

ClearView **LifeSolutions**

Product Disclosure Statement and Policy Document

Issue 1

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ClearView LifeSolutions is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No. 227682.

ClearView LifeSolutions Super is issued by ClearView Life Nominees Pty Limited: ABN 37 003 682 175, AFS Licence No. 227683, as trustee of the ClearView Retirement Plan ABN 45 828 721 007.



About this Product Disclosure Statement and Policy Document

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

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

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

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

This PDS and Policy Document is not advice

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

Up to date information

Information in this PDS and Policy Document is subject to change from time to time. Information that is not materially adverse to you can be updated by us without advising you. Updated information can be obtained by contacting your financial adviser, by calling us on **132 979** or online at **www.clearview.com.au**. You may request a paper copy of any updated information from us at any time, free of charge. If the change to the information is materially adverse we will notify you as required by law.

Understanding what we mean

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

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

Many of the terms and words used in this document have specific meanings, including some non-technical words commonly used. These words have been italicised and are explained in the Dictionary section at the end of this document. You should consult this section and understand the definitions prior to making any decision in relation to either of the products covered in this PDS and Policy Document.

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

Contents

ClearView LifeSolutions	3
Key features of all ClearView LifeSolutions policies	5
Setting up your policy	6
Structuring your cover	8
Life Cover	9
Accidental Death Cover	13
Total and Permanent Disability (TPD) Cover	15
Accidental Total and Permanent Disability (TPD) Cover	20
Trauma Cover	23
Additional benefits applicable to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover	29
Optional extras applicable to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover	33
Child Cover	35
Parent Cover	39
Income Protection Cover and Income Protection Plus Cover	41
Accidental Income Protection Cover	52
Business Expense Cover	56
Additional benefits applicable to Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover	60
Premiums and other costs	61
Taxation information (for insurance held outside superannuation)	65
ClearView LifeSolutions Super	66
Claims	74
Applying for cover	75
General policy conditions	77
Direct Debit Service Agreement	78
Customer satisfaction and things you need to know	79
Complimentary Interim Accident Cover	81
Dictionary	83
Trauma definitions	86

ClearView LifeSolutions

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

This table is a high level outline of all available cover and will help you understand what you are covered for and possible reasons for holding the cover. Please read the detailed sections that follow for specific terms and limitations that apply for each cover.

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

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

Key features of all ClearView LifeSolutions policies

Worldwide cover

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

Guaranteed renewable

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

Guaranteed upgrade of benefits to your cover

We will automatically pass on any future product enhancements to your policy, provided they do not result in an increase in premium.

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

If in your opinion, you feel the enhancements to the product are less favourable than in the event of a claim, you will be assessed against the terms of the policy before any upgrade to the policy.

Indexation Benefit

To ensure your cover keeps pace with the rising cost of living, we will automatically increase your benefit amount at each policy anniversary. The rate of increase will be the greater of:

- 5%, or
- the percentage increase in the *Consumer Price Index (CPI)*.

You can choose not to accept this increase by contacting us within 30 days of your policy anniversary.

There are some circumstances where the Indexation Benefit will not apply. Please refer to pages 29 and 60 for more information.

Future Increase Benefit

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

There are some circumstances where the Future Increase Benefit will not apply. Please refer to pages 30 and 45 for more information.

Setting up your policy

Who can be covered?

You can cover your own life, which means you are the policy owner and the person insured. Or you may cover someone else's life such as a family member or a business partner.

You may have up to five people insured under any one policy issued through ClearView LifeSolutions, including where your policy is owned by a trustee of a self managed superannuation fund (SMSF). However, if your cover is held through ClearView LifeSolutions Super, you may only have one person insured on the policy.

There is no limit to the number of children insured under Child Cover on one policy or parents insured under Parent Cover on one policy.

Policy ownership

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

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

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

Non-Superannuation Policy – ClearView LifeSolutions

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

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

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

Superannuation Policy – ClearView LifeSolutions

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

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

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

You must notify us if at any time the policy ceases to be an asset of the superannuation fund, or the fund ceases to be administered in accordance with its trust deed and rules, or if it ceases to comply with the *SIS Act*. Should any of these events happen we may terminate the policy and issue a replacement policy or make any changes to the terms of the policy as we consider appropriate.

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

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

Superannuation Policy – ClearView LifeSolutions Super

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

IMPORTANT INFORMATION TO MEMBERS OF THE CLEARVIEW RETIREMENT PLAN

Any benefits paid under the policy will be paid to the Trustee and premiums paid for the policy are paid by the Trustee after it receives a sufficient contribution from, or a rollover in respect of you, the member. The underlying policy does not govern your membership of the CRP. Matters relating to your membership of the CRP, for example, any restrictions on your entitlement to:

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

are governed by the CRP's trust deed and superannuation laws.

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

This means that the Trustee may not pass the preserved portion of the benefit that it receives from us under the policy to you until the Trustee has proof satisfactory to it that you have satisfied one of a number of conditions that allows the Trustee to pay a benefit to you.

If you cannot provide the required proof, the portion of the benefit that the Trustee receives from us must remain in the CRP until such time as the Trustee is permitted under the CRP's trust deed and superannuation law to pay the benefit or you request the Trustee to transfer the benefit to a superannuation entity of your choice.

The superannuation laws and various benefit rules and restrictions under them may change over the life of this policy. The rules and laws applicable at the time a benefit is payable are the relevant rules and laws.

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

Structuring your cover

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

Stand alone cover

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

All covers may be purchased as stand alone cover except for Child Cover and Parent Cover, which may only be purchased with an adult Life, Accidental Death, TPD, Accidental TPD or Trauma Cover. Any benefit paid under Child Cover or Parent Cover will not reduce the benefit amount on the adult Life, Accidental Death, TPD, Accidental TPD or Trauma Cover.

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

Linked cover

Linked cover interacts with other covers to which it is linked. When a benefit is paid, all cover with which it is linked will be reduced by the benefit amount paid.

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

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

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

Flexi linking

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

Flexi linking is also available between a ClearView LifeSolutions policy held outside of superannuation and a policy held through ClearView LifeSolutions Super.

Only two policies can be connected through flexi linking.

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

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

Cover held inside superannuation	Flexi linked cover held outside superannuation
Life Cover	<ul style="list-style-type: none"> • TPD Cover • Trauma Cover • TPD Cover with linked Trauma Cover
Accidental Death Cover	<ul style="list-style-type: none"> • Accidental TPD Cover
TPD Cover Any occupation	<ul style="list-style-type: none"> • Trauma Cover
TPD Cover (Any occupation TPD) via TPD Super Solutions	<ul style="list-style-type: none"> • TPD Cover (Own occupation TPD) via TPD Super Solutions • Trauma Cover
Accidental TPD Cover (Any occupation TPD) via TPD Super Solutions	<ul style="list-style-type: none"> • Accidental TPD Cover (Own occupation TPD) via TPD Super Solutions
Income Protection Cover Income Protection Plus Cover	<ul style="list-style-type: none"> • Extras Package Option
Accidental Income Protection Cover	<ul style="list-style-type: none"> • Extras Package Option

No reduction in the income protection benefit applies where a payment is made under the Extras Package Option. Flexi linking of the Extras Package Option allows you to hold your income protection inside superannuation and hold the ancillary benefits of income protection outside of superannuation to minimise the chance of insurance benefits not meeting a condition of release under superannuation law.

Life Cover

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

Feature	Description
Insured events	<ul style="list-style-type: none"> • Death • <i>Terminal illness</i>
Minimum entry age	<ul style="list-style-type: none"> • 18 • 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> • 75 (stepped premium) • 60 (level or hybrid premium)
Expiry age	<ul style="list-style-type: none"> • 99 (ClearView LifeSolutions) • 80 (ClearView LifeSolutions Super)
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • No maximum. The benefit amount applied for must be reasonable for your financial position and personal circumstances
Premium type	<ul style="list-style-type: none"> • Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65) • Level premium to age 70 (reverts to stepped at policy anniversary after age 70) • Hybrid premium
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Life Cover • Life Cover linked or flexi linked with TPD Cover (TPD Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with Trauma Cover (Trauma Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with TPD Cover and Trauma Cover (TPD and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Funeral Advancement Benefit* • Grief Support Benefit* • Life Cover Buy Back Benefit (where TPD Cover or Trauma Cover is linked or flexi linked to Life Cover) • Life Cover Conversion Benefit* • Indexation Benefit • Future Increase Benefit • Accommodation Benefit* • Financial Advice Benefit* • Premium Freeze Benefit • Suspending Cover Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Disability Premium Waiver Option • Business Guarantee Option

* Benefits/features/options are not available if cover is held inside superannuation.

Life Cover

When the Life Cover benefit amount is payable

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

Built in benefits at no extra cost

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

Funeral Advancement Benefit

Upon the production of the person insured's death certificate, or any other satisfactory evidence to us of the person insured's death, we will advance the lesser of \$25,000 and the Life Cover benefit amount.

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

Payment of this benefit is not an admission of our liability to pay a Life Cover claim. We reserve the right to recover the amount of the Funeral Advancement Benefit paid if a Life Cover claim is subsequently denied.

Limitations

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

Grief Support Benefit

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

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

Limitations

The Grief Support Benefit must be claimed within 12 months of payment of the Life Cover benefit amount. The counselling session must be provided by an accredited counsellor approved by us.

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

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

Life Cover Buy Back Benefit

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

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

We will offer to reinstate your linked or flexi linked Life Cover benefit amount 12 months after the later of:

- the date we received your fully completed claim form in relation to which the full or partial Trauma Cover or TPD Cover benefit amount is paid, or
- the date you satisfied the trauma condition or TPD definition.

If you want to exercise this benefit, you must take up this offer within 30 days of the date of our letter of offer.

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

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

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

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

The Indexation Benefit will apply to the reinstated Life Cover.

Limitations

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

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

Life Cover Conversion Benefit

The Life Cover Conversion Benefit allows you to cash in some or all of your Life Cover at a pre-determined rate if you suffer a specific medical condition listed in the table over the page before the cover expiry date.

Each of these specified medical conditions has a specific meaning. Please refer to the Trauma definitions on page 86 for a full description of all conditions covered.

Specific medical condition covered	Conversion rate of benefit amount payable
Severe Cancer [^]	30%
Severe Heart Attack [^]	30%
Severe Stroke [^]	30%
Motor Neurone Disease [^]	30%
Severe Multiple Sclerosis [^]	30%
Severe Parkinson's Disease [^]	30%

Those conditions marked with an ^ are subject to the 90 day qualifying period

This benefit is limited to the first \$2,000,000 of any Life Cover benefit amount. Any benefit amount in excess of this cannot be converted under this benefit and will only be payable in the event of *terminal illness* or death.

E.g. If you had \$2,500,000 of Life Cover and were diagnosed with *Severe Cancer*, you could convert up to \$2,000,000 of your benefit amount at a rate of 30%. This means you would receive an immediate payment of \$600,000 and would have \$500,000 Life Cover benefit amount left which would be paid in the event of *terminal illness* or death, provided the premiums for the reduced benefit amount continue to be paid.

To exercise this benefit you must notify us in writing within a maximum period of 90 days after you are diagnosed with one of the specific medical conditions. If you choose not to exercise the benefit, your Life Cover benefit will continue on as usual, provided the premiums continue to be paid and a benefit will only be paid in the event of *terminal illness* or death.

Subsequent death or terminal illness

If you exercise the Life Cover Conversion Benefit and you die or are diagnosed as *terminally ill* from any cause within five years of receiving the payment, we will pay an additional benefit amount. The amount payable will be a percentage of the difference between the full Life Cover benefit amount converted at the time the Life Cover Conversion Benefit was exercised and the Life Cover benefit amount paid. The premium that would have been payable for that period for the extra benefit paid will be deducted from the benefit amount.

Number of years since exercising the Life Cover Conversion Benefit and being diagnosed as <i>terminally ill</i> or dying	Benefit payable as a % of the difference between the Life Cover benefit amount and the Life Cover Conversion benefit paid
1	100%
2	80%
3	60%
4	40%
5	20%
6+	0%

E.g. You had \$1,000,000 of Life Cover and were diagnosed with *Severe Stroke*, and exercised the Life Cover Conversion Benefit and received a payment of \$300,000. If you were diagnosed as *terminally ill* 18 months later, we would pay 80% of the difference between the Life Cover benefit amount at the time of exercising the Life Cover Conversion Benefit i.e. \$1,000,000 and the Life Cover Conversion benefit amount already paid i.e. \$300,000, which would equal \$560,000. 18 months of Life Cover premiums would be payable on the \$560,000 which we would deduct from the benefit payable.

90 day qualifying period

This benefit is not available in the first 90 days immediately following:

- the date we receive your fully completed application form for Life Cover (this includes Life Cover that is being transferred from another insurer)
- an increase in the benefit amount for Life Cover (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

This means that no Life Cover Conversion Benefit will be paid if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the 90 day qualifying period.

Limitations

This benefit is limited to the first \$2,000,000 of any Life Cover benefit amount. Any benefit amount in excess of this cannot be converted under this benefit and will only be payable if you die or are diagnosed with a *terminal illness*. If the Life Cover Conversion Benefit is exercised on the first \$2,000,000, the Life Cover and any linked TPD Cover or Trauma Cover benefit amount will be reduced and the premium payable for the remaining cover will be reduced accordingly.

This benefit is not available if the Life Cover Conversion Benefit amount payable, when combined with any other trauma benefit that has been paid or is payable by us or any other insurer exceeds \$2,000,000.

This benefit expires at the policy anniversary immediately after you turn age 75.

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

Additional built in benefits at no extra cost

The following benefits are also provided under Life Cover. For more information on these benefits please refer to the reference in the table below.

Built in benefit	Reference
Indexation Benefit	29
Accommodation Benefit	29
Financial Advice Benefit	32
Premium Freeze Benefit	29
Suspending Cover Benefit	30
Future Increase Benefit	30

Optional extras which allow you to tailor your Life Cover

When you apply for Life Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate. For more information on these options please refer to the reference in the table below.

Optional extra	Reference
Business Guarantee Option	33
Disability Premium Waiver Option	34

When the Life Cover benefit amount is reduced

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

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

Your Life Cover benefit amount will also be reduced by any amount converted under the Life Cover Conversion Benefit.

When the Life Cover benefit amount will not be paid

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

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

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

If you are replacing an existing life cover policy

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

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

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

When Life Cover ends

Life Cover will end on the earlier of the:

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

Accidental Death Cover

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

This cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make Life Cover expensive or unavailable. Accidental Death Cover is also a lower cost alternative to Life Cover and could be used to complement your existing Life Cover.

