covers and Business Expenses Cover benefits

Throughout the duration of your claim, you and your *registered doctor* will be required to complete additional regular claim forms so that we're kept informed about your condition. We will only pay the benefits under your Income Protection Cover and Business Expense Cover for periods we have received sufficient information, including but not limited to any claim forms we require.

We may also require you or the life insured to provide us with copies of financial information that verifies the life insured's *monthly income*, *pre-disability income* or *pre-disability business income* at any time throughout a claim. This may include but is not limited to:

- pay slips or a letter from your employer confirming your income
- business and personal tax returns and assessment notices, or
- financial accounts (for example profit and loss accounts, balance sheets, BAS statements etc).

This information will be used to determine your *Total Monthly Benefit* or to recalculate benefits paid during your claim, and may be averaged over the relevant period. We reserve the right to make adjustments to any benefit that is determined to have been incorrect, and may:

- pay you any additional benefits to which you are entitled under the policy
- recover any additional benefits paid that you are not entitled to under the policy, or
- reduce the amount of any future benefits payable by any benefits paid that you are not entitled to under the policy.

Unless we have stated otherwise in this PDS, we will pay the payments monthly in arrears. If the benefit is

payable for less than a month, we will calculate 1/30th of the benefit for each day the benefit is payable during that month.

If you have chosen Indemnity (please refer to chapter 3, section 5), we'll always require proof of income to determine the *Total Monthly Benefit*.

Any costs associated with completing the claim forms and providing financial information are met by you or the person entitled to claim or receive benefits under the policy.

16. Contacting us and complaints

16.1 Contacting us

If you have questions about your policy, including when and how terms can be changed under this policy, please address all correspondence to:

Mail
Life Customer Service
TAL Life
GPO Box 68
Sydney NSW 2001

Fax
1300 766 833

Email
life_customerservice@asteronlife.com.au

Phone
1800 221 727

Please note that we'll only act on your instructions (if you're the policy owner) when they're received at our office in Sydney at the above address.

16.2 Claims queries

If you have any queries about how to claim or in relation to an on-going claim, please address all correspondence to:

Mail
Claims
GPO Box 134
Sydney NSW 2001

Phone
1800 024 812

16.3 If you have a complaint

We make every effort to ensure your complaints are resolved in a satisfactory and timely manner. If you have an issue you would like to raise, please telephone or write to us at the address below:

Mail

Internal Dispute Resolution
Customer Service Team
GPO Box 68
Sydney NSW 2001

Email
life_customerservice@asteronlife.com.au

Phone
1800 221 727 / +617 3325 8500

You will receive a response within 10 working days of us receiving your complaint. A decision regarding your complaint will be provided within 30 days. In the event that your complaint isn't resolved to your satisfaction, you may lodge a complaint with the Australian Financial Complaints Authority (AFCA). Time limits may apply to complain to AFCA so you should act quickly. Please consult the AFCA website, or call them, to find out if or when the time limit relevant to your circumstances expires. AFCA has authority to hear certain complaints. Contact them to confirm if they can assist you.

- Online: www.afca.org.au
- Email: info@afca.org.au
- Phone: 1800 931 678
- Mail: Australian Financial Complaints Authority
  GPO Box 3, Melbourne VIC 3001

16.4 Contact TAL Life or the Trustee

SPSL Master Trust Members – Contacting the Trustee

If the Trustee has purchased an Asteron Life Complete policy on your behalf, and you or your beneficiaries have an issue you would like to raise, please telephone or write to the Trustee at the address below:

Mail

Internal Dispute Resolution
Customer Service Team
GPO Box 68
Sydney NSW 2001

Email
life_customerservice@asteronlife.com.au

Phone
1800 221 727 / +617 3325 8500

The Trustee has up to 45 days to respond to most types of complaints*. If you're not satisfied with a response from us or you haven't received a response to your complaint within the required timeframe, you may take your complaint to the Australian Financial Complaints Authority (AFCA). Time limits may apply to complain to AFCA so you should act quickly. Please

consult the AFCA website, or call them, to find out if or when the time limit relevant to your circumstances expires. AFCA has authority to hear certain complaints. Contact them to confirm if they can assist you.

- Online: www.afca.org.au
- Email: info@afca.org.au
- Phone: 1800 931 678
- Mail: Australian Financial Complaints Authority
  GPO Box 3, Melbourne VIC 3001

* The Trustee must reply to any objection to a superannuation death benefit distribution determination within 90 days, starting from the end of the 28-day period within which you can object.

How we contact you

Notices and other information concerning this policy will be sent to you (if you're the policy owner) at the address last advised to us. It's therefore important that we be advised of any changes in your contact information.

Chapter 6

Insurance through superannuation

Insurance through superannuation

This section contains information about the SPSL Master Trust (Fund). It does not contain information about insurance through an external superannuation fund. You should read this section if you want the Trustee of the Fund, SPSL Limited (Trustee) to buy an Asteron Life Complete Policy on your behalf through a superannuation account. To do this you will need to complete the 'Application for membership' included in the application form in this PDS. Please see chapter 2 and chapter 3 in this PDS for information regarding the benefits included and options available under Life Cover Super or Income Protection Cover Super respectively.

Your Asteron Life Complete policy will commence once you have become a member of the Fund and we have confirmed acceptance of your insurance application. The Trustee is the policy owner and can vary or replace the policy at any time in the interest of members. If the Trustee does this, it will give you 30 days written notice. In addition to the circumstances listed in 'When cover ends' (chapter 2, section 26 and chapter 3, section 41) your cover through the Fund will stop when you're no longer eligible to make superannuation contributions (or have them made on your behalf) to your super account. Please contact your financial adviser or our customer service team (our contact details are on the back cover) at that time to discuss options to transfer your cover outside the Fund.

There is no savings component available in this account. Your policy will be cancelled for non-payment of the premium if there is not enough money in your super account under the Fund to cover the insurance premiums. If this happens, we'll provide you with notice (to the latest address you notified to us) before your policy is cancelled (explained in chapter 5, section 10.6 'What happens if the premium isn't paid?').

1. Who can join and contribute to the Fund?

Taking up insurance through superannuation means that you have to satisfy contribution rules relating to super. Government regulations define when contributions can be made, the level of contributions that can be made without penalty and when you can access your superannuation benefits, including starting a pension.

Below sets out when and how much you can contribute (or have other people contribute for you) without paying excess contributions tax.

Generally, employer and personal contributions can be received if you're:

- under age 65, or
- aged 65 – 74 and have worked at least 40 hours in a 30 consecutive day period within the financial year in which contributions are made. Alternatively, satisfy the work test exemption.

For insurance purposes, you must also be eligible to apply for Life Cover or Income Protection (explained in chapter 5, section 2 'Eligibility').

2. Types and levels of contributions that can be accepted

We're able to accept the following types of contributions:

Concessional contributions	Extra tax may apply to contributions above
Compulsory employer contributions (Superannuation Guarantee (SG) or Award) Voluntary employer contributions (above the compulsory Award/SG minimum amount) Salary sacrifice and personal deductible contributions†	$27,500 per year#
Non-concessional contributions	**Tax may apply to contributions above**
Spouse* Personal*	$110,000 per year#^

Note: Contributions must match the amount of premium for the Asteron Life Complete policy.

For the 2021/2022 financial year.

† A 30% contributions tax will apply to concessional contributions for individuals with adjusted taxable income over $250,000.

^ $110,000 per year or $330,000 over 3 years for individuals under age 67 with a total superannuation balance of less than $1,480,000. The $330,000 cap is reduced to $220,000 for total superannuation balances between $1,480,000 to less than $1,590,000 and $110,000, which is the non-concessional contribution cap, if your total super balance is $1,590,000 or more.

* Non-concessional contributions (personal and spouse contributions) will only be accepted by us if you quote your Tax File Number.

3. Payment of premiums from eligible superannuation funds

For eligible superannuation funds only, we'll accept rollovers as an eligible payment method only if the rollover amount matches exactly the premium for the policy. For a list of eligible funds speak to your adviser.