Accidental Death Cover is available inside superannuation.*

Feature	Description
Insured events	<ul style="list-style-type: none"> Death as a result of an <i>accident</i>
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 75
Expiry age	<ul style="list-style-type: none"> 99 80 (ClearView LifeSolutions Super)
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> No maximum. The benefit amount applied for must be reasonable for your financial position and personal circumstances.
Premium type	<ul style="list-style-type: none"> Stepped premium
Product structure combinations	<ul style="list-style-type: none"> Stand alone Accidental Death Cover Accidental Death Cover linked or flexi linked with Accidental TPD Cover (Accidental TPD Cover must not exceed Accidental Death Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> Grief Support Benefit* Indexation Benefit Financial Advice Benefit* Suspending Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> Disability Premium Waiver Option

* Benefits/features/options are not available if cover is held inside superannuation

When the Accidental Death Cover benefit amount is payable

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

The benefit amount payable is in addition to any Life Cover benefit amount payable, where applicable.

Grief Support Benefit

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

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

Limitations

The Grief Support Benefit must be claimed within 12 months of payment of the Accidental Death Cover benefit amount.

The counselling sessions must be provided by an accredited counsellor approved by us.

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

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

Additional built in benefits at no extra cost

The following benefits are also provided under Accidental Death Cover. For more information on these benefits please refer to the reference in the table on the following page. Please substitute references to Life Cover for references to Accidental Death Cover.

Built in benefit	Reference
Indexation Benefit	29
Suspending Cover Benefit	30
Financial Advice Benefit	32

Optional extra which allows you to tailor your Accidental Death Cover

When you apply for Accidental Death Cover, there is an option available which allows you to tailor your cover to best suit your needs. The following option is available for an extra premium and if selected will be included on your policy certificate. For more information on this option please refer to the reference in the table below.

Please substitute references to Life Cover for references to Accidental Death Cover.

Optional extra	Reference	Limitation to information described in the section for Life Cover
Disability Premium Waiver Option	34	<p>Only applies where your <i>total disability</i> is the result of an <i>accident</i> and occurs within 90 days of the <i>accident</i>, and</p> <ul style="list-style-type: none"> • We are paying you a Total Disability Benefit under Accidental Income Protection, or • You are <i>totally disabled</i> for a period of three consecutive months and continue to be <i>totally disabled</i>.

When the Accidental Death Cover benefit amount is reduced

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

When the Accidental Death Cover benefit amount will not be paid

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

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

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

When Accidental Death Cover ends

Accidental Death Cover will end on the earlier of the:

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

Total and Permanent Disability (TPD) Cover

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

TPD Cover is available inside superannuation.*

Feature	Description
Insured events	<ul style="list-style-type: none"> Total and Permanent Disability
Eligibility requirements	<ul style="list-style-type: none"> You must be <i>gainfully employed</i> and working for at least 20 hours per week to be eligible to apply for Own or Any Occupation TPD
Minimum entry age	<ul style="list-style-type: none"> 18 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> 60 if applying for Own, Any or Home duties TPD definition 75 if applying for Non-working TPD definition
Expiry age	<ul style="list-style-type: none"> 99 (ClearView LifeSolutions) 80 (ClearView LifeSolutions Super) <p>Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$2,000,000 if applying for Home duties TPD definition \$3,000,000 if applying for Non-working TPD definition \$5,000,000 if applying for Own or Any occupation TPD definition
Premium type	<ul style="list-style-type: none"> Stepped premium Level premium to age 65 (reverts to stepped at policy anniversary after age 65) Level premium to age 70 (reverts to stepped at policy anniversary after age 70) Hybrid premium
Type of cover	<ul style="list-style-type: none"> Any occupation TPD Own occupation TPD* TPD Super Solutions Home duties TPD Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> Stand alone TPD Cover TPD Cover linked or flexi linked to Life Cover (TPD Cover must not exceed the Life Cover benefit amount) TPD Cover with linked or flexi linked Trauma Cover (Trauma Cover must not exceed the TPD Cover benefit amount) TPD Cover linked or flexi linked to Life Cover and Trauma Cover (TPD Cover and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> Waiver of Qualifying Period Benefit (Day 1 TPD) Specific Loss Benefit* Life Cover Buy Back Benefit (where TPD Cover is linked or flexi linked to Life Cover) Death Benefit (for stand alone TPD Cover) Indexation Benefit Accommodation Benefit* Financial Advice Benefit* Future Increase Benefit Premium Freeze Benefit Suspending Cover Benefit
Options available at an extra cost	<ul style="list-style-type: none"> Accelerated Life Cover Buy Back Option (where TPD Cover is linked or flexi linked to Life Cover) Life Cover Purchase Option (for stand alone TPD Cover) Disability Premium Waiver Option Business Guarantee Option

* Benefits/features/options are not available if cover is held inside superannuation

Total and Permanent Disability (TPD) Cover

When the TPD Cover benefit amount is payable

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

TPD definitions

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

Any occupation TPD

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

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

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, the you are unlikely ever again to be able to engage in any occupation
 - for which you are reasonably suited by education, training or experience, and
 - which is likely to generate average *monthly earnings* of at least 25% of your average *monthly earnings* in the 12 months prior to claim.

OR

- satisfy the Non-working TPD definition.

Own occupation TPD

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

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

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to engage in your *own occupation*.

OR

- satisfy the Non-working TPD definition.

Own occupation TPD is not available inside superannuation.

Home duties TPD

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

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

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to perform *home duties*.

OR

- satisfy the Non-working TPD definition.

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

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

Non-working TPD

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

- *Loss of Limbs or Sight* (as defined on page 89)
- *Loss of Independent Existence* (as defined on page 88), or
- *Cognitive Loss* (as defined on page 87).

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

When the TPD definition will change

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

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

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

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

TPD Super Solutions

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

Two policies will be issued but you will only be required to complete one application.

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

If the Any occupation TPD definition is not satisfied (or a condition of release has not been met), the TPD claim will then be assessed under the Own occupation TPD definition under the policy held outside of super.

The TPD benefit amount under each of the two policies must always be the same. This means, the TPD benefit amounts under each of the two policies may only be increased or reduced together. This includes any increase via the Indexation Benefit. In the event that one of the TPD policies is cancelled, the flexi linked TPD policy will also be cancelled.

Once the full TPD benefit amount is paid under one policy, all TPD cover will cease under both policies.

Built in benefits at no extra cost

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

Waiver of Qualifying Period Benefit (Day 1 TPD)

If you suffer one of the following defined trauma conditions (as defined in the 'Trauma definitions' section starting on page 86), and meet all other requirements of the TPD definition stated on your policy certificate, we will waive the normal three month qualifying period.

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Blindness*
- *Loss of Speech*
- *Loss of Hearing*
- *Chronic Lung Disease*
- *Severe Rheumatoid Arthritis*

Specific Loss Benefit

If you suffer *Loss of One Limb or Partial Blindness* (as defined in the 'Trauma definitions' section starting on page 86), we will pay a partial TPD benefit of 25% of the TPD Cover benefit amount, subject to a maximum of \$500,000.

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

Limitations

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

Life Cover Buy Back Benefit

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

This benefit will allow you to reinstate your Life Cover benefit amount for the amount of the TPD Cover benefit paid, without having to supply further medical evidence. Refer to page 10 for a full description of this benefit.

This benefit is not available if you are exercising the Accelerated Life Cover Buy Back Option.

Death Benefit

This benefit applies if you have Stand alone TPD Cover.

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

Limitations

This benefit will not apply where your death is caused directly or indirectly by suicide or any intentional self inflicted act.

Additional built in benefits

The following benefits are also provided under TPD Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	29
Accommodation Benefit	29
Premium Freeze Benefit	29
Suspending Cover Benefit	30
Future Increase Benefit	30
Financial Advice Benefit	32

Optional extras which allow you to tailor your TPD Cover

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

Accelerated Life Cover Buy Back Option

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

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

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

Limitations

This option cannot be exercised if:

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

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

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

Life Cover Purchase Option

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

If we pay the full TPD Cover benefit amount, you may purchase Life Cover under the TPD Cover up to the amount of the TPD benefit paid, without the need to supply further medical evidence.

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

- *Dementia including Alzheimer's Disease*
- *Blindness*
- *Loss of Hearing*
- *Loss of Limbs or Sight*
- *Paralysis*
- *Multiple Sclerosis, or*
- *Parkinson's Disease*

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

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

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

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

The Indexation Benefit will apply to the new Life Cover.

If you wish to exercise this option, we must receive written acceptance from you within 30 days of the date of our letter of offer.

Limitations

This option cannot be exercised if:

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

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

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

Additional optional extras

The following options are available for an extra premium and if selected will be included on your policy certificate. For more information on these options please refer to the reference in the table below.

Optional extras	Reference
Business Guarantee Option	33
Disability Premium Waiver Option	34

When the TPD Cover benefit amount is reduced

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

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

Your TPD Cover benefit amount will also be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit, where your TPD Cover is linked or flexi linked to your Life Cover.

Your TPD Cover benefit amount may also be reduced in the circumstances described under the heading, 'When the TPD definition will change' on page 17.

When the TPD Cover benefit amount will not be paid

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

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

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

When TPD Cover ends

TPD Cover will end on the earlier of the:

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

Accidental Total and Permanent Disability (TPD) Cover

Accidental TPD Cover will provide a lump sum payment if you are *totally and permanently disabled* as a result of an *accident*. This cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make TPD Cover expensive or unavailable. Accidental TPD Cover is a lower cost alternative to TPD Cover and could be used to complement your existing TPD Cover.

Accidental TPD Cover is available inside superannuation.*

Feature	Description
Insured events	<ul style="list-style-type: none"> Total and permanent disability as a result of an accident
Eligibility requirements	<ul style="list-style-type: none"> You must be <i>gainfully employed</i> and working for at least 20 hours per week to be eligible to apply for Own or Any Occupation TPD
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60 if applying for Own or Any occupation TPD definition 60 if applying for Home duties TPD definition 75 if applying for Non working TPD definition
Expiry age	<ul style="list-style-type: none"> 99 80 (ClearView LifeSolutions Super) <p>Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$2,000,000 (if applying for Home duties TPD definition) \$3,000,000 (if applying for Non-working TPD definition) \$5,000,000 (if applying for Own or Any occupation TPD definition)
Premium type	<ul style="list-style-type: none"> Stepped premium
Type of cover	<ul style="list-style-type: none"> Any occupation TPD Own occupation TPD* TPD Super Solutions Home duties TPD Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> Stand alone Accidental TPD Cover Accidental TPD Cover linked or flexi linked to Accidental Death Cover
Built in benefits at no extra cost	<ul style="list-style-type: none"> Specific Loss Benefit* Death Benefit (for stand alone Accidental TPD Cover) Indexation Benefit Accommodation Benefit* Financial Advice Benefit* Suspending Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> Disability Premium Waiver Option

* Benefits/features/options are not available if cover is held inside superannuation

Accidental Total and Permanent Disability (TPD) Cover

When the Accidental TPD Cover benefit amount is payable

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

The benefit amount payable is in addition to any TPD Cover benefit amount payable, where applicable.

TPD definitions

The term *total and permanent disability* has the meaning as set out on page 16, except that the benefits payable under Accidental TPD Cover only relate to *total and permanent disability* caused by an *accident* (i.e. you can only satisfy the relevant TPD definition if your *total and permanent disability* is the result of an *injury*. The *sickness* element of the TPD definition is not applicable in Accidental TPD Cover).

The specific TPD definition applicable also depends on the TPD definition which applies to your cover, as stated on your policy certificate (as varied by the terms of the policy).

When the TPD definition will change

On the policy anniversary immediately after you turn age 70, the TPD definition for the cover will automatically convert to the Non-working TPD definition set out on page 17, where your *total and permanent disability* is caused by an *accident* (i.e. you can only satisfy the Non-working TPD definition if your *total and permanent disability* is the result of an *injury*. The *sickness* element of the Non-working TPD definition is not applicable to Accidental TPD Cover).

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

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

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

Specific Loss Benefit

If you suffer *Loss of One Limb or Partial Blindness* (as defined in the 'Trauma definitions' section starting on page 86) as a result of an *accident* while this cover is in place, we will pay a partial TPD benefit of 25% of the Accidental TPD Cover benefit amount, subject to a maximum of \$500,000.

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

Limitations

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

Death Benefit

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

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

Limitations

This benefit will not apply where your death is caused directly or indirectly by suicide or any intentional self inflicted act.

Additional benefits

The following benefits are also provided under Accidental TPD Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to TPD Cover for references to Accidental TPD Cover.

Additional benefit	Reference
Indexation Benefit	29
Accommodation Benefit	29
Suspending Cover Benefit	30
Financial Advice Benefit	32

An optional extra which allows you to tailor your Accidental TPD Cover

The following option is available for an extra premium and if selected will be included on your policy certificate. For more information on this option please refer to the reference in the table below.

Please substitute references to TPD Cover for references to Accidental TPD Cover.

Optional extra	Reference	Limitation to information described in the section for TPD Cover
Disability Premium Waiver Option	34	<p>Only applies where your <i>total disability</i> is the result of an <i>accident</i> and occurs within 90 days of the <i>accident</i>, and</p> <ul style="list-style-type: none"> • We are paying you a Total Disability Benefit under Accidental Income Protection, or • You are <i>totally disabled</i> for a period of three consecutive months and continue to be <i>totally disabled</i>.

When the Accidental TPD Cover benefit amount is reduced

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

Your Accidental TPD Cover benefit amount may also be reduced in the circumstances described under the heading, 'When the TPD definition will change' on page 21.

When the Accidental TPD Cover benefit amount will not be paid

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

- suicide or any intentional self-inflicted act
- your participation in criminal activity
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

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

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

When Accidental TPD Cover ends

Accidental TPD Cover will end on the earlier of the:

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

Trauma Cover

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

Trauma Cover is not available inside superannuation.

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

Trauma Cover

When the Trauma Cover benefit amount is payable

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

- for an *injury*, the date the *injury* occurs
- for a *sickness*, the date a *medical practitioner* diagnoses the *sickness*, and
- for a treatment, the date you undergo the treatment,

we will pay the Trauma Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 86. Those conditions marked with:

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

Heart condition
Heart Attack [^]
Out of Hospital Cardiac Arrest [^]
Coronary Artery Bypass Surgery [^]
Coronary Artery Angioplasty ^{*^}
Coronary Artery Angioplasty – Triple Vessel [^]
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension
Nervous system condition
Stroke [^]
Major Head Trauma
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Paralysis
Dementia including Alzheimer's Disease
Coma
Encephalitis
Parkinson's Disease
Bacterial Meningitis and/or Meningococcal Septicaemia
Body organ condition
Cancer [^]
Cancer of the Vulva or Perineum [^]
Benign Brain Tumour or Spinal Cord Tumour

Blindness
Chronic Kidney Failure
Major Organ or Bone Marrow Transplant
Pneumonectomy
Severe Burns
Loss of Speech
Loss of Hearing
Chronic Liver Disease
Chronic Lung Disease
Severe Rheumatoid Arthritis
Blood condition
Occupationally Acquired HIV
Occupationally Acquired Hepatitis B or C
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
Loss of One Limb [*]
Loss of Independent Existence
Cognitive Loss

90 day qualifying period

Unless we have agreed to waive the 90 day qualifying period in respect of replacement cover, no benefit will be paid under this cover for any of the trauma conditions marked with a ^ in the table above if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

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

If you are replacing an existing trauma policy

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

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

- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the policy to be replaced.

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

Additional conditions covered under the Trauma Plus Option

The Trauma Plus Option provides cover for an extra 13 trauma conditions.

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 86.

Those conditions marked with an

- ^ are subject to a 90 qualifying period as explained on page 24.
- * will only pay a partial benefit amount as explained on page 25.

Trauma Plus Condition

Breast Cancer with Surgery and Treatment[^]

Carcinoma in situ[^]

- *Breast (excluding Breast Cancer with Surgery and Treatment)*^{*}
- *Cervix – uteri (excluded are cervical intraepithelial neoplasia (CIN) classifications CIN 1 and CIN 2)*^{*}
- *Fallopian tube (tubal mucosa only)*^{*}
- *Ovary*^{*}
- *Penis*^{*}
- *Perineum*^{*}
- *Prostate*^{*}
- *Testicle*^{*}
- *Vagina*^{*}
- *Vulva*^{*}

Early Stage Prostate Cancer^{^*}

Early Stage Melanoma^{^*}

Chronic Lymphocytic Leukaemia^{^*}

Hydatidiform Mole^{^*}

Diabetes Complication^{^*}

Partial Loss of Hearing^{*}

Partial Blindness^{*}

Severe Osteoporosis^{*}

Severe Crohns Disease^{*}

Severe Ulcerative Colitis^{*}

Colostomy/ileostomy^{*}

Partial trauma benefit payment

The benefit amount payable for:

- *Coronary Artery Angioplasty* is 25% of the Trauma Cover benefit amount subject to a maximum of \$50,000 and a minimum of \$10,000
- *Loss of One Limb* is 25% of the Trauma Cover benefit amount subject to a maximum of \$100,000 and a minimum of \$10,000
- *Carcinoma in situ, Early Stage Prostate Cancer, Early Stage Melanoma, Chronic Lymphocytic Leukaemia, Hydatidiform Mole, Diabetes Complication, Partial Loss of Hearing, Partial Blindness, Severe Osteoporosis, Severe Crohns Disease, Severe Ulcerative Colitis and Colostomy/ileostomy* is 25% of the Trauma Cover benefit amount, subject to a maximum of \$100,000 and a minimum of \$10,000.

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

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

When the Trauma Cover changes

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

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

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

Built in benefits at no extra cost

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

Trauma Cover Reinstatement Benefit

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

We will offer the Trauma Cover Reinstatement Benefit 12 months after the later of:

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

To exercise this benefit, you must take up this offer within 30 days of the date of our letter of offer.

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

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

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

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

The Indexation Benefit will apply to the reinstated Trauma Cover.

Limitations

This benefit is not available if:

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

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

- the same trauma condition for which we paid a claim under the original Trauma Cover
- a condition which is directly or indirectly related to a condition for which a claim has been previously paid under the original Trauma Cover (or treatment of that condition)
- a condition which first occurs or is first diagnosed, or symptoms leading to the condition occurring or being

diagnosed first become reasonably apparent, before the date of reinstatement of the Trauma Cover.

- *Stroke, Heart Attack, Out of Hospital Cardiac Arrest, Coronary Artery Bypass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Repair or Replacement of a Heart Valve, Surgery of the Aorta, Cardiomyopathy, Open Heart Surgery, Primary Pulmonary Hypertension or Chronic Kidney Failure* if a trauma benefit has been paid for any of these trauma conditions under the original Trauma Cover
- *Paralysis or Loss of Sight* if the cause of the condition was the result of a *Stroke* and a trauma benefit has been paid for *Heart Attack, Out of Hospital Cardiac Arrest, Coronary Artery Bypass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Repair or Replacement of a Heart Valve, Surgery of the Aorta, Cardiomyopathy, Open Heart Surgery or Primary Pulmonary Hypertension* under the original Trauma Cover
- *Cancer, Benign Brain Tumour or Spinal Cord Tumour, Cancer of the Vulva or Perineum, Breast Cancer with Surgery and Treatment, Carcinoma in situ (all sites), Early Stage Melanoma, Early Stage Prostate Cancer, Chronic Lymphocytic Leukaemia or Hydatidiform Mole* if a trauma benefit has been paid for any of these conditions under the original Trauma Cover, or
- *Heart Attack or Stroke* if a trauma benefit has been paid for *Dementia including Alzheimer's Disease* under the original Trauma Cover.

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

Life Cover Buy Back Benefit

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

This benefit allows you to reinstate your Life Cover benefit amount for the amount of the Trauma Cover benefit paid, without having to supply further medical evidence. Refer to page 10 for a full description of this benefit.

This benefit is not available if you are exercising the Accelerated Life Cover Buy Back Option.

Death Benefit

This benefit applies if you have Stand alone Trauma Cover.

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

Limitations

This benefit will not apply where your death is caused directly or indirectly by suicide or any intentional self inflicted act.

Blood Borne Diseases Benefit

If you suffer *Occupationally Acquired Hepatitis B or C*, we will pay the Trauma Cover benefit amount.

Limitations

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the *accident* and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*. We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be payable if:

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

Additional benefits

The following benefits are also provided under Trauma Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	29
Accommodation Benefit	29
Premium Freeze Benefit	29
Suspending Cover Benefit	30
Future Increase Benefit	30
Financial Advice Benefit	32

Optional extras which allow you to tailor your Trauma Cover

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

Accelerated Life Cover Buy Back Option

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

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

Limitations

This option cannot be exercised if:

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

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

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

Life Cover Purchase Option

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

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

If we paid the trauma benefit as a result of:

- *Dementia including Alzheimer's Disease*
- *Blindness*
- *Loss of Hearing*
- *Loss of Limbs or Sight*
- *Paralysis*
- *Multiple Sclerosis, or*
- *Parkinson's Disease*

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

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

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

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

The Indexation Benefit and Trauma Reinstatement Benefit will apply to the new Life Cover.

If you wish to exercise this option, we must receive written acceptance from you within 30 days of the date of our letter of offer.

Limitations

You can not exercise this option if:

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

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

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

Additional optional extras

The following options are available for an extra premium and if selected will be included on your policy certificate. For more information on these options please refer to the reference in the table below.

Optional extra	Reference
Business Guarantee Option	33
Disability Premium Waiver Option	34

When the Trauma Cover benefit amount is reduced

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

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

Your Trauma Cover benefit amount will be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit, where your Trauma Cover is linked or flexi linked to your Life Cover.

Your Trauma Cover may also be reduced in the circumstances described under the heading, 'When the Trauma Cover changes' on page 25.

When the Trauma Cover benefit amount will not be paid

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

- is caused directly or indirectly by any intentional self inflicted act, or
- occurs within the 90 day qualifying period in respect of certain conditions as explained on page 24.

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

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

When Trauma Cover ends

Trauma Cover will end on the earlier of the:

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

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

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

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

Indexation Benefit

To ensure your benefits maintain real value and keep pace with the cost of living we will automatically increase your benefit amount each year in line with the *consumer price index (CPI)*, subject to a minimum increase of 5% p.a.

You may choose not to accept this increase by notifying us 30 days prior to the relevant policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years.

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

Limitations

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

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

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

- Premium Freeze Benefit, or
- Suspending Cover Benefit.

Accommodation Benefit

If we pay:

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

AND

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

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

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

Limitations

This benefit must be claimed within 30 days of the *terminal illness*, TPD or trauma benefit being paid. This benefit is payable only once for any 12 month period.

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

This benefit will cease to apply on your death.

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

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

Premium Freeze Benefit

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

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

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

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

You may cancel the Premium Freeze Benefit by notifying us in writing within 30 days of the relevant policy anniversary, except where we are waiving premiums under the Disability Premium Waiver Option or the Accelerated Life Cover Buy Back Option.

The benefit amount will be the most recent benefit amount that applied immediately prior to you cancelling the premium freeze.

Limitations

The policy fee will not be fixed and will continue to be indexed in line with the *Consumer Price Index (CPI)* as described on page 62.

Premium rates may change in the future as described on page 62.

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

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

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

Suspending Cover Benefit

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

You may exercise the Suspending Cover Benefit by notifying us in writing within 30 days of the relevant premium due date (monthly or annually) from which you wish to suspend your cover.

To cancel the suspension of your policy, you must notify us in writing. All cover under the policy and premiums will resume as of the next premium due date after we received your notice.

Limitations

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

You may only exercise this benefit once in any 12 month period.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy. If you do not apply to cancel the Suspending Cover Benefit before the maximum period expires, your cover will be cancelled.

Future Increase Benefit

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

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

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

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

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

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

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

Your application needs to be made:

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

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

Limitations

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

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

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

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

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

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

This benefit is not available:

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

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

Financial Advice Benefit

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

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

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

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

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

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

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

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

Business Guarantee Option

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

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

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

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

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

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

Type of cover	Maximum individual increase [#]	Maximum total cover available under this option
Life Cover	<ul style="list-style-type: none"> • the increase in value of the 'business insurance purpose' 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$15,000,000*
TPD Cover	<ul style="list-style-type: none"> • the increase in value of the 'business insurance purpose' 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$5,000,000*

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

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

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

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

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

subject to the maximum benefit amount applicable for each cover.

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

To apply for an increase under this option:

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

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

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

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

Limitations

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

This option cannot be exercised if:

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

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

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

Disability Premium Waiver Option

Life Cover, TPD Cover and/or Trauma Cover

While you are:

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

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

Accidental Death Cover and/or Accidental TPD Cover

While you are:

- *totally disabled* as a result of an *accident* where *total disability* occurs within 90 days of the *accident* (as defined on page 83) and have been so disabled for a period longer than three consecutive months, or
- receiving a total disability benefit under Accidental Income Protection Cover

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

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

Limitations

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

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

You cannot exercise this option:

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

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

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

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

Child Cover

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

Child Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Diagnosis of a specified trauma condition • <i>Terminal illness</i> • Death
Minimum entry age	<ul style="list-style-type: none"> • 2
Maximum entry age	<ul style="list-style-type: none"> • 18
Expiry age	<ul style="list-style-type: none"> • 21
Minimum benefit amount	<ul style="list-style-type: none"> • \$10,000
Maximum benefit amount	<ul style="list-style-type: none"> • \$200,000
Premium type	<ul style="list-style-type: none"> • Stepped premium (but currently the same premium rate across all ages)
Product structure combinations	<ul style="list-style-type: none"> • Child Cover can be applied for in conjunction with Life, Accidental Death, TPD, Accidental TPD or Trauma Cover for an adult.
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Funeral Advancement Benefit • Grief Support Benefit • Continuation of Cover Benefit • Conversion of Child Cover Benefit • Indexation Benefit • Accommodation Benefit • Suspending Cover Benefit

When the Child Cover benefit amount is payable

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

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

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 86. Those conditions marked with:

- ^ are subject to a 90 qualifying period as explained on the following page.
- * will only pay a partial benefit amount as explained on page 36.

Heart condition
Heart Attack [^]
Out of Hospital Cardiac Arrest [^]
Coronary Artery Bypass Surgery [^]
Coronary Artery Angioplasty ^{*^}
Coronary Artery Angioplasty – Triple Vessel [^]
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension

Nervous system condition
Stroke [^]
Major Head Trauma
Multiple Sclerosis
Muscular Dystrophy
Paralysis
Coma
Encephalitis
Bacterial Meningitis and/or Meningococcal Septicaemia
Body organ condition
Cancer [^]
Benign Brain Tumour or Spinal Cord Tumour
Blindness
Chronic Kidney Failure
Major Organ or Bone Marrow Transplant
Pneumonectomy
Severe Burns
Loss of Speech
Loss of Hearing
Chronic Liver Disease
Chronic Lung Disease
Severe Rheumatoid Arthritis
Blood condition
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
Loss of One Limb [*]
Loss of Independent Existence
Cognitive Loss

90 day qualifying period

Unless we have agreed to waive the 90 day qualifying period, in respect of replacement cover, no benefit will be paid under this cover for any of the trauma conditions marked with a ^ if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

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

If you are replacing an existing child cover policy

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

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

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

Partial trauma benefit payment

The benefit amount payable for:

- *Coronary Artery Angioplasty*, and
- *Loss of One Limb*

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

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

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

Accommodation Benefit

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

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

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

Limitations

This benefit must be claimed within 30 days of the Child Cover benefit being paid.

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

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

Funeral Advancement Benefit

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

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

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

We reserve the right to recover the amount of the Funeral Advancement Benefit paid if the Child Cover claim is subsequently denied.

Grief Support Benefit

This benefit is available to help you start to come to terms with a reaction to grief which arises from the death or serious illness of a child.

If we pay the full Child Cover benefit amount, we will reimburse the cost of up to four hours of grief counselling sessions for you or an *immediate family member*, with a counsellor acceptable to us.

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

The Grief Support Benefit must be exercised within 12 months of payment of the full Child Cover benefit amount.

Continuation of Cover Benefit

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

A policy fee will apply for each child insured under Child Cover, where this is the only cover type remaining on the policy.

Conversion of Child Cover Benefit

On the policy anniversary immediately after the child insured is age 21, we will give the child insured the option of converting the existing Child Cover to Life Cover, with the option to link or flexi link TPD and/or Trauma Cover, without having to reapply or supply further medical evidence.

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

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

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

If the child insured wishes to exercise this benefit, we must receive a written request from them within 30 days before the expiry of the Child Cover.

Additional benefits

The following benefits are also provided under Child Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to 'you' and 'your' in the relevant section for 'child insured'.

Additional benefit	Reference
Indexation Benefit	29
Suspending Cover Benefit	30

When the Child Cover benefit amount will be reduced

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

- partial trauma benefit
- *terminal illness* benefit, or
- Funeral Advancement Benefit.

When a Child Cover benefit amount will not be paid

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

- is caused directly or indirectly by any intentional self inflicted act or any attempt at suicide
- is the result of a malicious act of you, or the child insured's parent or guardian, or
- occurs within the 90 day qualifying period in respect of certain conditions as explained on page 36.

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

When Child Cover ends

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

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

Parent Cover

Parent Cover will provide a lump sum payment in the event of the death of the parent insured. You can insure more than one parent on your policy but each parent insured must have the same benefit amount.

Parent Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Death
Minimum entry age	<ul style="list-style-type: none"> • 40
Maximum entry age	<ul style="list-style-type: none"> • 85
Expiry age	<ul style="list-style-type: none"> • No expiry
Minimum benefit amount	<ul style="list-style-type: none"> • \$5,000
Maximum benefit amount	<ul style="list-style-type: none"> • \$15,000
Premium type	<ul style="list-style-type: none"> • Stepped premium • Level premium
Product structure combinations	<ul style="list-style-type: none"> • Parent Cover can be applied for in conjunction with Life, Accidental Death, TPD, Accidental TPD or Trauma Cover for an adult.
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Indexation Benefit • Continuation of Cover Benefit • Suspending Cover Benefit

When the Parent Cover benefit amount is payable

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

12 month accidental death only period

During the first 12 months of cover, the benefit amount will only be paid if the parent insured dies as a result of an *accident*. After that period, the benefit amount will be payable if the parent insured dies from any cause (*sickness or accident*).