4. When the Trustee pays a benefit

We'll pay any benefits under Life Cover Super (which includes any linked TPD Cover) or Income Protection Cover Super to the Trustee (other than the

Rehabilitation Benefit or Grief Support Service), as the policy owner. The benefits will then form part of your superannuation account and can only be released in accordance with 'release conditions' provided by relevant legislation.

The Trustee will only pay the benefit from the account if:

- we pay the insurance claim to the Trustee (so you're entitled to the claim under the terms of the Life Cover or Income Protection Cover), and
- you're able to withdraw those benefits under superannuation law. Benefits in a super account are subject to preservation requirements. Access to benefits are available where certain 'release conditions' are satisfied.

Benefits in super can be:

Preserved benefits*	Preserved benefits can generally only be accessed once you have satisfied a release condition. Once you have satisfied a release condition these benefits will be available for cashing (some restrictions apply). For release conditions please see section 8.
Restricted non-preserved benefits	These benefits are paid to you under the same release conditions as your preserved benefits, but can also be paid to you when you leave the employer who has made the contributions for you to that fund. Generally restricted non-preserved benefits arise from personal contributions made to an employer fund prior to 30 June 1999 for which you could not claim a tax deduction.
Unrestricted non-preserved benefits	Unrestricted non-preserved benefits are fully accessible (often because a release condition had been met). You can access these funds for cashing at any time.

* From 1 July 1999, all contributions to superannuation and net investment earnings have been classified as 'preserved benefits'.

5. Death benefits

Death is one such 'release condition' which permits a Trustee to pay a benefit from a super account. So, if you die while covered under Life Cover or Income Protection Cover, and we pay a benefit to the Trustee, the Trustee will pay the death benefit in accordance with a valid binding nomination or at the Trustee's discretion to one or more of your dependants (as defined by superannuation law) or to the estate.

5.1 Who can receive your death benefit?

You may nominate your dependants and/or your legal personal representative to receive part or all of your benefit in the event of your death, using either a binding or non-binding beneficiary nomination. Dependants under super law include:

- *your spouse*: married or defacto (including same sex spouse)
- your child* – any age
- someone who was in an *interdependency relationship* with you, or
- your financial dependant.

* Defined as birth, adopted or ex-nuptial child, a child of an individual's spouse or someone who is a child of the individual within the meaning of The Family Law Act 1975.

5.2 Binding death benefit nomination

A binding death benefit nomination allows you to nominate your dependants and/or your estate to receive your death benefit (the net insurance benefit). Generally speaking the Trustee must pay the benefit to your beneficiaries when you die (provided your nomination is valid at the time).

For your nomination to be valid:

- each beneficiary must be a super dependant and/or your legal personal representative at the time of your death
- if there is more than one beneficiary, the apportionment of your benefit must be full and clear and up to 100%, and
- 2 adult witnesses who are not beneficiaries must witness and sign the nomination.

Binding nominations are valid for 3 years from the date that they're made, amended or confirmed. You must contact us to update or confirm your nomination at least every 3 years for it to remain valid. To assist you, the Trustee will forward details of your current nomination to you each year. You can also cancel your nomination at any time by writing to us.

We recommend you review your nomination whenever you experience a change in circumstances such as marriage, divorce, birth of a child or when a beneficiary ceases to be a dependant. You can also nominate what percentage of your total death benefit is to be paid to each person you nominate. This nomination is binding on the Trustee if valid. Both dependants and non-dependants can receive lump sum benefits. However income stream death benefits can only be paid to dependants, where if a child, they were either:

- under age 18

- age 18-25 and financially dependent on you, or
- disabled at the time of your death.

Where there are multiple beneficiaries on a valid binding nomination and a beneficiary is not entitled to receive the benefit (where the nomination was not effective or not in accordance with the relevant law) that portion is to be paid to the legal personal representative of the member. Where the binding nomination is not valid the Trustee will pay the benefit to one or more of the member's dependants and legal personal representative in proportions determined by the Trustee. If a beneficiary is entitled to receive a benefit under a binding nomination and that beneficiary dies after the member but before being paid, the Trustee will pay that benefit to the legal personal representative of the beneficiary.

5.3 Non-binding death benefit nomination

If you make a non-binding death benefit nomination, the Trustee will take into account the nomination you have made. However, the Trustee is not bound by it and will use its discretion in accordance with the terms of the trust deed as to:

- who it pays the benefit to
- in what proportions, and
- how it is paid (as a lump sum, income stream or a combination of both).

If you don't wish to make a binding death benefit nomination, we recommend that you complete the 'Non-binding direction' section in your Application for Membership of the SPSL Master Trust to assist the Trustee in determining the death benefit distribution.

Again, as your circumstances may change over time, we recommend that you regularly review your nomination to ensure that it remains up to date in relation to your personal circumstances. You can change your non-binding death benefit nomination at any time by contacting us to obtain a nomination form and then making a new nomination. You can also cancel your nomination at any time by writing to us (our contact details are on the back cover). Both dependants and non-dependants can receive lump sum benefits. However income stream death benefits can only be paid to dependants, where if a child, they were either:

- under age 18
- age 18-25 and financially dependent on the deceased, or
- disabled at the time of your death.

5.4 What if my beneficiaries are not eligible or cannot be located?

If this happens and the death benefit cannot be paid to your estate, the Trustee can use its discretion, in accordance with superannuation law, to pay another person. This may happen in a number of circumstances including but not limited to:

- a nominated beneficiary is no longer a dependant at the time of your death
- you have no surviving children at the date of your death
- you have no *spouse* at the time of your death, or
- your nomination has not been completed correctly.

5.5 How are death benefits paid?

As discussed above, benefits may be paid as a lump sum benefit or an income stream (if paid to a dependant).

Lump sum benefit

A lump sum benefit is where your death benefit is paid as a single payment. If you nominate your estate, or you nominate your dependants and you don't request that benefits be paid as an income stream; the Trustee will pay any death benefit as a lump sum.

Income stream

Income stream benefits are paid via an 'account-based pension'. An account-based pension provides dependants with a regular payment, rather than a lump sum benefit. Depending on their circumstances, an account-based pension may be a more tax effective way for your dependants to receive their benefits. An account-based pension is available to all Life Cover policies written through the Fund. All or part of your death benefit can be paid via this option if paid to a dependant. However, income stream death benefits can only be paid to dependants where if a child, they were either:

- under age 18
- age 18 - 25 and financially dependent on the deceased; or
- disabled

at the time of your death.

The Trustee can also set up separate account-based pensions to make individual payments to more than one dependant.

Your death benefit can be invested in a choice of investment portfolios within this account-based pension to provide your dependants with a regular income stream. The minimum amount to start an account-

based pension is $20,000. The Trustee also has discretion to retain benefits in trust for children (under age 18). Account-based pensions paid from a superannuation fund are governed by laws, which set limits to the minimum amount of pension payments in a financial year. There is no maximum amount.

6. Terminal illness benefit and TPD benefit

We can pay an amount under Life Cover to the Trustee if you:

- become *terminally ill,* or
- become *totally and permanently disabled* (if you select this optional cover).

This means we will only pay these benefits if you die or satisfy the 'Terminal Medical Condition' or 'Permanent Incapacity' release conditions (as discussed below).

7. Income protection benefit

If you become *disabled*, we will only pay an amount under Income Protection Cover (refer to Chapter 3 Income Protection | Business Expenses) (as applicable) to the Trustee if you satisfy either the 'Temporary Incapacity' or 'Permanent Incapacity' release condition under superannuation law (refer to Release Conditions below).

8. Release conditions

8.1 TPD release conditions

Under superannuation law, you may be able to access your TPD benefit on the grounds of 'Permanent Incapacity' which is similar to (but not the same as) the *any occupation TPD* definition of '*total and permanent disablement'* under Life Cover. 'Permanent Incapacity' is currently defined in superannuation law as:

"a member of a superannuation fund or an approved deposit fund is taken to be suffering permanent incapacity if a trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience."

8.2 Terminal illness release conditions

You may be able to access your terminal illness benefit on the grounds of a 'terminal medical condition' which is similar (but not the same as) the *terminal illness* definition under Life Cover.

Under current superannuation law a terminal medical condition exists if:

"Two registered medical practitioners (one of which is a specialist) have certified jointly or separately, that the person suffers from an illness or injury that is likely to cause death within the certified period." (The maximum time frame for this period is 24 months after the date of certification.)

8.3 Income protection release conditions

You may be able to access your benefits on the grounds of 'temporary incapacity' which is similar (but not the same) as the *disablement* definition under Income Protection Cover, or 'Permanent Incapacity' as defined in 8.1.

Under current superannuation law, temporary incapacity exists if:

"in relation to a member who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute Permanent Incapacity."

If the temporary incapacity release condition is met, income protection benefits will be paid as a non-commutable income stream for the duration of incapacity.

8.4 Other release conditions

If you cannot satisfy the definition of permanent incapacity, terminal medical condition or temporary incapacity, you need to be able to meet one of the conditions listed below to access your money:

- permanent retirement from the workforce after reaching your 'preservation age' as shown in the following table:

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
After June 1964	60

- ceasing an employment arrangement after reaching age 60
- reaching age 65
- severe financial hardship as defined by superannuation regulations and having received certain social security benefits for a specified period. In some cases a limit may apply to how much you can access
- specified compassionate grounds (defined by superannuation regulations)
- if you were a temporary resident on a temporary visa and have permanently departed from Australia
- reaching preservation age and using the funds to start a non-commutable (Transition to Retirement) account-based pension, or
- your death.

Please note that we also offer Life Cover, TPD Cover and Income Protection Cover as non-superannuation cover, outside of the Fund where the release conditions don't apply. There may also be tax advantages that apply to Life and/or TPD benefits paid from non-superannuation cover. We recommend that you discuss with your financial adviser the type of cover which is most appropriate to your circumstances.

9. Tax

The following is general information about taxation of superannuation contributions and benefits as per tax legislation in force at the date of this PDS. You should obtain your own financial and taxation advice in relation to your personal circumstances.

9.1 Your contributions

Contributions tax of 15% is applied to all employer or deductible personal superannuation contributions. However, contributions tax may not be payable as the super fund may claim tax deductions for your Life Cover, TPD Cover and Income Protection Cover insurance premiums to offset some or all tax that may be payable. No tax is deducted from personal (after tax) contributions.

Additional tax on contributions may apply if your income is more than $250,000 p.a. or you exceed the concessional or non-concession contributions caps.

9.2 Tax on death benefits

The benefits are taxed based on the person receiving the benefit. No tax is payable on a death benefit if it is paid to your *spouse* or dependants (defined by tax law).

'Dependants' under tax law are defined as:

- a *spouse* (legal or de facto) or former *spouse* (however a former *spouse* is not a dependant under super law)
- the deceased's child (including adopted, step child, or ex-nuptial child) aged less than 18
- someone who had an *interdependency relationship* with the deceased just before they died, or
- any other person who was financially dependent on the deceased just before they died.

Adult children (aged 18 and over) are generally not dependants for tax purposes unless they're financially dependent on you at the time of your death, but they're still eligible to receive a superannuation death benefit.

Where a death benefit is paid as a lump sum to a person other than a 'tax dependant', such as an adult child, it is taxed as shown in the table below. Benefits may be split into taxable (taxed element) and taxable (untaxed element). Non-dependants won't be able to receive death benefits in the form of an income stream.

Death benefit component	Non-dependent tax rate
Taxable (taxed element)	15%^*
Taxable (untaxed element)	30%^*

^ Maximum tax rate.

* Plus Medicare levy.

No tax is payable on death benefit lump sums paid to tax-dependants.

Where a death benefit is paid to a dependent, as an income stream, the tax treatment will depend on the dependant's age and your age at time of death, as shown in the table below.

Age of dependant	Your age at time of death	Tax treatment
Under age 60	Under age 60	Taxable component – taxed element is 100% taxable but 15% pension offset applies
Under age 60	Age 60 or older	Taxed element – tax free
Age 60 or older	Under age 60	Taxed element – tax free
Age 60 or older	Age 60 or older	Taxed element – tax free

If the payment includes an untaxed element amount this amount is taxed at marginal tax rate plus Medicare Levy less 10% offset if over the age of 60 years.

9.3 Tax on TPD benefits

If you withdraw a TPD payment, the amount of tax payable depends on your age, eligible service period and the components. If you're age 60 or older benefits can be paid tax free. Your financial adviser can provide you with further information relating to your circumstances.

9.4 Tax on terminal illness benefits

Terminal illness benefits are tax free if you meet the definition of 'terminal medical condition' (as defined in section 8.2).

9.5 Tax on income protection benefits

Income protection benefits that are released under the temporary incapacity condition of release are 100% taxable. The 15% pension offset does not apply.

10. Lost members

It's important we always have current contact details for you. If you move, you can tell the Trustee or us by contacting our customer service team or by completing a change of details form. If we don't know your address, you may be classed as a lost member.

This may happen where you cannot be contacted (we have received 2 pieces of returned mail for you, and we have not received a contribution from you or on your behalf within 12 months).

As a lost member, your account is classed as a lost member account if:

- the account has been inactive for a period of 12 months and we have insufficient records to ever identify the owner of the account; or
- you have less than $2,000 in your account.

You should be aware that even if you become classified as a lost member, insurance premiums will continue to be deducted from your account until your balance is zero.

10.1 Transfer of benefits to the ATO in certain circumstances

The Trustee is required by superannuation law to transfer your benefits in certain circumstances. The Trustee will transfer your benefits to ATO (after providing you prior written notice of its intention to do so) if you do not inform the Trustee of an alternative superannuation arrangement within the time frame set out in the notice.

If we pay your benefit to the ATO, you cease to be a client of the Trustee. On transfer of your benefits to the ATO, you will:

- cease to be a client of the Trustee
- cease to have any insurance benefits (if you have selected insurance cover) through the Fund
- cease to have any rights against the Trustee in relation to your account.

You can transfer or withdraw your benefit from the ATO as the governing legislation permits.

11. Treatment of account upon marriage breakdown

Your superannuation may be split as a result of marriage breakdown. This can be done either by court order or by agreement between the parties. The splitting of superannuation benefits as a result of marriage breakdown or divorce may have consequences for the taxation of your superannuation benefit.

The Trustee may charge fees in relation to the splitting of the superannuation benefit.

If an Asteron Life Complete benefit has been paid to the trustee, it may be affected by marriage breakdown. Ensuring binding nominations are updated during a marriage break down and regularly reviewed can ensure benefit payments are released as intended.

12. Management fees and charges

The Trustee applies no management fees or costs to members or their benefits. The only amounts payable are contributions to meet premiums and other charges for Life Cover and Income Protection (please see chapter 5, section 10 'Premiums and payment' for more information).

13. Regular reports

Updated information about the management and financial condition of the Fund is included in the Fund's Annual Report. A copy of the most recent Annual Report is available free of charge on request from your financial adviser or from us (our contact details are on the back cover).

We'll also send you an Annual Statement confirming your current benefits within the Fund, including your current level of insurance cover.

14. Cooling off period

A cooling off period applies if the Trustee has purchased an Asteron Life Complete policy on your behalf. Please see chapter 5, section 4 for details.

15. Enquiries

If you have any questions about the policy or your membership of the Fund, please call either your financial adviser or the Trustee (our contact details are on the back cover).

16. Complaints resolution

Please see chapter 5, section 16 'Contacting us and complaints' for details about the Trustee's complaints resolution process.

17. Other things you should know about the Trustee

The Trustee of the Fund, SPSL Limited, is an approved trustee under the Superannuation Industry (Supervision) Act 1993 (SIS).

About the Fund

The Fund:

- is a resident regulated superannuation fund within the meaning of SIS, and
- is not subject to a direction from the Australian Prudential Regulation Authority under section 63 of that Act, not to accept any contributions made to the Fund by an employer-sponsor. The Fund is a complying superannuation fund, able to accept employer Superannuation Guarantee contributions.

The Trust Deed

The rights and obligations of the members under the Fund are set out in the Trust Deed. The Trust Deed sets out the rules for the establishment and operation of the Fund and member rights and obligations. You can obtain a copy of the Trust Deed on line at https://www.suncorp.com.au/about-us/who-is-suncorp-super/governance.html or free of charge by contacting us (our contact details are on the back cover).