If the parent insured dies from any cause other than an *accident* in the first 12 months and no claim is payable, we will refund the premiums paid in respect of the parent insured.

If you are replacing an existing funeral insurance policy

If this cover is replacing a funeral insurance policy issued by us or another insurer, the 12 month accidental death only period will not apply if:

- the insurance under the policy to be replaced has been in place for at least the ‘accidental death only’ period under that policy immediately prior to the commencement of this cover
- the benefit amount under this cover issued by us is the same or less than that under the policy being replaced*, and
- the policy to be replaced is cancelled immediately after the issue of this cover.

*Where the Parent Cover being applied for exceeds that of the policy being replaced, the 12 month accidental death only period will apply to the excess.

Continuation of Cover Benefit

If your policy ends because you have made a claim and all entitlements have been paid or you have reached the age at which cover expires, you may continue the Parent Cover on any parent insured. A policy fee will apply for each parent insured under Parent Cover, where this is the only cover type remaining on the policy.

Premium Waiver Benefit

Premiums will be waived for Parent Cover from the policy anniversary after the parent insured turns age 99.

Additional benefits

The following benefits are also provided under Parent Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to 'you' and 'your' in the relevant section for 'parent insured'.

Additional benefit	Reference
Indexation Benefit	29
Suspending Cover Benefit	30

When a Parent Cover benefit amount will not be paid

We will not pay any benefit under Parent Cover if the parent insured dies as a result of a *sickness* within 12 months of:

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

When Parent Cover ends

Parent Cover for the parent insured will end on the earlier of the:

- death of the parent insured
- date on which all entitlements under the cover are paid, or
- date on which the policy ends (subject to the Continuation of Cover Benefit being exercised).

Income Protection Cover and Income Protection Plus Cover

Income protection provides an ongoing *monthly benefit amount* if you are *disabled* as a result of *sickness* or *injury*.

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

Income Protection Cover and Income Protection Plus Cover are available inside superannuation.*

Feature	Description
Insured events	<ul style="list-style-type: none"> • Total disability • Partial disability
Eligibility requirements	<ul style="list-style-type: none"> • Gainfully employed for at least 20 hours per week
Minimum entry age	<ul style="list-style-type: none"> • 18 • 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> • 60 • 55 (hybrid premium)
Expiry ages	<ul style="list-style-type: none"> • 60, 65 or 70 (age 70 expiry is only available with age 70 benefit period)
Minimum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> • \$1,500 (excluding superannuation contribution monthly benefit)
Maximum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> • \$40,000 (including any superannuation contribution monthly benefit) with the <i>monthly benefit amount</i> in excess of \$30,000 limited to a 2 year benefit period • Calculated as follows: <ul style="list-style-type: none"> • 75% of the first \$320,000 of regular annual income • 50% of the next \$240,000, and • 20% of the balance.
Premium type	<ul style="list-style-type: none"> • Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65) • Level premium to age 70 (reverts to stepped at policy anniversary after age 70) • Hybrid premium (only available with age 65 and age 70 benefit period)
Waiting period	<ul style="list-style-type: none"> • 14, 30, 60, 90 or 180 days • 1 or 2 years
Benefit period	<ul style="list-style-type: none"> • 2 or 5 years • Age 60, 65 or 70
Benefit type	<ul style="list-style-type: none"> • Indemnity • Agreed value • Guaranteed agreed value
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Flexibility to Reduce Two Year Waiting Period Benefit • Rehabilitation Benefit* • Waiver of Premium While on Claim Benefit • Waiver of Waiting Period for Specific Medical Conditions Benefit • Waiver of Premium While on Maternity Leave Benefit • Indexation Benefit • Relapse Benefit • Accommodation Benefit* • Medical Professionals Benefit*
Options available at an extra cost	<ul style="list-style-type: none"> • Extras Package Option* • Increasing Claim Option • Accident Option • Superannuation Contribution Option
Option available at no extra cost	<ul style="list-style-type: none"> • TPD Lump Sum Option (only available with age 65 or age 70 benefit period)* <p>Note: This option does not cost any extra in premium but will effect the tax deductibility of your premium.</p>

* Benefits/features/options are not available if cover is held inside superannuation

Income Protection Cover and Income Protection Plus Cover

When the income protection monthly benefit amount is payable

In broad terms, if cover is outside superannuation and you are *disabled* for longer than the waiting period, we will pay you an ongoing *monthly benefit amount* for as long as you are *disabled* or until the expiry of your benefit period, whichever comes first.

If cover is held inside superannuation you must be *disabled* for longer than the waiting period and cease to be *gainfully employed* or cease temporarily to receive any gain or reward under a continuing arrangement to be *gainfully employed*.

Benefit payment types

The benefit payment type which you select at the time of application will determine the *monthly benefit amount* we pay you if you become *disabled*.

Indemnity benefit type

The *monthly benefit amount* payable is the lesser of:

- 75% of your *pre-disability earnings* less *offsets*, and
- the *monthly benefit amount* insured for, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Agreed value benefit type

The *monthly benefit amount* payable is the amount insured for, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy), regardless of any reduction in your income that may have occurred since the cover start date.

If financial evidence of your income supporting the *monthly benefit amount* was not provided at the time of application, then it may be required at the time of claim.

If you cannot satisfy this requirement, the *monthly benefit amount* will be the lesser of:

- 75% of your *pre-disability earnings* less *offsets*, and
- the *monthly benefit amount* insured, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the cover).

Guaranteed agreed value benefit type

The *monthly benefit amount* payable is the amount insured for, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy), regardless of any reduction in your income that may have occurred since the cover start date.

If you make a claim for a Partial Disability Benefit, financial evidence of your income at the time of claim will be required to determine the *monthly benefit amount* payable in that circumstance.

Waiting period

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

The longer the waiting period the lower the premium.

We offer the following waiting periods:

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

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

When does the waiting period start?

The waiting period starts on the earlier of the following:

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

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

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

Income Protection Cover

- *totally disabled* for 14 days out of the first 19 consecutive days of the waiting period and *disabled* for the remainder of the waiting period, subject to the return to work rules outlined below.

Income Protection Plus Cover

- *totally disabled* or *partially disabled* throughout the waiting period, subject to the return to work rules outlined below.

Can I return to work during the waiting period? (return to work rules)

If you have a 14 or 30 day waiting period, you may return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you may return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of your waiting period.

Waiver of Waiting Period for Specific Medical Conditions Benefit

If you are *totally disabled* as a result of suffering:

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Loss of Independent Existence*
- *Loss of Speech*
- *Loss of Hearing*
- *Chronic Lung Disease*
- *Severe Rheumatoid Arthritis*

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

Flexibility to Reduce Two Year Waiting Period Benefit

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

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

To reduce the waiting period under this benefit, you must apply in writing within 30 days of the group income protection cover ceasing and provide evidence that the group cover is no longer in force. The reduced waiting period and new increased premium will take effect from your next premium due date after we accept your change of the waiting period.

Limitations

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

Benefit period

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

Subject to the rules on relapse of *sickness or injury* (set out under Relapse Benefit on page 45), a new benefit period will start at the end of each waiting period.

The shorter the benefit period the lower the premium.

We offer the following benefit periods:

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

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

Total Disability Benefit

If you are *totally disabled*, we will pay the *monthly benefit amount*.

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

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled*.

What does it mean to be totally disabled?

Income protection held outside superannuation

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

Duties based

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

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

OR

Hours based

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

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

OR

Income based

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

- working in your *regular occupation* or any other *gainful employment* but are unable to generate more than 20% of your *pre-disability earnings*, and

- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness or injury*.

* If you are working less than 20 hours per week in your *regular occupation* in the 12 consecutive months immediately prior to the cover start date and immediately prior to a *disability*, we will replace ten hours with five hours for the purposes of determining whether you are *totally disabled*.

Income protection held inside superannuation

You will only be considered to be *totally disabled* if in our opinion, you satisfy the following Duties based definition at the time of claim.

Duties based

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

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness or injury*, and
- cease to be *gainfully employed* or cease temporarily to receive any gain or reward under a continuing arrangement to be *gainfully employed*.

Partial Disability Benefit

If you are *partially disabled*, we will pay you a proportion of the *monthly benefit amount*.

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

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

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

Where:

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

We pay the Partial Disability Benefit monthly in arrears.

If you are *partially disabled* for part of the month, we will pay 1/30th of the partial disability benefit amount for each day you are *partially disabled*.

What does it mean to be partially disabled?

You will be considered *partially disabled*, if in our opinion, you satisfy the following definition.

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

- you are working in your *regular occupation* or any other *gainful employment* in a reduced capacity
- you are not *totally disabled*

- your *monthly earnings* are less than your *pre-disability earnings*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness or injury*.

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

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

Income protection held inside superannuation

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

However, your cover will continue provided you continue to pay the premiums. This will ensure that when you do return to *gainful employment*, you are covered under the same terms and will be eligible to submit a claim if you suffer *total disability* or *partial disability*.

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

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

Built in benefits at no extra cost

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

Waiver of Premium While on Claim Benefit

You don't have to pay premiums (including policy fee) for your income protection cover while we are paying you a *disability* benefit.

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

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

Rehabilitation Benefit

If we are paying a Total Disability Benefit or Partial Disability Benefit and you participate in a rehabilitation program approved by us and/or incur costs for equipment that we agree are needed for your rehabilitation, we will pay the Rehabilitation Benefit.

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

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

Limitations

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

This benefit is not payable during the waiting period.

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

Relapse Benefit

Benefit period to age 60, 65 or 70

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness or injury* within 12 months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than 12 months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Benefit period of 1, 2 or 5 years

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

If the relapse occurs more than six months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Accommodation Benefit

If you are *totally disabled* and under advice from a *medical practitioner* are confined continuously to bed and:

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

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

we will reimburse you for the accommodation costs of the *immediate family member* of up to \$250 per day, for each day you remain confined to bed, for a maximum period of 30 days in any 12 month period.

This benefit is payable during the waiting period and in addition to any other benefit that becomes payable for *total disability*.

Limitations

This benefit is payable once in any 12 month period.

This benefit will cease to apply upon your death.

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

Future Increase Benefit

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

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

The increase allowed is the lesser of:

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

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

Limitations

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

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

This benefit cannot be exercised if:

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

Waiver of Premium While on Maternity Leave Benefit

If you go on maternity leave, after this cover has been in place for a continuous period of at least six consecutive months we will waive the premium for up to three months, while you are on maternity leave.

If you have paid an annual premium, we will refund a portion of the annual premium that relates to the period of maternity leave as described under this benefit.

Limitations

You must notify us in writing at least 30 days prior to you commencing maternity leave and you must provide us with any information we have requested in relation to your maternity leave. Such information may include, but is not limited to a statement from your employer and *medical practitioner*.

We will waive premiums under this benefit for separate periods of maternity leave but we will only waive the premiums for a maximum of three months in total over the life of the policy.

Medical Professionals Benefit

This benefit will apply if you are classified by us as a *medical professional* at the time of application and immediately prior to claiming this benefit.

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

- cease to perform or assist in *exposure-prone medical procedures* as a result of your condition, and
- cease this part of your practice in compliance with your demonstrable professional obligations to the public and the demonstrable policies of the body that authorises you to practise your profession,

we will pay you a lump sum benefit amount once, which is the lesser of:

- 50 times the total *monthly benefit amount*, and
- \$1,000,000.

Please refer to the 'Trauma definitions' section starting on page 86 for the definition of *Occupationally Acquired HIV* and *Occupationally Acquired Hepatitis B or C*.

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the *accident* and supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*. We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

Limitations

The benefit will not be payable if:

- the HIV, Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your medical profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infectious diseases

- the Australian government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian government approved treatment, which renders HIV inactive and non-infectious, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the *accident* which causes infection.

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

Death Benefit

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

You do not have to be claiming a *disability* benefit at the time of your death, to be eligible for this benefit.

Limitations

This benefit will not apply where your death is caused directly or indirectly by suicide or any intentional self inflicted act.

Extended Cover Benefit

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

If immediately prior to the cover expiry date you are still working, we will offer to extend your cover beyond the policy expiry date, on modified terms.

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

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

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

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

Limitations

This benefit is not available if:

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

Additional benefits

The following benefits are also provided under Income Protection Cover and Income Protection Plus Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	60
Suspending Cover Benefit	60

Optional extras which allow you to tailor your income protection cover

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

Increasing Claim Option

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

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

Superannuation Contribution Option

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

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

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

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

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

Limitations

No benefit will be payable under this benefit if you have not nominated a complying superannuation fund and provided us with all necessary information in order for us to make the contribution on your behalf.

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days from the day you first seek medical advice for your *injury*, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled* during the waiting period.

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

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

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

Extras Package Option

This optional package of additional benefits includes:

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

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

This option is only available if you have a 14, 30, 60 or 90 day waiting period and is not available if you work in a heavy risk occupational category we classify as C or SR.

Specific Injuries Benefit

This benefit applies under the Extras Package Option.

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

You can choose to receive this benefit as either:

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

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

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

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

Limitations

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

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

Trauma Benefit

This benefit applies under the Extras Package Option.

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

If at the end of the six month period, you are *disabled* as a result of the same specific medical condition, you may be assessed for a *disability* benefit, subject to all terms of the policy being met.

Heart condition
Heart Attack [^]
Out of Hospital Cardiac Arrest [^]
Coronary Artery Bypass Surgery [^]
Coronary Artery Angioplasty – Triple Vessel [^]
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension
Nervous system condition
Stroke [^]
Major Head Trauma
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Dementia including Alzheimer's Disease
Parkinson's Disease
Paralysis
Coma
Encephalitis
Body organ condition
Cancer [^]
Cancer of the Vulva or Perineum [^]
Benign Brain Tumour or Spinal Cord Tumour
Blindness
Chronic Kidney Failure
Major Organ or Bone Marrow Transplant
Severe Burns
Loss of Speech
Loss of Hearing

Chronic Liver Disease
Chronic Lung Disease
Severe Rheumatoid Arthritis
Pneumonectomy
Blood condition
Occupationally Acquired HIV
Occupationally Acquired Hepatitis B or C
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
Loss of Independent Existence
Cognitive Loss

Limitations

No Trauma Benefit will be paid for any of the specific medical conditions marked with an ^, if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the 90 day qualifying period (as explained in on page 24).

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

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

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

If you are replacing an existing income protection policy

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

- insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period, and
- *monthly benefit amount* under this cover being issued by us is the same or less than that under the policy that is being replaced*.

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

Bed Confinement Benefit

This benefit applies under the Extras Package Option.

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

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

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

Overseas Assist Benefit

This benefit applies under the Extras Package Option.

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

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

Family Support Benefit

This benefit applies under the Extras Package Option.

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

We will pay the lesser of:

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

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

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

Home Care Benefit

This benefit applies under the Extras Package Option.

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

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

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

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

Total and Permanent Disability (TPD) Lump Sum Option

If you are *totally and permanently disabled* and meet the Own occupation TPD definition as defined on page 16, we will offer you a choice of receiving a lump sum benefit amount, in lieu of the regular *monthly benefit amount*. If we pay the lump sum benefit amount, no other disability benefits under 'to age 65' or 'to age 70' benefit period (as applicable) will be payable and your income protection will end (subject to any other benefit period amounts being payable).

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

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

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

*Age refers to your age at the time the lump sum benefit amount becomes payable, not when the request for the lump sum benefit amount is received.

Limitations

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

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

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

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

When the income protection monthly benefit amount may be reduced

The *monthly benefit amount* may be reduced if you receive 'other payments' for *disability* which exceed 10% of your *pre-disability earnings*. These 'other payments' will determine the amount of the *offset*. What is considered to be 'other payments' will depend on your type of cover.

Income Protection Cover

'Other payments' mean:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation
- payments received from any other disability insurance that provides income payments due to *sickness* or *injury*, unless we have expressly agreed not to apply a reduction, and
- payments received from any social security benefits.

Income Protection Cover Plus

'Other payments' mean:

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

If an *offset* applies and the 'other payment' is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum payment. We will only reduce the *monthly benefit amount* to ensure that, when combined with 'other payments' (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

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

We will not reduce the *monthly benefit amount* if you receive a payment for:

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

More than one benefit payable

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

When the income protection monthly benefit amount will not be paid

We will not pay a benefit under income protection if your *disability, sickness, injury* (or death) is caused directly or indirectly by:

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

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

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

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

When income protection ends

Income protection will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- stated expiry date in the policy certificate, or
- date on which the policy ends.

Accidental Income Protection Cover

Accidental Income Protection Cover provides an ongoing *monthly benefit amount* if you are *disabled* as a result of an *accident*.

Accidental Income Protection Cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make Income Protection Cover expensive or unavailable. Accidental Income Protection Cover is a lower cost alternative to Income Protection Cover and could be used to complement your existing Income Protection Cover.

Accidental Income Protection Cover is available inside superannuation.*

Feature	Description
Insured events	<ul style="list-style-type: none"> Total disability Partial disability
Eligibility requirements	<ul style="list-style-type: none"> Gainfully employed for at least 20 hours per week
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60
Expiry ages	<ul style="list-style-type: none"> 60, 65 or 70 (age 70 expiry is only available with age 70 benefit period)
Minimum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$1,500 (excluding superannuation contribution benefit)
Maximum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$40,000 (including any superannuation contribution monthly benefit) with the <i>monthly benefit amount</i> in excess of \$30,000 limited to a 2 year benefit period Calculated as follows: <ul style="list-style-type: none"> 75% of the first \$320,000 of regular annual income 50% of the next \$240,000, and 20% of the balance.
Premium type	<ul style="list-style-type: none"> Stepped premium
Waiting period	<ul style="list-style-type: none"> 14, 30, 60, 90 or 180 days 1 or 2 years
Benefit period	<ul style="list-style-type: none"> 2 or 5 years Age 60, 65 or 70
Benefit payment type	<ul style="list-style-type: none"> Indemnity Agreed value Guaranteed agreed value
Built in benefits at no extra cost	<ul style="list-style-type: none"> Flexibility to Reduce Two Year Waiting Period Benefit Indexation Benefit Relapse Benefit Accommodation Benefit* Rehabilitation Benefit* Waiver of Premium While on Claim Benefit Waiver of Premium While on Maternity Leave Benefit Suspending Cover Benefit Extended Cover Benefit Death Benefit
Options available at an extra cost	<ul style="list-style-type: none"> Extras Package Option* Increasing Claim Option Accident Option Superannuation Contribution Option
Option available at no extra cost	<ul style="list-style-type: none"> TPD Lump Sum Option (only available with age 65 or 70 benefit period)* <p>Note: This option does not cost any extra in premium but will effect the tax deductibility of your premium</p>

* Benefits/features/options are not available if cover is held inside superannuation

Accidental Income Protection Cover

When the Accidental Income Protection benefit amount is payable

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

Your *disability* must occur within 90 days of the *accident*.

The information in the sections referred to in the table below apply to Accidental Income Protection Cover, noting that a modified definition of *total disability* and *partial disability* apply. Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Features under Income Protection Cover and Income Protection Plus Cover that apply to Accidental Income Protection Cover	Reference	Limitations to information described in the Income Protection Cover and Income Protection Plus Cover section
Benefit payment types	42	No extra limitations apply
Benefit period	43	No extra limitations apply
Total Disability Benefit	43	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>
Partial Disability Benefit	44	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>

Waiting period

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

The longer the waiting period the lower the premium.

We offer the following waiting periods:

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

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

When does the waiting period start?

The waiting period starts on the earlier of the following:

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

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

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

Can I return to work during the waiting period? (return to work rules)

If you have a 14 or 30 day waiting period, you may return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you may return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of the waiting period.

Relapse Benefit

Benefit period to age 60, 65 or 70

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you suffer a relapse of the same or a related *injury* within 12 months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than 12 months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Benefit period of 1, 2 or 5 years

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

If the relapse occurs more than six months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Death Benefit

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

You do not have to be claiming a *disability* benefit at the time of your death, to be eligible for this benefit.

Limitations

This benefit will not apply where your death is caused directly or indirectly by suicide or any intentional self inflicted act.

Additional built in benefits at no extra cost

The following benefits are also provided under Accidental Income Protection Cover, except that benefits payable under Accidental Income Protection Cover only relate to *disability* as a result of an *accident* (i.e you can only satisfy the relevant definition if your *disability* is caused by *injury*). The *sickness* element of the relevant definition is not applicable for Accidental Income Protection Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Built in benefit	Reference	Limitations to information described in the Income Protection Cover and Income Protection Plus Cover section
Flexibility to Reduce Two Year Waiting Period Benefit	43	No extra limitations apply
Indexation Benefit	60	No extra limitations apply
Accommodation Benefit	45	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>
Rehabilitation Benefit	45	No extra limitations apply
Waiver of Premium While on Claim Benefit	44	No extra limitations apply

Built in benefit	Reference	Limitations to information described in the Income Protection Cover and Income Protection Plus Cover section
Waiver of Premium While on Maternity Leave Benefit	45	No extra limitations apply
Suspending Cover Benefit	60	No extra limitations apply
Extended Cover Benefit	46	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>

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

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

Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Optional extra	Reference	Limitations to information described in the Income Protection Cover and Income Protection Plus Cover section
Increasing Claim Option	47	No extra limitations apply
Superannuation Contribution Option	47	No extra limitations apply
Accident Option	47	No extra limitations apply
TPD Lump Sum Option	50	Only applies where your <i>total and permanent disability</i> is the result of an <i>accident</i> and your <i>total and permanent disability</i> occurs within 90 days of the <i>accident</i>

Optional extra	Reference	Limitations to information described in the Income Protection Cover and Income Protection Plus Cover section
Extras Package Option	47	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i> . This includes the Trauma Benefit. Only specific medical conditions as a result of an <i>accident</i> are covered.

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

The *monthly benefit amount* may be reduced if you receive 'other payments' for *disability* which exceed 10% of your *pre-disability earnings*. These 'other payments' will determine the amount of the *offset*.

'Other payments' mean:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation
- payments received from any other disability insurance that provides income payments due to *sickness* or *injury*, unless we have expressly agreed not to apply a reduction, and
- payments received from any social security benefits.

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

We will only reduce the *monthly benefit amount* to ensure that, when combined with 'other payments' (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

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

We will not reduce the *monthly benefit amount* if you receive a payment for:

- work attributable to you working ten hours (or five hours, if applicable) or less per week as described under the 'hours definition' for *total disability*
- work attributable to you working where earnings are less than 20% of *pre-disability earnings* as described under the 'income definition' for *total disability*
- a lump sum compensation payment for pain or suffering

or loss of use of part of the body

- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy, or
- sick, long service or annual leave payments.

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

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

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

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

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

When Accidental Income Protection Cover ends

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

- date of your death
- date on which all entitlements under the cover are paid
- stated expiry date in the policy certificate, or
- date on which the policy ends.

Business Expense Cover

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

Business Expense Cover is not available inside superannuation.

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

Business Expense Cover

When the Business Expense monthly benefit amount is payable

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

Indemnity benefit payment

The *monthly benefit amount* payable is the lesser of:

- your share of actual *eligible business expenses* incurred while you are *disabled* less *offsets*, and
- the *monthly benefit amount* insured for, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

If more than one person is directly responsible for the generation of income in your business, we apportion the *business expenses* in the same proportion as your share of *business income* prior to the claim, between you and the other person(s), to determine your share, unless we agree to divide the *business expenses* on a different basis. We only pay benefits if receipts are provided to us within 90 days after the date the *business expenses* were incurred.

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

Waiting period

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

The longer the waiting period, the lower the premium.

We offer the following waiting periods:

- 14, 30, 60 or 90 days

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

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness* or *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or

- when you first stop working due to that *sickness* or *injury* (as long as you consult a *medical practitioner* within seven days and provide reasonable medical evidence about when the condition began).

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

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

However, if you also have Income Protection Plus Cover, you do not need to be *totally disabled* during the waiting period. You must be *disabled* throughout the waiting period, subject to the return to work rules outlined below. This means you may satisfy the requirements of the waiting period, even if you are only *partially disabled*.

Can I return to work during the waiting period? (return to work rules)

If you have a 14 or 30 day waiting period, you may return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you may return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of your waiting period.

Benefit period

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

A new benefit period will start at the end of each waiting period.

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

Total Disability Benefit

If you are *totally disabled*, we will pay the *monthly benefit amount*.

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

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled*.

What does it mean to be totally disabled?

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

Duties based

Total disability means:

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

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

OR

Hours based

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

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

*If you were working less than 20 hours per week in your *regular occupation* in the 12 consecutive months immediately prior to the cover start date and immediately prior to a *disability*, we will replace ten hours with five hours for the purposes of determining whether you are *totally disabled*.

OR

Income based

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

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

Partial Disability Benefit

If you are *partially disabled*, we will pay you a proportion of the *monthly benefit amount*.

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

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

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

Where:

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

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

What does it mean to be partially disabled?

You will be considered to be *partially disabled* if in our opinion, you satisfy the following definition.

Partial disability means:

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

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

Relapse Benefit

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

If the relapse occurs more than six months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Future Increase Benefit

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

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

The increase allowed is the lesser of:

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

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

Limitations

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

This benefit cannot be exercised if:

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

Optional extra which allows you to tailor your Business Expense Cover

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

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days from the day you first seek medical advice for your *injury*, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled* during the waiting period.

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

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

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

Additional built in benefits at no extra cost

The following benefits are also provided under Business Expense Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to income protection for references to Business Expense Cover.

Built in benefit	Reference
Indexation Benefit	60
Suspending Cover Benefit	60
Waiver of Premium While on Claim Benefit	44
Death Benefit	46
Extended Cover Benefit	46

When the Business Expense Cover monthly benefit amount may be reduced

Your *monthly benefit amount* may be reduced if you receive other business expense benefits from another insurance policy. We will only reduce the *monthly benefit amount* to ensure that, when combined with your other payments you do not receive more than 100% of your *eligible business expenses*.

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

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

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

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

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

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

When Business Expense Cover ends

Business Expense Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- stated expiry date in the policy certificate, or
- date on which the policy ends.

Additional benefits applicable to Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover

The following additional benefits apply to Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover as indicated below.

Indexation Benefit

We will automatically increase the insured *monthly benefit amount* at each policy anniversary. The rate of increase will be the greater of:

- 5%, and
- the percentage increase in the *Consumer Price Index (CPI)*.

You may choose not to accept this increase by notifying us 30 days prior to the relevant policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years.

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

Limitations

The Indexation Benefit will not apply while we are paying a *disability* benefit under Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover or Business Expense Cover, unless the Increasing Claim Option applies, as explained on page 47.

The Indexation Benefit will not apply if the Suspending Cover Benefit is being exercised.

Suspending Cover Benefit

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

You may exercise the Suspending Cover Benefit by notifying us in writing within 30 days of the relevant premium due date (monthly or annually) from which you wish to suspend your cover.

To cancel the suspension of your policy, you must notify us in writing. All cover under the policy and premiums will resume as of the next premium due date after we received your notice.

Limitations

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

You may only exercise this benefit once in any 12 month period.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy. If you do not apply to cancel the Suspending Cover Benefit before the maximum period expires, your cover will be cancelled.

Premiums and other costs

How much will it cost?

The amount you pay for a ClearView LifeSolutions policy or cover through ClearView LifeSolutions Super is called the premium.

As part of the application process, an indicative premium (quote) will be provided to you. The actual premium you pay may be different if:

- you have a birthday during the period between when the quote was provided and when the cover starts
- after assessing your application we are only able to offer cover on varied terms which may involve you paying a higher premium (which you agree to)
- government taxes or charges such as stamp duty are introduced or existing rates amended, and/or
- premium rates and/or policy fee have changed.

What factors affect my premium?

A number of factors will determine the premium you pay including the level of cover and any optional extras you have selected, as well as a range of personal factors such as your age, gender, smoking status, state of health, occupation and pastimes.

For Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover, the waiting period, benefit period and benefit payment type will also affect the premium you pay.

If you have selected an extra cost option and the option expires or you are no longer eligible to exercise the option, we will remove it from your cover so you are no longer charged for it, provided you have not exercised any benefit under the option.

Premium type

You can choose the premium type that best suits your needs.

Stepped premium

Where your premium type is specified as 'Stepped premium', your policy premiums are recalculated each year based on your changing benefit amounts and your increase in age.

The policy fee, any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

Level premium

Where your premium type is specified as 'Level premium', your policy premiums are recalculated each year for changes in your benefit amount, but not for a change in your age. The premium is calculated based on your age at the date of the commencement of the relevant cover (including indexation of that cover amount). The premium for other

increases in cover will be based on your age at the time of commencement of the increased cover.

If you have a level premium and exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit, the cost of the reinstated cover is calculated based on your age at the date of the commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

The policy fee, any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

A level premium is only available up to a maximum entry age of 60 and will expire on the policy anniversary immediately after you turn age 65 or 70 (depending on the level type you select at the time of application). If you continue your policy past this age, your premium will convert to a stepped premium basis.

Hybrid premium

Where your premium type is specified as 'Hybrid premium', your policy premiums are initially determined on a level premium basis and then convert to a stepped premium basis. For the first seven years of the policy, the premium rate is a level premium and is not recalculated each year based on your change in your age.

The premium is calculated based on your age at the date of the commencement of the relevant cover (including indexation of that cover amount). The premium for other increases in cover will be based on your age at the time of commencement of the increased cover.

If you exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit during the first seven years, the cost of the reinstated cover is calculated based on your age at the date of the commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

At the seventh policy anniversary, the premium converts to a stepped premium and increases each year thereafter in line with your age.