Under the terms of the Deed that established the Fund, the Trustee has the power to amend any of the provisions of the Deed if permitted by relevant law.

18. Tax File Numbers (TFN)

We're authorised to collect your TFN under the Superannuation Industry (Supervision) Act. Where we collect your TFN, it will be kept confidential and only used for lawful purposes which may include:

- finding or identifying your superannuation funds
- calculating tax on any superannuation lump sum, death benefit or income stream payment
- providing your TFN and other information to the Commissioner of Taxation
- providing your TFN to your future superannuation fund trustee or Retirement Savings Account (RSA) provider if you're transferring your account.

We won't pass on your TFN if you write to us and tell us not to. We won't disclose your TFN to any person or organisation not listed above. Providing your TFN is voluntary and declining to quote your TFN is not an offence. However, if you don't provide us with your TFN, then:

- your application for membership of the SPSL Master Trust won't be accepted
- you may pay more tax on your benefits than would otherwise be payable (you may apply to get this back at the end of the financial year in your income tax assessment)
- it may be difficult to find or consolidate your superannuation funds in the future
- concessional contributions (including all employer contributions) will be subject to an additional 32% tax (over and above the normal 15% contributions tax)
- after-tax contributions may not be accepted.

As a result of changes to legislation, the purposes for which we can use your TFN and the consequences of not providing it to us may change in the future.

Chapter 7

Medical Glossary

Definitions

Medical Glossary, Definitions

Medical Glossary

This section contains the definitions for medical terms used in this PDS. References to 'you' in this include where, applicable, an insured child.

Adult onset type 1 diabetes after age 30 we will pay a claim upon the diagnosis of Type 1 insulin dependent diabetes mellitus (IDDM) after the age of 30.

Aplastic anaemia (requiring treatment) we will pay a claim for permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

Benign tumour of the brain (of specified severity) we will pay a claim upon the diagnosis of a non-cancerous tumour in either the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures, sensory impairment and motor impairment.

Benign tumour of the brain with specified permanent impairment we will pay a claim upon the diagnosis of a non-cancerous tumour in either the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures, sensory impairment and motor impairment and which results in you either:

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered *activities of daily living* without the physical assistance of someone else (doesn't apply to Child Cover).

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition.

Benign tumour of the spine (of specified severity) we will pay a claim upon the diagnosis of a non-cancerous tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions.

Benign tumour of the spine with specified permanent impairment we will pay a claim upon the diagnosis of a non-cancerous tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions and results in you either:

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered *activities of daily living* without the physical assistance of someone else (doesn't apply to Child Cover).

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition.

Blindness (permanent) we will pay a claim for the complete and irrecoverable loss of the sight of both eyes (whether aided or unaided) as a result of *sickness* or *injury*. Loss of sight is defined as:

- visual acuity less than 6/60 in both eyes after correction, or
- a field of vision constricted to 20 degrees or less of arc, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Brain damage with permanent impairment (of specified severity) we will pay a claim if as a result of an accident, *sickness* or *injury*, the insured child suffers brain damage causing neurological and/or cognitive deficit, which results in at least 25% permanent impairment of whole person function*.

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition.

Cancer (of specified criteria) we will pay a claim for *cancer (of specified criteria)* if you have been unequivocally diagnosed, by a *registered doctor* who is an appropriate medical specialist, with one or more malignant tumours including multiple myeloma, malignant bone marrow disorders, leukaemia, lymphomas and Hodgkin's disease as per the following criteria:

The tumour must be characterised by:

- the uncontrolled growth and spread of malignant (cancer) cells, and
- the invasion and destruction of normal tissue by those cells.

The tumour must also:

- require 'major treatment' or
- be totally incurable.

'Major treatment' includes surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment to arrest the spread of the malignancy and the treatment is the appropriate and necessary treatment.

The following tumours are excluded:

a. tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre malignant, or which have a TNM classification of Tis.

   Carcinoma in situ of the breast is covered if:

   - you have a mastectomy to remove the entire breast, or
   - you have breast preserving surgery and adjuvant medical therapy. This must be the appropriate and necessary treatment as recommended by a *registered doctor* and undertaken specifically to arrest the spread of malignancy.

b. melanomas, unless they have metastasised which:

   - have no evidence of ulceration, and
   - are less than Clark Level 3, and
   - are less than 1.0mm depth of invasion as determined by histological examination

c. all other types of skin cancers unless they have metastasised (spread elsewhere)

d. prostatic cancers which are T1c or less and Gleason score 5 or less unless requiring 'major treatment' and

e. chronic lymphocytic leukaemia less than Rai Stage 1.

If the above staging/grading classifications are superseded by technological and/or medical advances, we will consider other appropriate and medically recognised classifications in support of the diagnosis of equal severity.

Cancer (of specified criteria) – Child cover we will pay a claim for *cancer (of specified criteria) – Child cover* if the insured child has been unequivocally diagnosed, by a *registered doctor* who is an appropriate medical specialist, with one or more malignant tumours including multiple myeloma, malignant bone marrow disorders, leukaemia, lymphomas and Hodgkin's disease as per the following criteria:

The tumour must be characterised by:

- the uncontrolled growth and spread of malignant (cancer) cells, and
- the invasion and destruction of normal tissue by those cells.

The tumour must also:

- require 'major treatment' or
- be totally incurable.

'Major treatment' includes surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment to arrest the spread of the malignancy and the treatment is the appropriate and necessary treatment.

The following tumours are excluded:

a. tumours which are histologically described as pre-malignant or show the malignant changes of 'carcinoma in situ';

b. melanomas which :

   - have no evidence of ulceration
   - are less than Clark Level 3, and
   - are less than 1.0mm depth of invasion, as determined by histological examination;

c. all other types of skin cancers unless they have metastasised (spread elsewhere).

If the above staging/grading classifications are superseded by technological and/or medical advances, we will consider other appropriate and medically recognised classifications in support of the diagnosis of equal severity.

Carcinoma in situ of the breast we will pay a claim if a focal autonomous new growth of carcinomatous cells within the breast 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. The tumour must be classified as Tis according to the TNM staging method.

Carcinoma in situ of the female organs we will pay a claim for a focal autonomous new growth of carcinomatous cells within the:

- cervix-uteri
- corpus-uteri
- fallopian tubes^
- ovary
- vagina, or
- vulva,

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. The tumour must be classified as Tis according to the TNM staging method.

^ The tumour must be limited to the tubal mucosa.

Carcinoma in situ of the male organs we will pay a claim for a focal autonomous new growth of carcinomatous cells within the:

- penis

- testes, or
- perineum,

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. The tumour must be classified as Tis according to the TNM staging method.

Cardiomyopathy with permanent impairment (of specified severity) we will pay a claim when cardiomyopathy has been unequivocally diagnosed resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

In the event the NYHA classification is superseded by another method we will consider other appropriate and medically recognised classifications in support of the severity of impairment.

Chronic kidney failure (undergoing regular dialysis) we will pay a claim for end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, as a result of which regular renal dialysis is instituted.

Chronic liver failure (resulting in permanent symptoms) we will pay a claim for end stage liver failure resulting in permanent jaundice, ascites and/or encephalopathy.

Chronic lung failure (on permanent oxygen therapy) we will pay a claim for end stage respiratory failure permanently requiring continuous oxygen therapy and with FEV 1 test results of consistently less than one litre.

Colostomy and/or ileostomy (permanent) we will pay a claim for the creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma (of specified severity) we will pay a claim for a state of unconsciousness in which you're incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Coronary artery angioplasty we will pay a claim for angioplasty to one or two coronary arteries to treat coronary artery disease.

Coronary artery angioplasty – triple vessel we will pay a claim for coronary artery angioplasty to 3 or more coronary arteries either within one procedure, or via 2 procedures where performed no more than 2 months apart.

Coronary artery bypass surgery we will pay a claim for coronary artery bypass surgery.

Creutzfeldt-Jakob disease we will pay a claim when there is an unequivocal diagnosis of Creutzfeldt-Jakob disease by a *registered doctor* who is an appropriate medical specialist.