A hybrid premium is only available if you are aged between 30 and 60 at the time of application for Life, TPD or Trauma Cover and aged between 30 and 55 for Income Protection or Income Protection Plus Cover and only available with an age 65 or 70 benefit period.

Paying your premium

You may pay your premiums monthly or annually, via the following payment methods.

Premium frequency	Method of payment/contribution			
	Credit Card MasterCard Visa	Direct Debit	BPAY	Rollover (transfer)*
Annually	Yes	Yes	Yes	Yes
Monthly	Yes	Yes	No	No

*This method of payment is only available where cover is held through ClearView LifeSolutions Super. Please refer to ClearView LifeSolutions Super Rollover PDS for more information on this payment method.

If paying via BPAY, you will need to quote the following:

Billers Code: 196568

Reference Number: Policy number.

If you pay your premium monthly, we will apply a premium frequency loading to your premium. This loading is a percentage of the annual premium and helps cover the costs of collecting your premium on a deferred and more frequent basis.

The frequency loading for paying monthly is 8% at the time this PDS and Policy Document was prepared.

If you stop paying your premiums

To ensure your cover continues you must pay your premium, as and when due. If you don't pay your premium within 30 days of the due date, we will write to you explaining that we will cancel your policy. If we cancel your policy all cover will cease and you will be unable to make a claim for an event which occurs after the date cover ceases.

IMPORTANT INFORMATION FOR CLEARVIEW LIFESOLUTIONS SUPER

For ClearView LifeSolutions Super, you, as the member and the person insured are responsible for ensuring that you make contributions or rollovers to the ClearView Retirement Plan to fund your premiums payable by the Trustee. Government legislation, including taxation legislation, effects and restricts the circumstances when contributions can be made to a superannuation fund. If you cannot or do not make such contributions or rollovers, the Trustee may not be able to pay the premiums to keep this policy in force.

If the policy discontinues, your entitlement to benefits under ClearView LifeSolutions Super will also discontinue.

Policy reinstatement

You may apply to us to reinstate your policy after it is cancelled for non-payment of premium subject to our approval and payment of outstanding premiums. Please note that a declaration of good health may be required in order for us to consider reinstatement of your policy and we are under no obligation to reinstate your policy.

Cover recommences for *sicknesses, injuries* and events arising or occurring from the date of reinstatement.

Policy fee

A policy fee is charged to cover the costs of administering your policy and applies across all types of cover for each adult insured.

If you hold multiple policies with us, we will only apply one policy fee per person insured.

For example, if a husband and wife were on the same policy and each had Trauma Cover and Income Protection Cover, we would charge a total of two policy fees. In addition to this policy, if each of them took out Life Cover through a ClearView LifeSolutions Super policy, we would waive the policy fee for each of them on these Life Cover policies.

The policy fee is \$85.80 per year (or \$7.15 per month if paying monthly) current as at the date of the PDS and Policy Document. We will index the policy fee once each calendar year in line with the annual CPI rate once it becomes available for the immediately preceding calendar year.

Government taxes and charges

The premium may include allowances for current government charges and taxes including stamp duty. Stamp duty is either incorporated into the base premium rate or is an additional charge. If it is an additional charge it will be shown on your annual statement.

We may pass on to you any applicable new or increased government taxes or charges.

Can premium rates and/or the policy fee change?

Premium rates and the policy fee are not guaranteed and we may review either or both up or down in the future, regardless of which premium type you select. Any change to the premium rates and/or policy fee will apply to all policies in a defined group. We will not single out an individual policy.

If we change the premium rates and/or policy fee (other than the annual indexation of the policy fee), we will give you at least 30 days notice in writing and the change will take effect from the next policy anniversary after the change is announced.

Premium discounts

You may be eligible for a premium discount if you are:

- applying for a large benefit amount
- are part of an allowable group (refer to Group Discount below)
- a new customer enjoying the benefit of our New Cover Reward, and/or
- participating in our Health Maintenance Reward Program.

Note: These discounts do not apply to the policy fee.

The discounts available and the discount scales adopted are not guaranteed and may be varied from time to time in our absolute discretion. A change in the premium discount we apply does not constitute a change in premium rate under this policy.

Large benefit amount discount

Large benefit amount discounts are built into our standard premium rates and are summarised (current as at the date of the PDS and Policy Document) in the tables below.

Premium discount			
Benefit amount	Life Cover Accidental Death Cover	TPD Cover Accidental TPD Cover	Trauma Cover
\$0 – \$249,999	Nil	Nil	Nil
\$250,000 – \$499,999	5%	5%	1%
\$500,000 – \$749,999	15%	15%	3%
\$750,000 – \$999,999	20%	20%	5%
\$1,000,000 – \$1,999,999	22%	22%	8%
\$2,000,000+	24%	24%	8%

Premium discount		
Monthly benefit amount	Income Protection Cover Income Protection Plus Cover Accidental Income Protection Cover	Business Expense Cover
\$0 – \$2,499	Nil	Nil
\$2,500 – \$4,999	10%	10%
\$5,000 – \$9,999	17%	17%
\$10,000 +	20%	20%

Group discount

We will apply a group discount at the time of application where there is a family group relationship or business relationship between the persons insured (excluding lives covered under Child Cover or Parent Cover). There is no need for the persons insured to be on the same policy, so long as their applications for a policy are submitted together and the relationship is significant and explained at the time of application. Examples of allowable group relationships include a husband and wife or for business purposes; business partners taking out cover for the purposes of a buy sell agreement, key person cover or debt protection. The following scale of discounts apply (current as at the date of the PDS and Policy Document):

Number of persons insured	Premium discount
2	2.5%
3+	5%

New Cover Reward

We offer a reward for customers who have completed the application process and have obtained cover under ClearView LifeSolutions (excluding Parent Cover) or ClearView LifeSolutions Super. The premium discount provided is based on the length of time your cover has been in place or since the last reset (see Health Maintenance Reward below) as per the table below, (current as at the date of the PDS and Policy Document):

Years in place or since last reset	Premium discount
1	10%
2	9%
3	8%
4	7%
5	6%
6	5%
7	4%
8	3%
9	2%
10	1%

Health Maintenance Reward

Our health maintenance reward program is a voluntary program that encourages you to actively manage your health and wellbeing. Your reward is the reset of your New Cover Reward discount back to year 1, as described below.

Every two years from the cover start date, we will give you the opportunity to complete an online questionnaire on your health. This questionnaire, as at the date of the PDS and Policy Document, contains three questions (but the number of questions may be revised from time to time). The types of questions that will be asked include your height and current weight, if you have seen a doctor in the last 3 years and if you have taken up smoking.

If your answers reflect that you are proactively managing your health, your New Cover Reward premium discount will reset back to the year 1 discount of 10%. The discount will apply from the policy anniversary immediately after you have completed the questionnaire.

If you choose not to complete the questionnaire or you are unable to give a positive answer, then your premium rate will simply continue to be determined without a reset discount. If, for example, you did not complete the questionnaire in year 2 or 4 but decide to participate in year 6 and provide a positive answer, your premium discount will be reset back to the year 1 New Cover Reward discount of 10%. If you choose not to participate in the program again, the 10% discount will simply reduce each year thereafter.

We will notify you two months prior to the relevant policy anniversary (every two years) and provide you with details of how to complete the questionnaire. You will have 14 days to complete this and the questionnaire can only be completed during this period. We will issue your renewal notice approximately 45 days prior to each policy anniversary and will confirm if your New Cover Reward discount scale has been reset to year 1.

This program is offered on a 'no regrets' basis, which means that you can be no worse off in terms of the premium you pay as a result of participating in this program. We will not apply a medical premium loading as a result of any change in your health.

This program is not available if your cover has been issued with a medical premium loading or is accidental cover, as stated on your policy certificate. This program is not available for Child Cover or Parent Cover.

All discounts are current as at the time of the PDS and Policy Document but are subject to change. Please refer to page 63 for more information.

Taxation information (for insurance held outside superannuation)

The information provided in this section relates to cover held outside superannuation and is general in nature and based on our interpretation of the tax laws and rulings current at the date the PDS and Policy Document was prepared (see section on ClearView LifeSolutions Super for taxation information on cover held inside superannuation). Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation professional in regards to your own situation.

Type of Cover	Tax treatment of premium	Tax treatment of benefit
Life Cover, including Accidental Death Cover	Generally not deductible	Generally not assessable income*
Total and Permanent Disability Cover (TPD), including Accidental TPD Cover	Generally not deductible	Generally not assessable income*
Trauma Cover	Generally not deductible	Generally not assessable income*
Child Cover	Generally not deductible	Generally not assessable income*
Parent Cover	Generally not deductible	Generally not assessable income*
Income Protection and Income Protection Plus Cover, including Accidental Income Protection Cover	Generally deductible	Generally treated as assessable income
Business Expense Cover	Generally deductible	Generally treated as assessable income

*Capital gains tax may apply if the benefit is paid to someone who is not the original owner of the policy or paid to someone who is not a relative of the person insured (as defined for tax purposes).

Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover

The premium for your cover will generally be deductible from your assessable income under Section 8-1 of the *Income Tax Assessment Act 1997* (Cth) and any benefit will be treated as income and taxed accordingly. However, there are some special considerations that apply to some of the features included in Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover.

The following benefits and options are treated as follows:

TPD Lump Sum Option

If you select this option, approximately 10% of your premium will not be tax deductible. We will confirm the dollar amount of deductible and non-deductible premiums in your annual statement. However, any lump sum benefit amount paid under this option will not be treated as income and will not be taxable.

Trauma Benefit

This benefit is included as part of the Extras Package Option. Payment of a lump sum benefit amount in the event of suffering one of the specific medical conditions will not be treated as income and will not be assessable.

Superannuation Contribution Option

If you select this option and a benefit is payable, we will pay a superannuation contribution monthly benefit to your nominated superannuation fund as your personal contribution. This should be included in your assessable income and accordingly treated by the fund trustee as a non-concessional contribution.

However, if you satisfy the tests for claiming a tax deduction for personal superannuation contributions and give the trustee the appropriate notice, you will receive a tax deduction for some or all of the superannuation contribution monthly benefit and the equivalent amount will be treated by the fund trustee as a taxable contribution.

ClearView LifeSolutions Super

The information provided in this section is general in nature and based on our interpretation of the superannuation laws as at the date of the PDS and Policy Document. Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation and/or superannuation professional in regards to your own situation.

ClearView LifeSolutions Super is the risk-only division of the ClearView Retirement Plan (CRP). ClearView LifeSolutions Super allows you to hold your Life, Accidental Death, TPD, Accidental TPD, Income Protection, Income Protection Plus and Accidental Income Protection Cover inside the superannuation environment. This may be a tax effective solution for some people or simply a choice of affordability; because ClearView LifeSolutions Super will accept a rollover from your superannuation fund to pay the premium for your insurance cover. In order to do this, you will need to apply for a ClearView LifeSolutions Super Rollover account in the CRP. If you would like further information on this, please refer to the ClearView LifeSolutions Super Rollover PDS.

Please note that some benefits and optional extras are not available if cover is held inside superannuation, please refer to the relevant benefit or option to understand if this is the case.

When you apply for ClearView LifeSolutions Super, you are actually applying to become a member of the CRP. Cover provided through ClearView LifeSolutions Super is provided under a policy issued to the Trustee and you are the person insured. The Trustee will only accept your application for membership if we accept your application for cover.

The Trustee is not bound to accept your application for cover.

While it is a superannuation product, ClearView LifeSolutions Super is not an accumulation fund, which means it does not have an investment component. For this reason, the Trustee is unable to accept the government co-contribution or the low income earners government contribution.

To apply for cover through ClearView LifeSolutions Super, you must be eligible to contribute to superannuation, have contributions made on your behalf or be able to fund premiums by rolling over superannuation benefits from another superannuation fund into the CRP. The next table highlights eligibility rules:

If you are	Allowable contributions include
Under 65	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (including spouse contributions)
Age 65 to 69	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (including spouse contributions) if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made
Age 70 to 74	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (not including spouse contributions) if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made
Age 75 and over	<ul style="list-style-type: none"> • Compulsory employer contributions

How can I pay my premium for ClearView LifeSolutions Super?

You can pay your premium via:

- an allowable contribution (as outlined in the table over the page), or
- rollover from another superannuation fund (if you have applied for a ClearView LifeSolutions Super Rollover account in the CRP under the ClearView LifeSolutions Super Rollover PDS).

Allowable contribution	Description
Personal	<p>Personal contributions are member contributions made by you or on your behalf and include payments from:</p> <ul style="list-style-type: none"> Your after-tax income (or personal contributions for which you claim a tax deduction) Foreign superannuation funds Eligible proceeds that relate to capital gains tax (CGT) small business concessions Payments that relate to structured settlements or orders for personal injuries.
Spouse	<p>Spouse contributions are where your spouse makes a member contribution for your benefit. This must be made with after-tax money and will be treated as a non-concessional contribution. Your spouse may be eligible for a tax offset of up to \$540 when making a spouse contribution.</p>
Employer	<p>Employer contributions are contributions made by your employer for your benefit. This includes salary sacrifice contributions which are an arrangement between you and your employer instead of making an equivalent gross payment as salary to you.</p>

What are the superannuation contribution caps?

As superannuation enjoys concessional taxation treatment, limits known as ‘contribution caps’ have been placed on superannuation contributions which are administered by the Australian Taxation Office (ATO). The contributions you make to the Trustee to cover your insurance premium are recorded as superannuation contributions and will count towards these contribution caps.

It is important to be aware that excess contributions tax of up to 47% plus Medicare Levy may apply if these contribution caps are exceeded in a financial year.

The cap and the amount of extra tax you pay once you exceed the cap will depend on the type of contribution.

Concessional contributions

These are generally made by you or for you in a financial year and are included as assessable income for the superannuation fund, including:

- employer contributions (such as SG, award, and salary sacrifice contributions), and
- personal contributions for which a tax deduction has been claimed.

Note: Concessional contributions which are split with a spouse are assessed against your cap and not your spouse’s cap.

Non-concessional contributions

These are generally made by you or for you in a financial year and are not included as assessable income for the superannuation fund, including:

- personal contributions for which no tax deduction has been claimed
- spouse contributions
- non-taxable portion of a foreign superannuation fund amount, and
- contributions in excess of your concessional contributions cap.

	Concessional cap	Non-concessional cap
2014/15 financial year	<p>Under age 50</p> <ul style="list-style-type: none"> • \$30,000 <p>Age 50 and over</p> <ul style="list-style-type: none"> • \$35,000 <p>The \$30,000 standard cap is indexed to Average Weekly Ordinary Time Earnings (AWOTE) but will only increase where the adjustment is at least \$5,000.</p> <p>The higher \$35,000 cap is not indexed.</p>	\$180,000
Tax on amounts in excess of the cap	<p>From 1 July 2013, excess concessional contributions will be taxed at your marginal tax rate plus an interest charge. You will also have the option to withdraw the excess from your superannuation account without penalty.</p>	<p>47% plus Medicare Levy.</p> <p>In the 2014/15 Federal Budget, it has been proposed that you will have the option to withdraw excess non-concessional contributions from your superannuation account. This proposal has not yet become law.</p>

	Concessional Cap	Non-concessional cap
Other information	Any concessional contributions in excess of the cap will also count towards your non-concessional cap.	If you are under age 65 at 1 July of the financial year in which the contribution was made, you may use the three year 'bring forward' option. This effectively allows you to contribute up to \$540,000 at once, or at any time during the three financial years.

If you are unsure about your total contributions to superannuation or what your cap is, we encourage you to speak with your financial adviser or a qualified tax professional, who can provide more information on these caps and any applicable concessions.

Rollovers from a complying superannuation fund

If you wish to pay your insurance premium for cover held inside ClearView LifeSolutions Super with a rollover from a complying superannuation fund, you will need to apply for a ClearView LifeSolutions Super Rollover account in the CRP. You can obtain a copy of the ClearView LifeSolutions Super Rollover PDS from your financial adviser or go to www.clearview.com.au.

You will also need to complete a 'Partial transfer request and authority form'. Once completed, this form can be forwarded to the trustee of your existing superannuation fund (where you are requesting the funds to come from) or to us, and we will contact the trustee of your superannuation fund on your behalf. This authority is not a standing order, which means you will need to complete an authority form each time you wish to rollover funds from your existing superannuation fund.

To avoid having to complete a partial rollover each year, you may prefer to rollover a lump sum amount to cover the next few years' annual premium.

Premiums may only be paid annually if you are using a rollover to pay your insurance premium from ClearView LifeSolutions Super.

Superannuation rollover tax benefit

When you pay your ClearView LifeSolutions Super premium via a rollover you will receive the benefit of a 15% tax deduction on the premium.

If you have paid your annual premium via a combination of rollover and a contribution, the benefit will only apply to the portion of your premium covered by the rollover.

The superannuation rollover tax benefit has no cash value and will not be carried forward. The benefit applies under an arrangement between us and the Trustee and may be withdrawn or changed at any time. We will notify you if this occurs.

Contributions tax and tax deductions

Generally, 15% contributions tax is required to be paid on all concessional contributions (e.g employer contributions and personal contributions for which you claim a tax deduction).

Clients with income exceeding \$300,000 (not indexed) are subject to an additional 15% tax on part or all of their non-excessive concessional contributions.

In many cases, the payment of the insurance premium by the Trustee to us will be deductible to the CRP. The benefit of the deduction may be passed, in whole or part, to you in offsetting contributions tax payable on the contribution, as determined by the Trustee. Currently, where no tax is payable on the contribution or where your premiums are funded by a personal contribution for which you claim a tax deduction, the benefit of the deduction will not be passed to you in whole or part.

When does the cover start?

If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the CRP. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. If we do not receive the rollover at the end of the 30 day period, your cover will cease.

We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

Default bank account

When you apply for ClearView LifeSolutions Super, you have the option to establish a default bank account which we will use to fund your insurance premium in the event that the rollover is not processed within 30 days of the cover start date. However, you must take into consideration that any payment into ClearView LifeSolutions Super is considered a contribution to your superannuation fund and therefore will count towards your contribution caps. For more information on contribution caps please see page 67.

Refund of premium

The contributions or rollovers you make to fund your insurance held through ClearView LifeSolutions Super are subject to superannuation preservation rules and are generally not refundable directly back to you, the member.

If you have paid an annual premium and cancel your cover part way through the year and are due a pro-rata premium refund, we may make this refund by way of a rollover to another complying superannuation fund.

If you have not provided us with the details of your nominated superannuation fund within 30 days (of us asking), we may transfer the refund to an eligible rollover fund (ERF). Please refer to page 73 for details on our nominated ERF.

When money is paid as a rollover to another superannuation fund, any contributions tax that would otherwise have been offset by a tax deduction for the insurance premium may become payable by the CRP. In these cases, the amount of tax payable will be deducted from the amount refunded and the balance rolled over to your nominated superannuation fund.

Continuation option

If you are no longer eligible to hold cover inside superannuation or wish to move your cover out of ClearView LifeSolutions Super to a policy that is owned outside of superannuation, we will allow you to replace the cover without the need for medical evidence.

- Life Cover and Accidental Death Cover can be replaced up until the policy anniversary immediately after you turn age 75.
- TPD Cover and Accidental TPD Cover can be replaced up until the policy anniversary immediately after you turn age 60.
- Income Protection Cover, Income Protection Plus Cover and Accidental Income Protection Cover can be replaced up until the policy anniversary immediately after you turn age 60.

Your cover in ClearView LifeSolutions Super must be in place at the time you exercise this continuation option.

When can I receive the benefits?

Because the cover is held in a superannuation fund, in order to access any benefit that has been paid as a result of a claim, you must meet a condition of release as defined under the SIS Act.

Conditions of release include:

- permanent retirement from the workforce on or after you reach the preservation age (refer to table below)
- ceasing gainful employment after you turn age 60
- reaching age 65, whether you have retired or not
- reaching preservation age and effecting a transition to retirement pension or non-commutable income stream
- temporary or permanent incapacity[^]
- terminal medical condition[^]
- death

- compassionate grounds[^]
- severe financial hardship[^], and
- permanently departing Australia if you previously held a temporary resident visa[^].

Each of these conditions are defined in the SIS Act.

[^] Under superannuation law, there are strict qualifying criteria that must be met in each of these circumstances.

Current preservation ages

When you were born	Preservation age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
After 1 July 1964	60

In order for the Trustee to release a benefit due to a terminal medical condition, temporary or permanent incapacity, the following conditions must be met under superannuation law:

Terminal medical condition

- two registered *medical practitioners* have certified that you suffer from a *sickness* or have incurred an *injury* that is likely to result in your death within a period that ends not more than 12 months after the date of the certificate
- at least one of the *medical practitioners* is a specialist practising in an area related to the *sickness* or *injury* suffered by you, and
- the period stated in each of the certificates has not ended.

Temporary incapacity

You have, because of ill health (whether physical or mental), temporarily ceased *gainful employment* but do not qualify as permanently incapacitated.

Permanent incapacity

You are unlikely, because of ill health (whether physical or mental) to engage in *gainful employment* in a capacity for which you are reasonably qualified because of education, training or experience.

What happens if I don't meet a condition of release?

If the Trustee is unable to release all or part of a benefit to you because you do not meet a condition of release, the money will remain in superannuation until you meet a condition of release. You may retain the money in the CRP or instruct us to transfer (rollover) the funds to an external superannuation fund which we will do once we have made an allowance for any fund tax liability.

Tax on benefits

Death benefit

The tax applicable to death benefits payable to beneficiaries depends on a number of factors such as how the benefit is paid (lump sum or pension), timing, the tax dependency status of your beneficiaries and the age at the date of death of yourself and your beneficiaries.

The death benefit payable will be tax free if it is paid as a lump sum benefit to one or more of your dependants for tax purposes (either directly or via your estate). If the death benefit is paid as a lump sum to a non-dependant for tax purposes, the benefit will be subject to tax at the following rates:

Relationship to deceased	Tax free component	Taxable component	
		Taxed element	Untaxed element
Tax dependant	Tax free	Tax free	Tax free
Tax non-dependant	Tax free	15% plus Medicare Levy	30% plus Medicare Levy

Superannuation death benefits cannot be paid as a pension to a non-dependant. The following table shows the tax treatment for death benefits paid as a pension to a dependant.

Age of deceased	Age of recipient	Taxation treatment
Age 60 and above	Any age	Tax free
Under 60	Age 60 and above	Tax free
Under 60	Under 60	Taxable component of pension payments will be subject to marginal tax rate (MTR) plus the Medicare Levy less a 15% tax offset

Note: Children aged 18 years and over who are not financially dependent on you, are treated as non-dependants for tax purposes although they are considered dependants under superannuation law.

Terminal illness or TPD benefit

If a benefit for *terminal illness* or TPD becomes payable under a ClearView LifeSolutions Super policy, it will be preserved within superannuation until superannuation law or the Trust Deed allows it to be released.

In some cases it may be a taxable superannuation benefit. A benefit for *terminal illness* or TPD may attract concessional tax treatment.

Income protection benefit

If an income protection benefit becomes payable, this will typically be treated as assessable income for tax purposes. The Trustee will be required to withhold PAYG tax before making any benefit payment to you.

In any case, we will pay interest on the death, *terminal illness*, TPD or income protection benefit from the date we admit liability under the policy in accordance with the *Insurance Contracts Act 1984* (Cth) to the date we pay the benefit to the Trustee.

Tax File Number (TFN)

We can collect your TFN under the *SIS Act*. It is not an offence not to quote your TFN.

Note: If we don't have your TFN, employer contributions made to your account will be effectively taxed within the Fund at the top marginal tax rate plus the Medicare Levy instead of the normal concessional tax rate of 15%. Additionally, you won't be able to make any non-concessional or personal contributions.

In addition, if you do not provide your TFN, then:

- more tax may become payable on your benefits than would otherwise be payable
- if you are eligible, you may not receive your government co-contribution, and
- it may become more difficult to locate or amalgamate your superannuation benefits in the future to pay you any benefits you are entitled to.

As a consequence, while you are not required to provide your TFN under superannuation law, the Trustee will not accept your application for ClearView LifeSolutions Super if you do not provide your TFN.

If you provide your TFN to us, we will use it only for legal purposes, which include:

- calculating tax on any benefit you may be entitled to
- providing information to the Commissioner of Taxation (including disclosing your TFN), and
- identifying other accounts you may have within the Fund for consolidation purposes.

If you provide your TFN to us, you consent to us using it to:

- seek information about your superannuation accounts from the ATO using the ATO's SuperMatch program or other facility provided by the ATO, and
- where, as a result, we locate information about superannuation accounts which you hold with other superannuation providers, contacting those providers to confirm the accuracy of the information.

After we have confirmed that you hold superannuation monies with other superannuation providers, we will notify you and you can authorise us to consolidate those accounts on your behalf if you choose to do so.

Please note, the purposes for which we may use your TFN may change in the future following legislative change. The consequences of not providing the TFN may also change in the future.

If you provide your TFN to us, we may provide it to another superannuation fund trustee or retirement savings account provider to whom your benefits are to be rolled over, unless you request us not to do so in writing. In all other respects your TFN will be treated as confidential.

Identification requirements

In order to address money laundering and the financing of terrorism, laws have been established which impose significant obligations upon the trustee. The Trustee may need to verify the identity of you, your beneficiary or anyone acting on your behalf. The Trustee may also be required to provide information to the authorities on you and your account and be unable to tell you when this is happening.

If the Trustee is required by law to delay or refuse your request for a transaction and you incur a loss, the Trustee is not liable for the loss.

Payment of death benefits

You can choose from the following options in relation to how your benefit in ClearView LifeSolutions Super is paid in the event of your death.

Option 1 - Binding nomination (non-lapsing or lapsing)

If you have a valid non-lapsing or lapsing binding nomination in place, the Trustee is required to pay your death benefit as a lump sum or pension to the person or people that you have nominated. This provides you with greater certainty, knowing who will receive the benefit amount in the event of your death.

What is a valid non-lapsing or lapsing binding nomination?

In order for your binding nomination to be valid the following conditions must be met:

- your nomination must be in writing
- any person you nominate must be either a dependant or your Legal Personal Representative at the time of your death
- you must provide the full name, address, date of birth and relationship to the person(s)
- you must sign and date your nomination in the presence of two witnesses who are over the age of 18 and are not nominated as a beneficiary
- the two witnesses must sign and date a declaration stating that they were in your presence when you signed and dated your nomination

- if your nomination is lapsing it must be renewed or updated at least every three years and be valid as at the date of your death, and
- your nomination must be given to the Trustee.

If a nominated person is not an eligible beneficiary at the time of your death, that portion must be paid to any remaining nominated beneficiary(ies) on a pro-rata basis based on each remaining nominated beneficiary's portion of the death benefit compared with the portion of death benefit payable to all of the remaining nominated beneficiaries.

If there are no remaining eligible beneficiaries nominated, the death benefit will be paid as a lump sum to your Legal Personal Representative (please see the section 'Payment to your Legal Personal Representative' below).

A binding nomination is an important document. To help ensure your lapsing binding nomination is kept up to date and remains valid, the Trustee will send you a 'Nomination of Beneficiary Form' prior to the expiry of your most recent nomination. A binding lapsing nomination is only valid for three years.

The Trustee will also include the name of your beneficiary(ies) in your annual member statement. This may serve as a prompt for you to contact the Trustee for a 'Nomination of Beneficiary Form', if there has been a change in your circumstances since your most recent nomination.

Option 2 - Non-binding nomination

If you make a non-binding nomination, the Trustee will take your nomination into account. However, the Trustee is not required to pay the death benefit in accordance with your nomination and may determine to pay the death benefit as a lump sum or pension to one or more of your dependants and/or a lump sum to your Legal Personal Representative in whatever proportions it thinks fit.

Payment to your Legal Personal Representative

If:

- you have not made a binding nomination or a non-binding nomination, or
- your binding nomination is not valid at the time of your death

your account balance will be payable as a lump sum to your Legal Personal Representative.

A Legal Personal Representative is the executor of your estate (generally as indicated in your will), or the administrator of your estate (for example, the person appointed by the court to administer your estate where you die without a will).

If the Trustee is required to pay or has decided to pay all or part of the death benefit to your Legal Personal Representative, and a Legal Personal Representative is not appointed within 90 days of your death (or such longer

period determined by the Trustee), the Trustee will use its discretion to determine the way the death benefit is paid, in what proportions, and to whom. In doing this, the Trustee will pay your benefit to one or more of your dependants in the first instance or if none, in accordance with superannuation law.

Who is a dependant?

A dependant as defined under superannuation law includes:

- your spouse, which includes:
 - a person to whom you are married
 - a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple regardless of whether you are of the same sex or opposite sex; and
 - a person with whom you are in a relationship that is registered under the *Relationships Act 2008 (Vic)*, *Relationships Act 2003 (Tas)*, *Civil Partnership Act 2008 (ACT)*, *Relationships Register Act 2010 (NSW)*, or the *Civil Partnerships Act 2011 (Qld)*.
- your child, which includes:
 - an adopted child, step child or an ex-nuptial child
 - a child of your spouse
 - a child to a woman as a result of an artificial conception procedure while that woman was married to you or was your defacto partner, and
 - a child who is your child under State or Territory legislation giving effect to a surrogacy arrangement.
- any other person who, in the Trustee's opinion, was wholly or partially financially dependent on you at the time of your death, and
- a person with whom you had an interdependency relationship at the time of your death. Generally, an 'interdependency relationship' is one where two persons, whether or not related:
 - have a close personal relationship
 - live together
 - one or each of them provides the other with financial support, and
 - one or each of them provides the other with domestic support and personal care.

If two persons have a close relationship, but do not satisfy the other requirements because either one or both of them suffer from a disability or they are temporarily living apart, they may still be considered to have an interdependency relationship.