Deafness we will pay a claim for the irreversible loss of hearing, both natural and assisted*, in both ears, where each ear has an auditory threshold of 91 decibels or greater, as measured at 500, 1000 and 1500 Hertz. Deafness must be as a result of *sickness* or *injury*.

* Treatment by cochlear implant is not considered assisted, for the purpose of this definition

Dementia including Alzheimer's disease with permanent impairment (of specified severity) we will pay a claim upon the diagnosis of Alzheimer's disease or other dementias confirmed as permanent irreversible failure of brain function and resulting in *significant cognitive impairment*.

Early stage chronic lymphocytic leukaemia we will pay a claim for the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

Early stage skin melanoma (excluding melanoma in situ) we will pay a claim for the presence of one or more malignant melanomas. The melanoma must be less than Clark Level 3 and less than 1.0mm depth of invasion and showing no signs of ulceration as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. Tumours which are histologically described as pre-malignant are excluded.

Early stage prostatic cancer we will pay a claim for a prostate tumour that is histologically described as having:

- a TNM classification T1 (or any equivalent or lesser classification), and
- a Gleason score of 5 or less, and
- does not require major treatment.

Encephalitis resulting in permanent impairment (of specified severity) we will pay a claim upon the unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain, that results in you either:

- suffering at least 25% permanent impairment of whole person function*, or

- being permanently unable to perform at least 1 of the numbered *activities of daily living* without the physical assistance of someone else (doesn't apply to Child Cover).

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition.

Fracture we will pay a claim for a bone fracture requiring the application of a plaster cast, internal or external fixation, continuous traction or similar immobilising device (excluding bandaging, taping and other non-immobilising devices) by a *registered doctor*.

Heart attack (of specified severity) (myocardial infarction) we will pay a claim upon the diagnosis of a heart attack, confirmed by a *registered doctor* who is an appropriate medical specialist and evidenced by:

- Typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range

PLUS one of the following:

- signs and symptoms of ischemia which are consistent with a heart attack, or
- new serial ECG changes consistent with heart attack, or
- development of pathological Q waves in the ECG; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive we will consider other appropriate and medically recognised tests.

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

Heart surgery (open) we will pay a claim for undergoing open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Hepatitis B or C – occupationally acquired we will pay a claim for infection with Hepatitis B or C where the infection is acquired as a result of:

- an accident arising out of your normal occupation, or
- a malicious act of another person or persons arising out of your normal occupation, and
- proof of new Hepatitis B or C infection within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within 7 days of the incident
- be reported to us with proof of the incident within 7 days of the incident, and
- be supported by a negative Hepatitis B or C test taken within 7 days of the incident.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

HIV – occupationally acquired we will pay a claim for infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an accident arising out of your normal occupation, or
- a malicious act of another person or persons arising out of your normal occupation, and
- sero-conversion to HIV occurs within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within 7 days of the incident,
- be reported to us with proof of the incident within 7 days of the incident, and
- be supported by a negative HIV Antibody test taken within 7 days of the incident.

HIV infection transmitted, other than medically acquired (as defined above) by any other means including sexual activity or recreational intravenous drug use is excluded.

Hydrocephalus we will pay a claim for an excessive accumulation of cerebrospinal fluid within the cranium requiring surgery to correct the condition.

Intensive care (requiring 10 days of continuous tracheal intubation) we will pay a claim if a *sickness* or *injury* has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Loss of independent existence (permanent) we will pay a claim if you're constantly and permanently unable to perform at least 2 of the numbered *activities of daily living* without the physical assistance of someone else (if you can perform the activity on your own by using special equipment we won't treat you as unable to perform that activity).

Loss of use of limbs or sight (permanent) we will pay a claim for the total and permanent loss of use of:

- both feet
- both hands

- the sight in both eyes (to the extent of 6/60 or less), or
- any combination of at least 2 of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

Loss of speech (permanent) we will pay a claim for the total loss of speech, both natural and assisted, as a result of *sickness* or *injury* for at least 6 months and the subsequent diagnosis that loss of speech, both natural and assisted, will be total and permanent. Loss of speech related to any psychological cause is excluded.

Major burns we will pay a claim for accidental full thickness burns to at least 10% of the body surface area but less than 20%.

Major head trauma resulting in permanent impairment (of specified severity) we will pay a claim for an *injury* to the head that results in you either:

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered *activities of daily living* without the physical assistance of someone else (doesn't apply to Child Cover).

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition.

Major organ transplant (of specified organs) we will pay a claim if you either undergo the organ transplant, or upon the advice of a *registered doctor* who is an appropriate medical specialist you're placed on an official Australian acute care hospital waiting list to undergo organ transplant, from a human donor of one or more of the following: kidney, heart, liver, lung, pancreas and bone marrow. The transplantation of all other organs or parts of any organ or of any other tissue is excluded.

Medically acquired HIV (contracted from a medical procedure or operation) we will pay a claim for accidental infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to you, in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the insured person
- assisted reproductive techniques, or
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from a Statutory Health Authority that the infection was medically acquired. HIV infection transmitted, other than occupationally acquired as defined below by any other means including sexual activity or recreational intravenous drug use is excluded.

Meningitis resulting in permanent impairment (of specified severity) we will pay a claim upon the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, that results in you either:

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered *activities of daily living* without the physical assistance of someone else (doesn't apply to Child Cover).

* As defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition.

Motor neurone disease we will pay a claim when there is an unequivocal diagnosis of motor neurone disease by a *registered doctor* who is an appropriate medical specialist.

Multiple sclerosis (with persistent neurological abnormalities) we will pay a claim when there is an unequivocal diagnosis of multiple sclerosis, by a *registered doctor* who is an appropriate medical specialist utilising the McDonald criteria, with persistent neurological abnormalities.

Muscular dystrophy we will pay a claim when there is an unequivocal diagnosis of muscular dystrophy.

Out of hospital cardiac arrest we will pay a claim for a cardiac arrest that occurs out of hospital, due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia. The cardiac arrest must not be associated with any medical procedure and must be documented by an electrocardiogram (ECG).

If ECG evidence is not available, other medical evidence that unequivocally confirms a cardiac arrest has occurred will be considered. Such evidence may include ambulance or hospital medical records or Automated External Defibrillator (AED) data.

Paralysis (permanent) we will pay a claim for the total and permanent loss of use of one or more limbs resulting from spinal cord *injury* or disease, or from brain *injury* or disease. Included in this definition are Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia.

Parkinson's disease (degenerative idiopathic) we will pay a claim when there is an unequivocal diagnosis of degenerative idiopathic Parkinson's disease by a

registered doctor who is an appropriate medical specialist. All other types of Parkinsonism are excluded (e.g secondary to medication).

Primary pulmonary hypertension we will pay a claim for primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Repair or replacement of aorta (excluding intra-arterial and non-surgical techniques) we will pay a claim for surgery to repair or replace the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other nonsurgical techniques.

Repair or replacement of valves (via open heart surgery) we will pay a claim for open heart surgery performed to repair or replace a cardiac valve as a consequence of a heart valve defect.

Serious accidental injury we will pay a claim for an *injury* that has resulted in you being confined to an acute care ward for a period of 30 consecutive days (24 hours per day) under the full-time care of a *registered doctor*.

Severe burns we will pay a claim for accidental full thickness burns to:

- at least 20% of the body surface area
- both hands, requiring surgical debridement and/or grafting, or
- the face, requiring surgical debridement and/or grafting.

Severe Crohn's disease we will pay a claim upon diagnosis of Crohn's disease that requires permanent immunosuppressive medication.

Severe diabetes mellitus (with specified complications) we will pay a claim if a *registered doctor* who is an appropriate medical specialist has confirmed that at least 2 of the following complications have occurred as a direct result of diabetes:

- proliferative retinopathy resulting in visual acuity (aided or unaided) of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure, or
- neuropathy including:
  a. irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
  b. polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Severe osteoporosis we will pay a claim if:

- before the age of 50, you suffer at least 2 vertebral body fractures or a fracture of the neck of femur, due to osteoporosis, and
- you have a bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least 2 sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis means the unequivocal diagnosis of rheumatoid arthritis by a consultant rheumatologist and evidenced by all of the following:

1. diagnosis of rheumatoid arthritis as specified in the "2010 Rheumatoid Arthritis Classification Criteria"^; and
2. high ongoing disease activity with signs and symptoms of persistent inflammation as evidenced by both:
   - Arthralgia, swelling and tenderness in at least 20 joints or 4 large joints (ankles, knees, hips, elbows, shoulders); and
   - Elevation of inflammatory markers ESR or CRP above the reference range; and
3. the disease must be progressive and non-responsive to all therapies recommended by a rheumatologist (including biological disease modifying anti-rheumatic drugs).

The following are excluded:

- degenerative osteoarthritis
- reactive arthritis
- psoriatic arthritis
- activated arthritis; and
- all other arthritidies.

^ American College of Rheumatology and European League Against Rheumatism

Severe ulcerative colitis we will pay a claim upon diagnosis of ulcerative colitis that requires permanent immunosuppressive medication.

Significant cognitive impairment we will pay a claim for a permanent deterioration or loss of intellectual capacity that requires you to be under continual care and supervision by someone else.

Single loss of limb or eye (permanent) we will pay a claim for the total and permanent loss of use of:

- one foot
- one hand, or
- sight in one eye (visual acuity less than 6/60 after correction).

Stroke we will pay a claim on any cerebrovascular accident or incident producing new neurological sequelae on clinical examination and lasting more than 24 hours, confirmed by a registered doctor who is an appropriate medical specialist. There must be clear evidence on neuro-imaging. Transient Ischaemic Attack (TIA), Prolonged Reversible Ischaemic Neurological Deficit (PRIND), traumatic injury to brain tissue or blood vessels; and neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention are excluded.

Definitions

Accidental death means death solely and directly caused by *injury.*

Accidental total and permanent disablement means *total and permanent disablement* caused solely and directly by *injury*.

Activities of daily living are:

1. Bathing and showering.
2. Dressing and undressing.
3. Eating and drinking.
4. Maintaining continence with a reasonable level of personal hygiene.
5. Getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aids.

Bed confined and ***bed confinement*** means it is medically necessary for you to remain in or near a bed for a substantial part of each day. If confinement is at your usual place of residence, it is also necessary for you to be under the continuous care of a registered nurse, other than a member of your immediate family. If confinement is not at your usual place of residence we must be satisfied that there are reasonable grounds for this.

Benefit period means the maximum period of time (stated in the schedule) for which we will pay the *Total Monthly Benefit* to the policy owner when you're *disabled.*

Business income means the income before expenses and before tax of the business in which you were gainfully occupied as your *usual occupation*.

Commencement date means the commencement date as stated in the schedule.

Criminal activity means any crime for which you're convicted where you could receive a custodial sentence, whether or not you do in fact receive a custodial sentence for that crime.

Concurrent disability/disabilities means a *sickness* or *injury* unrelated to any existing *sickness* or *injury* which occurs while receiving benefits for the Totally Disabled Benefit or Partially Disabled Benefit.

Disabled, ***disability*** or ***disablement*** means you're *totally disabled* (as defined on page 102) or *partially disabled* (as defined on pages 100), as the context requires.

Earnings means the income earned by your own personal exertion, after deduction of any expenses incurred in earning that income but before tax.

Expiry date means the expiry date as stated in the schedule.

Full-time means you're working at least 30 hours per week.

Gainful occupation means:

- you're an employee, working for salary, wages, or commission, or
- you're self-employed, working in a business or professional practice in a way that is capable of generating income for the business or professional practice.

Home-maker refers to a person who has been engaged *full-time* in *normal domestic duties* in their own residence for more than 3 consecutive months.

Important business income producing duties means the duties of your *usual occupation* which could be reasonably considered primarily essential to producing *business income*.

Important income producing duties means those duties which could reasonably be considered primarily essential to producing your *monthly income*.

Indexation factor means the percentage change in the consumer price index which is:

- the weighted average of the 8 Australian capital cities combined as published by the Australian Bureau of Statistics or any body which succeeds it, and
- in respect of the 12 month period finishing on 30 September.

It will be determined at 31 December each year and applied from 1 March in the following year (except for the policy fee, which is indexed on 1 April). If the consumer price index is not published by 31 December, the *indexation factor* will be calculated upon a retail price index which we consider most nearly replaces it. If the percentage change in the consumer price index, or any substitute for it is negative, the *indexation factor* will be taken as zero.

Injury means physical damage to your body caused solely and directly by an accident which first occurs after the policy *commencement date* and while cover for the applicable benefit is in force under the policy.

Interdependency relationship exists between 2 persons who have a close personal relationship, live together and one or each of them provides the other with financial and domestic support and personal care. It also includes person(s) who meet the conditions except they do not live together due to a physical, intellectual or psychiatric disability.

Key person means a person who is demonstrated to be crucial to the operation of the business, and without whom the business would cease to operate or would be significantly impeded, resulting in a loss of profits for the business.

Monthly benefit means:

a. If Agreed Value has been selected, the amount applied for and accepted as varied (for example through the increases under Automatic Increase) by agreement.

b. If Indemnity has been selected, the *monthly benefit* for the purposes of determining the amount payable under the Totally Disabled Benefit, the Partially Disabled Benefit and all other benefits under the policy, is the lesser of the amount referred to in paragraph a., and the total of:

- 75% of the first $26,667 of monthly *pre-disability income*
- 50% of the next $20,000 of monthly *pre-disability income*, and
- 20% of the balance of monthly *pre-disability income*.

Monthly income means:

If you're an employed person who has no ownership interest in the organisation (aka employee), the income earned each month by your own personal exertion. Monthly income is your total remuneration package including:

- salary
- wages
- reportable fringe benefits
- regular commissions
- regular bonuses
- overtime payments, and
- superannuation contributions.

If you're a self-employed person who has ownership interest in the business which is operating under a sole trading, partnership, company and/or trust (including an employee of your own company or trust) structure, monthly income is your share of the net income before tax of the business (your share of business income less business expenses), directly due to your personal exertion.

Monthly income does not include:

- income that you will continue to receive from your business, even if you're unable to work, including any ongoing profit generated by other employees of the business
- other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or
- on-going commission or royalties.

Normal domestic duties means the domestic duties normally performed by a person who remains at home and is not working in regular employment for income, including:

- cleaning the home, doing the washing, shopping for food, cooking meals, and
- when applicable, looking after children.

Original policy means the policy under which the life insured was covered:

- that is being replaced with a new Asteron Life Complete policy; or
- under which cover is being repurchased as a new Asteron Life Complete policy.

Part-time means you're working less than 30 hours per week.

Partially disabled means:

For Income Protection Plus Cover, Income Protection Cover and Income Protection – Accident Only Cover*:
Solely due to *sickness** or *injury*:

- you're working in your *usual occupation* or a *gainful occupation* for more than 10 hours^ per week,

or

- you're working for 10 hours^ or less per week and you're not *totally disabled,*

or

- you're not working and you're not *totally disabled,* and
- your *monthly income* is less than your *pre-disability income*,

as long as you're following the advice of a *registered doctor* in relation to that *sickness** or *injury*.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover.

^ If you were working *part-time* in your *usual occupation* during the 12 consecutive months immediately before your *disability* started, we will replace '10 hours' with '5 hours' for the purpose of determining if you meet our *partially disabled* definition.

For Business Expenses Cover:
Solely due to *sickness* or *injury*:

- you're working in your *usual occupation* or a *gainful occupation* for more than 10 hours per week,

or

- you're working for 10 hours or less per week and you're not *totally disabled,*

or

- you're not working and you're not *totally disabled,* and
- your share of the *business income* in the applicable month is less than your *pre-disability business income*,

as long as you're following the advice of a *registered doctor* in relation to that *sickness* or *injury*.

Pre-disability business income is calculated as 1/12th of your share of *business income* during the 12 months before your *disablement*.

Pre-disability income means:

Agreed Value

If Agreed Value applies to your policy, pre-disability income means the highest average monthly income for any 12 consecutive months falling between the period commencing 2 years before the commencement date and the start of your waiting period.

Indemnity

If Indemnity applies to your policy, *pre-disability income* means your average *monthly income* during the 12 consecutive months before the start of your waiting period.

While you're disabled, this figure will be increased every 12 months following the date you become disabled by the *indexation factor.*

If you become *disabled* while you're on maternity, paternity, sabbatical or long service leave, your *pre-disability income* will be calculated based on your average *monthly income* during the 12 months before you commenced maternity, paternity, sabbatical or long service leave.

If you're self-employed, in determining your *pre-disability income*, we'll consider your average monthly income during the most recent of the following 12 month periods prior to the commencement of *disability*:

- the previous tax year
- the last 12 month period for which the accountant for your business has prepared a set of financial statements for your business, or
- the last 12 month period for which an accountant is able to prepare a set of financial statements for your business.

While you're *disabled*, this figure will be increased for both Indemnity and Agreed Value every 12 months following the date you become *disabled* by the *indexation factor*.

Pre-existing condition means a *sickness* or *injury* for which:

- symptoms existed that would cause a reasonable person to seek diagnosis, care or treatment from a *registered doctor,* or
- medical advice or treatment was recommended by, or received from, a *registered doctor*.

Registered doctor means a doctor who is legally qualified and properly registered. The doctor cannot be:

- the life insured or the policy owner
- a business partner of the life insured or the policy owner, or
- any members of the family of the life insured or the policy owner.

If practicing outside Australia, the doctor must have qualifications equivalent to Australian standards.

Replacement policy means this policy is effected to replace a previous policy on your life or the life of the insured child which:

- had been in force for at least 3 months before the *commencement date* of this policy, and
- offers the same or similar terms as this policy and for a *sum insured* or *Total Monthly Benefit* which is the same or greater than the *sum insured* or *Total Monthly Benefit* under this cover.

Where this previous policy was for a *sum insured* or *Total Monthly Benefit* less than this cover, then the replacement terms will only apply to the equivalent *sum insured* or *Total Monthly Benefit* of the previous policy at the time of the replacement.

Sickness means an illness or disease which first occurs after the policy *commencement date* and while cover for the applicable benefit is in force under the policy.

Significantly disabled, significant disability or ***significant disablement*** under the Waiver of Premium Option means if, while covered for the Waiver of Premium Option:

- you suffer a *sickness* or *injury,* and
- in our opinion that you're unable to work because of that *sickness* or *injury* in any occupation for which you're reasonably suited by education, training or experience.

If you suffer *sickness* or *injury* while you have been engaged *full-time* in *normal domestic duties* in your own residence then, to determine if you're unable to work, *normal domestic duties* is regarded as an occupation for which you're reasonably suited.

Spouse means a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you.

Sum insured means the amount you apply for and we accept as varied, (for example through increases under the Automatic Increase) by agreement.

Superannuation policy or policies means a policy owned by the SPSL Master Trust, or by the trustee of an external superannuation fund such as a self managed superannuation fund (SMSF) or small APRA fund.

SuperSaver monthly benefit means:

a. If Agreed Value applies to your cover: the amount applied for and accepted as varied (for example through increases under Automatic Increase) by agreement.

b. If Indemnity applies to your cover, the SuperSaver *monthly benefit* for the purposes of determining the amount payable is the lesser of:

- the amount referred to in paragraph a., and
- 5% multiplied by your *pre-disability income*.

Tax dependants under current tax law are:

- your *spouse* (legal or de facto) or former *spouse*
- your child aged less than 18
- someone who you have an *interdependency relationship* with, or
- any other person who is financially dependent on you.

Terminal illness and ***terminally ill*** means

- in the opinion of a specialist practitioner who is a *registered doctor*, and
- where required, a further medical opinion from our approved specialist medical practitioners,

you're suffering from an illness or condition where after having regard to the current treatment or such treatment which you may reasonably be expected to receive, you are unlikely to survive more than 24 months.

Please note: If your cover is provided under a *superannuation policy*, we will in relation to the second bullet point above always require a further medical opinion from an approved medical practitioner who is a *registered doctor* and will require that the certification period has not ended for each of the certificates.

Totally disabled means

For Income Protection Plus Cover, Income Protection Cover and Income Protection – Accident Only Cover*:

Solely due to *sickness** or *injury*:

- you're not working for more than 10 hours^ per week in your *usual occupation* or a *gainful occupation,* and
- you're unable to perform the *important income producing duties* of your *usual occupation* for more than 10 hours^ per week

or

- you're not working in any *gainful occupation,* and
- you're unable to perform one or more of the *important income producing duties* of your *usual occupation*

or

- you're not working in any *gainful occupation*, and
- you're unable to generate more than 20% of your *monthly income,*

as long as you're following the advice of a *registered doctor* in relation to that *sickness** or *injury*.

If you have been *unemployed* for 12 consecutive months or more immediately before your *disability* started we'll treat your *usual occupation* as being any occupation for which you're reasonably suited by education, training or experience and we will consider you to be *totally disabled* if solely due to *sickness** or *injury*:

- you're not working in any *gainful occupation,* and
- you're unable to perform one or more of the *important income producing duties* of any occupation for which you're reasonably suited by education, training or experience,

as long as you're following the advice of a *registered doctor* in relation to that *sickness** or *injury*.

^ If you were working part-time in your *usual occupation* during the 12 consecutive months immediately before your *disability* started, we will replace '10 hours' with '5 hours' for the purpose of determining if you meet our *totally disabled* definition.

* Cover for *sickness* is not available for Income Protection – Accident Only Cover.

For Business Expenses Cover:
Solely due to *sickness* or *injury*:

- you're not working for more than 10 hours per week in your *usual occupation* or a *gainful occupation,* and
- you're unable to perform the *important business income producing duties* of your *usual occupation* for more than 10 hours a week,

or

- you're not working in any *gainful occupation,* and
- you're unable to perform one or more of the *important business income producing duties* of your *usual occupation*,

or

- you're not working in any gainful occupation, and

- you're unable to generate more than 20 per cent of your monthly *business income,*

as long as you're following the advice of a *registered doctor* in relation to that *sickness* or *injury*.

Total Monthly Benefit means the *monthly benefit* and *SuperSaver monthly benefit* (if applicable).

Unemployed means you're not in regular employment for income. If you're on approved maternity, paternity or sabbatical leave, this is not considered unemployment.

Usual occupation means the occupation in which you were last engaged in before becoming *disabled*.

Waiting period means the period of time for which a benefit won't be paid. Note: any benefits are paid monthly in arrears. The *waiting period* won't start before you consult a *registered doctor* for a *sickness* or *injury* giving rise to the relevant claim.

TPD definitions

Total and permanent disablement and ***totally and permanently disabled (TPD)*** means you suffer either:

- *any occupation TPD*
- *home-maker TPD*
- *modified TPD*
- *own occupation TPD*
- *Split TPD any occupation*, or
- *Split TPD own occupation*

depending on the type of cover for which you're insured at the time an event, giving rise to a TPD claim, occurs.

Any occupation TPD means a., b. or c. below applies:

a. You have suffered a *sickness* or *injury;* and
   - you have been absent from and unable to work because of the *sickness* or *injury* for a continuous period of at least 3 consecutive months, and
   - in our opinion, after consideration of medical and any other evidence, that you're incapacitated to such an extent that you're unlikely ever to be able to work again in any occupation for which you're reasonably suited by education, training or experience which would pay remuneration at a rate greater than 25% of your earnings during your last 12 consecutive months of work.

The period of time that you need to be absent from and unable to work because of the *sickness* or *injury* will be reduced from 3 consecutive months to 14 consecutive days where medical evidence clearly indicates that you will be unable to work for a period of at least 3 consecutive months.

Payment of the TPD Benefit due to a. above will be determined on the *sum insured* at the date 3 months after you have been unable to work in any occupation as a result of the *sickness* or *injury* that resulted in you being *totally and permanently disabled*. Any premiums received for cover after this date will be refunded.

b. You have suffered from:
   - *blindness (permanent)*
   - *cardiomyopathy with permanent impairment (of specified severity)*
   - *chronic lung failure (on permanent oxygen therapy)*
   - *loss of speech (permanent)*
   - *major head trauma resulting in permanent impairment (of specified severity)*
   - *motor neurone disease*
   - *paralysis (permanent), or*
   - *primary pulmonary hypertension.*

For the conditions listed in b. above, payment of the TPD Benefit will be determined on the *sum insured* on the date you meet the definition for a condition, as defined on pages 92 – 98. Any premiums received for cover after this date will be refunded.

c. The *modified TPD* criteria (see definition on page 104).

Please note: if your cover is provided under a *superannuation policy*, then, in relation to a., b. or c. above (whichever applies), in addition to the criteria stated for each, we also must have determined that, after consideration of medical and any other evidence, we are reasonably satisfied that your ill health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you're reasonably qualified by education, training or experience.

Home-maker TPD means a., b. or c. below applies:

a. You have suffered a *sickness* or *injury* while you have been engaged *full-time* in *normal domestic duties* in your own residence for more than 3 consecutive months, and:
   - you're unable to engage in any *normal domestic duties* because of the *sickness* or *injury* for a continuous period of at least 3 consecutive months, and
   - in our opinion, after consideration of medical and any other evidence, that you're

incapacitated to such an extent that you're unlikely ever to be able to:

- perform *normal domestic duties,* and
- engage in any occupation for which you're reasonably suited by education, training or experience.

The period of time that you need to be unable to engage in any *normal domestic duties* because of the *sickness* or *injury* will be reduced from 3 consecutive months to 14 consecutive days where medical evidence clearly indicates that you will be unable to engage in any *normal domestic duties* for a period of at least 3 consecutive months.

Payment of the TPD Benefit due to a. above will be determined on the *sum insured* at the date 3 months after you have been unable to engage in *normal domestic duties* as a result of the *sickness* or *injury* that resulted in you being *totally and permanently disabled*. Any premiums received for cover after this date will be refunded.

b. You have suffered from:

- *blindness (permanent)*
- *cardiomyopathy with permanent impairment (of specified severity)*
- *chronic lung failure (on permanent oxygen therapy)*
- *loss of speech (permanent)*
- *major head trauma resulting in permanent impairment (of specified severity)*
- *motor neurone disease*
- *paralysis (permanent), or*
- *primary pulmonary hypertension.*

For the conditions listed in b. above, payment of the TPD Benefit will be determined on the *sum insured* at the date you meet the definition for a condition, as defined on pages 92 – 98. Any premiums received for cover after this date will be refunded.

c. The *modified TPD* criteria (see definition below).

Please note: if your cover is provided under a *superannuation policy*, then, in relation to a., b. or c. above (whichever applies), in addition to the criteria stated for each, we also must have determined that, after consideration of medical and any other evidence, we are reasonably satisfied that your ill health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you're reasonably qualified by education, training or experience.

Modified TPD means a., b. or c. below applies:

a. You suffer *loss of use of limbs or sight (permanent).*

b. You're constantly and permanently unable to perform at least 2 of the numbered *activities of daily living* without the physical assistance of someone else (if you can perform the activity on your own by using special equipment we won't treat you as unable to perform that activity).

c. You suffer *significant cognitive impairment*.

Payment of the TPD Benefit will be determined on the *sum insured* at the date you meet a., b. or c. above as a result of *sickness* or *injury*. Any premiums received for cover after this date will be refunded.

Please note: if your cover is provided under a policy owned by a *superannuation policy*, then, in relation to a., b. or c. above (whichever applies), in addition to the criteria stated for each, we also must have determined that, after consideration of medical and any other evidence, we are reasonably satisfied that your ill health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you're reasonably qualified by education, training or experience.

Own occupation TPD means a., b. or c. below applies:

a. You have suffered a *sickness* or *injury,* and:

- you have been absent from and unable to work in your own occupation because of the *sickness* or *injury* for a continuous period of at least 3 consecutive months, and
- in our opinion, after consideration of medical and any other evidence, that you're incapacitated to such an extent that you're unlikely ever to be able to work again in the occupation in which you were last engaged in before becoming unable to work.

If you were engaged in your current occupation or unemployed for less than 3 months immediately before suffering the *sickness* or *injury* directly related to the claim event, we'll assess you against either:

- the occupation you were engaged in at the *commencement date* of the policy, or
- the occupation you were last engaged in before becoming unable to work,

whichever is more favourable for you.

The period of time that you have to have been absent from and unable to work in your own occupation because of the *sickness* or *injury* will be reduced from 3 consecutive months to 14 consecutive days where medical evidence clearly indicates that you will be

unable to work in your own occupation for a period of at least 3 consecutive months.

Payment of the TPD Benefit due to a. above will be determined on the *sum insured* at the date 3 months after you have been unable to work in your own occupation as a result of the *sickness* or *injury* that resulted in you being *totally and permanently disabled*. Any premiums received for cover after this date will be refunded.

b. You have suffered from:

- *blindness (permanent)*
- *cardiomyopathy with permanent impairment (of specified severity)*
- *chronic lung failure (on permanent oxygen therapy)*
- *loss of speech (permanent)*
- *major head trauma resulting in permanent impairment (of specified severity)*
- *motor neurone disease*
- *paralysis (permanent), or*
- *primary pulmonary hypertension.*

For the conditions listed in b. above, payment of the TPD Benefit will be determined on the *sum insured* on the date you meet the definition for a condition, as defined on pages 92 – 98. Any premiums received for cover after this date will be refunded.

c. The *modified TPD* criteria.

Split TPD any occupation means:

You have suffered a *sickness* or *injury,* and:

- you have been absent from and unable to work because of the *sickness* or *injury* for a continuous period of at least 3 consecutive months, and
- in our opinion, and supported by the certified opinions of 2 legally qualified medical practitioners, that you're incapacitated to such an extent that you're unlikely ever to be able to work again in any occupation for which you're reasonably suited by education, training or experience.

The period of time that you need to be absent from and unable to work because of the *sickness* or *injury* will be reduced from 3 consecutive months to 14 consecutive days where medical evidence clearly indicates that you will be unable to work for a period of at least 3 consecutive months.

Payment of the TPD Benefit due to the above will be determined on the *sum insured* at the date 3 months after you have been unable to work in any occupation as a result of the *sickness* or *injury* that resulted in you being *totally and permanently disabled*. Any premiums received for cover after this date will be refunded.

Split TPD own occupation means a., b. or c. below applies:

a. You have suffered a *sickness* or *injury*, and:

- you have been absent from and unable to work in your own occupation because of the *sickness* or *injury* for a continuous period of at least 3 consecutive months, and
- in our opinion, after consideration of medical and any other evidence, that you're incapacitated to such an extent that you're unlikely ever to be able to work again in the occupation in which you were last engaged in before becoming unable to work.

If you were engaged in your current occupation for less than 3 months immediately before suffering the *sickness* or *injury* directly related to the claim event, we'll assess you against either:

- the occupation you were engaged in at the *commencement date* of the policy, or
- the occupation you were last engaged in before becoming unable to work,

whichever is more favourable for you.

The period of time that you need to be absent from and unable to work in your own occupation because of the *sickness* or *injury* will be reduced from 3 consecutive months to 14 consecutive days where medical evidence clearly indicates that you will be unable to work in your own occupation for a period of at least 3 consecutive months.

Payment of the TPD Benefit due to a. above will be determined on the *sum insured* at the date 3 months after you have been unable to work in your own occupation as a result of the *sickness* or *injury* that resulted in you being *totally and permanently disabled.* Any premiums received for cover after this date will be refunded.

b. You have suffered from:

- *blindness (permanent)*
- *cardiomyopathy with permanent impairment (of specified severity)*
- *chronic lung failure (on permanent oxygen therapy)*
- *loss of speech (permanent)*
- *major head trauma resulting in permanent impairment (of specified severity)*
- *motor neurone disease*

- *paralysis (permanent), or*
- *primary pulmonary hypertension.*

For the conditions listed in b. above, payment of the TPD Benefit will be determined on the *sum insured* on the date you meet the definition for a condition, as defined on pages 92 – 98. Any premiums received for cover after this date will be refunded.

c. The *modified TPD* criteria (see definition on page 104).

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