The Trustee

The Trustee is the trustee of the ClearView Retirement Plan (CRP) and is the holder of a Registrable Superannuation Entity (RSE) Licence under the *SIS Act*. ClearView LifeSolutions Super

is a risk-only division of the CRP. Your membership of the CRP is governed by the Trust Deed and relevant law.

The Trustee has professional indemnity insurance to protect the interests of members.

The Trustee is responsible for:

- all aspects of the CRP, and
- holding the funds' assets and ensuring that the CRP is properly administered, in accordance with the Trust Deed, general law and in compliance with legislation, including the *SIS Act*.

The Trustee reserves the right to change any terms and conditions of ClearView LifeSolutions Super and will notify you of any change as required by law.

The Trust Deed

The Trust Deed governs the CRP and contains the powers and duties of the Trustee and the rights and obligations of the members of the CRP, including ClearView LifeSolutions Super. Members are bound by (and the Trustee must comply with) the Trust Deed (as amended from time to time) for the CRP.

You may contact us for a copy of the Trust Deed, which we will provide to you free of charge.

The Trustee is also subject to duties under the law, including to:

- act honestly
- exercise care and diligence, and
- exercise its powers in the best interests of members of the CRP (as a whole).

The Trust Deed (and superannuation law) govern how the CRP works, including the following (which do not require your consent):

- the Trustee's rights to introduce fees
- the Trustee's powers in relation to how and when the benefits can be paid
- the Trustee's rights to be indemnified from the assets of the CRP for costs and expenses in acting as the trustee of the CRP and the extent to which the Trustee's liability is limited
- the Trustee's power to amend the trust deed
- the Trustee's right to transfer your benefits to another superannuation fund, and
- the Trustee's right to terminate the CRP at any time.

Regulatory reform

The law regulating superannuation trustee obligations is changing. The trustee may be required to disclose additional information regarding matters such as a product dashboard, trustee and officer remuneration, trust deed and other governance information. This information will be disclosed as required by law on our website at www.clearview.com.au.

Regular reports

An annual report about the management and financial condition of ClearView LifeSolutions Super as at 30 June, is prepared each year.

A copy of the latest annual report is available on our website at www.clearview.com.au or you can elect to receive a paper copy of the annual report by contacting us and we will send it to you, free of charge.

We will also send you an annual statement confirming your current benefits within the CRP and your level of insurance cover.

Management fees and charges

Currently, there are no management fees or charges associated with ClearView LifeSolutions Super. The only amount payable is the contribution or rollover you make to cover the cost of your insurance premium, including any applicable policy fee. For more information on the cost of your premium please refer to page 61.

Please refer to the ClearView LifeSolutions Super Rollover PDS for details about fees and charges associated with rolling over monies to the CRP.

However, the Trustee may introduce fees and charges by providing you with 30 days' prior notice.

Eligible rollover fund (ERF)

In circumstances where an amount is refunded or payable to you or another fund, the Trustee may transfer your account balance or member benefit, as applicable, to an eligible rollover fund (ERF) if:

- the Trustee is unable to contact you or otherwise determines that you have become a 'lost member'
- where required, you do not elect to transfer (rollover) your benefits to another superannuation fund
- there is a premium refund due and the cover is no longer in place, or
- any other reason determined by the Trustee.

The Trustee will notify you of the transfer, at your last known address.

The ERF that has been selected by the Trustee is SuperTrace Eligible Rollover Fund, ABN 73 703 878 235 (SuperTrace). The trustee is Colonial Mutual Superannuation Pty Ltd, ABN 56 006 831 983.

If you would like more information on SuperTrace or a copy of its PDS, you can contact the trustee on **1300 788 750**, fax **1300 700 353** or write to them at the address below.

SuperTrace
Locked Bag 5429
Parramatta NSW 2124

Being transferred to the ERF will affect your superannuation benefits.

- You will cease to be a member of ClearView LifeSolutions Super (and your cover will cease)
- You will become a member of the ERF and your account will be invested in accordance with the ERF's investment strategy
- The ERF does not provide any insurance cover and therefore you will lose the insurance cover you held through ClearView LifeSolutions Super
- Different fees and costs will apply.

Complying Superannuation Fund notice

This notice confirms that the ClearView Retirement Plan (CRP) (of which ClearView LifeSolutions Super is a part):

- is a resident regulated superannuation fund within the meaning of the *SIS Act*, and
- is not subject to a direction under section 63 of *SIS Act*.

Pursuant to section 25 of the *Superannuation Guarantee (Administration) Act 1992* (Cth), a contribution by an employer for the benefit of an employee to the CRP is conclusively presumed to be a contribution to a complying superannuation fund if the employer receives a copy of this Complying Superannuation Fund Notice at or before the time that the contribution is made, except in the limited circumstances set out in that section.

Claims

Guarantee of Claims Accountability

When you make a claim under your policy, ClearView undertakes to guarantee to you:

- to take the time to understand your position and your claim as well as facilitate easy and open communication throughout the claims process
- to advise you of what to expect in relation to the assessment of your claim from the beginning
- to keep you advised of developments occurring in relation to your claim at all times. It is important to us that you are aware of and understand what is occurring in relation to your claim and the progress of our assessment
- to explain to you the impact of any information we obtain in relation to your claim
- to advise you as soon as reasonably practicable in circumstances where we require additional information or need to undertake certain investigations in order to carry out a complete assessment of your claim
- if we require you to be independently examined, we will work with you in reaching a mutually agreeable time and location
- if we do not accept your claim or make an adverse decision in relation to your claim, we will give you our reasons in writing
- if you do not agree with any decision we make you will have the right to request a review and discuss your position with us. In the first instance, we will endeavour to reach a fair resolution with you, and
- if we are not able to reach a fair resolution we will assist you to identify other options available to you.

The only time the Guarantee of Claims Accountability will not apply is when we have reasonable grounds to believe that you have not met your Duty of Disclosure in accordance with the *Insurance Contracts Act 1984* (Cth) or are involved in an illegal activity, including fraudulent activity.

Making a claim

Claims should be made within 90 days after the insured event, or as soon as reasonably practical thereafter.

A potential claim relating to *Occupationally Acquired HIV* or *Occupationally Acquired Hepatitis B* or *C* must be reported to us within 30 days of the relevant *accident* and supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*.

We will need all the evidence we reasonably regard as necessary to establish entitlement to a benefit.

To make a claim under the policy we must receive:

- our claim form which has been fully completed
- the policy certificate
- proof of your age, if not already provided, and

- any other evidence we require to establish the circumstances of the claim.

The cost of medical and other information, which we may reasonably require to establish the validity of a claim, is your responsibility.

Who receives the benefit?

Generally, the policy owner will receive any benefits that become payable on a policy. For Life Cover held outside superannuation, where a beneficiary has been nominated on a policy, they will receive the death benefit.

In the case of cover held through:

- ClearView LifeSolutions Super, we pay the benefit to the Trustee and the Trustee determines who will receive the benefit in accordance with the governing rules of the CRP and superannuation law. Please refer to page 71 for further details.
- your SMSF or approved superannuation fund, we pay the benefit to the trustee of the SMSF or approved superannuation fund and they will determine who will receive the benefit in accordance with the governing rules of the SMSF and superannuation law.

Nominating a beneficiary

A nominated beneficiary is a person(s) who has been nominated by you, as the policy owner to receive part or all of the benefits payable in the event of the death of the person insured. The policy does not confer any other rights on a beneficiary.

For Life Cover or Accidental Death Cover held outside superannuation, you are able to nominate up to five beneficiaries to receive the death benefit amount, subject to the following rules:

- a nominated beneficiary must be a natural person, corporation or trustee
- a nominated beneficiary will receive the designated portion of any money payable under the relevant cover
- if a nominated beneficiary dies or the corporation or trustee ceases to exist before a claim is made, then any benefit that would have been payable to the beneficiary will be paid to the policy owner or the policy owner's estate
- if ownership of the policy is assigned or transferred to another person or entity, then any previous nomination of beneficiary becomes invalid, and
- the policy owner can change the nomination at any time prior to the death of the person insured by notifying us in writing.

You are the beneficiary in respect of a child insured or parent insured. You may not nominate any other beneficiary to receive a Child Cover benefit or Parent Cover benefit.

Applying for cover

In order to become covered for insured benefits under ClearView LifeSolutions or ClearView LifeSolutions Super, you will need to speak with your financial adviser. They can help you determine the type of cover and the benefit amount that will best suit your needs.

Your duty of disclosure

Before you enter into a contract of insurance with us, you have a duty, under the *Insurance Contracts Act 1984* (Cth), to disclose every matter to us that you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you extend, vary or reinstate your policy.

This duty of disclosure applies until the contract is entered into.

Your duty, however, does not require you to disclose a matter:

- that reduces our risk
- that is common knowledge
- that we know or ought to know in the ordinary course of our business
- that diminishes the risk to be undertaken by us, or
- if we have waived in writing your requirement to comply with this duty.

Please consider your answers carefully. Your duty of disclosure continues until we accept your application and issue your policy.

If you are applying for insurance through ClearView LifeSolutions Super, the duty of disclosure applies to the Trustee, as trustee of the CRP and you have a corresponding duty to disclose all relevant information to the Trustee.

Non-disclosure

If you fail to comply with your duty of disclosure and we would not have offered you a policy on any terms, had the failure not occurred, we may avoid the policy within three years of entering into it. If your non-disclosure or misrepresentation is fraudulent, we may avoid the policy at any time.

If we are, or have been, entitled to avoid a contract of life insurance but do not avoid it, we may elect at anytime to reduce the benefit amount that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us.

If the contract is for insurance on the life of another person, the failure by him or her to tell us a matter that he or she knows or could be reasonably expected to know, is relevant to our decision whether to enter into the contract and, if so, on what terms and may be treated as a failure by you to comply with your duty of disclosure.

When cover starts

Cover starts once your application has been approved and we have received the first premium. If your cover is held through ClearView LifeSolutions Super, you must be a member of the CRP before your cover can commence. If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the CRP. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

We will issue you with a policy certificate for each policy you applied for. For example, if you applied for flexi linked cover, you will receive two policy certificates, one for the cover held inside super and another for the cover held outside super. The policy certificate sets out the details of your cover including: person insured; benefit amount or monthly benefit amount; cover start date; premium type; additional options that have been selected; and any special conditions or varied terms that may apply to your cover.

Your policy is a contract

Your policy is a contract that consists of:

- the PDS and Policy Document
- any other documents we issue which varies your policy
- the latest policy certificate we have issued in relation to your policy.

These documents are important and you should read them carefully and keep them in a safe place.

Cooling off period

If for any reason you feel that your policy does not meet your needs, you can cancel it by notifying us in writing. You have 30 days, starting on the earlier of:

- the date you receive your policy, or
- five business days after your cover start date.

This is known as the cooling off period. If you cancel the policy during this period, we will cancel from the cover start date and refund any premiums you have paid.

If you have applied for cover through ClearView LifeSolutions Super, your refund may be required to be preserved within superannuation.

You will not be able to cancel your policy under the cooling off period if you have already made a claim under the policy or for ClearView LifeSolutions Super, exercised any rights in relation to the CRP.

When cover ends

As long as you continue to pay your premiums, we guarantee to continue to provide cover until the first of the following occurs:

- the date on which all entitlements under the cover are paid
- you die
- the policy anniversary immediately after the expiry* age (the expiry age for each type of cover and premium is explained in the PDS and Policy Document and is also stated on your policy certificate)
- we cancel your cover following your written request
- we cancel your cover because premiums are unpaid, as and when due
- we cancel your cover in accordance with our rights in relation to your duty of disclosure, or
- for cover held through ClearView LifeSolutions Super, 30 days after you cease to be a ClearView LifeSolutions Super member of the CRP or when you become ineligible for ClearView LifeSolutions Super membership of the CRP under law.

If there are two people insured under the cover and one dies, cover for the remaining person continues, but we may issue a new policy. Premiums will be reduced to reflect cover for one person and one benefit amount. If both people insured die as the result of the same event, we will pay the benefit amount for each person under the policy.

When all cover ceases, the policy ceases.

* If your cover is held through ClearView LifeSolutions Super and you wish to retain cover beyond the policy expiry age please refer to the section on Continuation option on page 69 of the PDS and Policy Document.

General policy conditions

Changing the policy owner

You may transfer the ownership of your policy (other than a ClearView LifeSolutions Super policy) to another person, subject to relevant law, including superannuation law, by completing a Memorandum of Transfer (which must be signed by you and the transferee) and sending it to us with your original policy to be registered.

If you choose to apply for cover through ClearView LifeSolutions Super, the Trustee is the owner of the policy. Generally, the Trustee will not transfer ownership to another person, superannuation fund or entity.

Statutory fund

All premiums received are paid into our No. 1 Statutory Fund, and all benefits are paid out of this fund.

Non-participating policy

This policy does not participate in distributions of profits or surplus of ClearView.

Waiver

No party to this policy may rely on the words or conduct of any other party as a waiver of any right unless the waiver is in writing and signed by the party granting the waiver. Unless expressly stated in the written waiver, the waiver by a party of a right will not operate as a waiver of any other right. The meanings of the terms used in this paragraph are set out in the table below.

Term	Meaning
Conduct	includes delay in the exercise of a right.
Right	any right arising under or in connection with this agreement and includes the right to rely on this clause.
Waiver	includes an election between rights and remedies, and conduct which might otherwise give rise to an estoppel.

Notices

Any notice you give us under this policy must be given to us in writing and will be effective from the date on which we receive it.

Any notice which we give you must also be in writing, and will be effective when delivered, emailed or faxed to, or five days after it is posted to, the address last known to us.

Variations to the policy

Subject to the following and the section 'Guaranteed upgrade of benefits to your cover' on page 5, any variation of this policy must be agreed to between the parties and any agreement by us must be in writing.

We may unilaterally vary this policy:

- as a result of any changes in the law, or
- if the variation is not prejudicial to you.

Any unilateral variation of this policy will apply to all ClearView LifeSolutions and ClearView LifeSolutions Super policies in a defined group and you will be given 30 days notice in writing of any new conditions.

Replacement cover

Where we determine that this policy or the cover issued under this policy replaces existing cover with us or another insurer the cover issued under this policy is conditional upon the existing cover being cancelled. If the cover under the existing policy is not cancelled prior to a claim arising under this policy, we will reduce any amount payable under this policy by the amount received under the policy that was to be replaced.

Direct Debit Service Agreement

By signing a direct debit request, you have authorised us (being ClearView or the Trustee) to arrange for funds to be debited from your account. You should refer to the direct debit request and this Direct Debit Agreement set out below for the terms of the arrangement between us and you.

Our commitment to you

We will:

- only arrange for funds to be debited from your nominated account for payment of the applicable premium as authorised in the direct debit request or if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies that amount payable by you to us and when it is due
- deduct premiums from your nominated account on or around the premium due dates unless these dates are on a weekend or a public holiday. In these cases, we will normally make the deductions on the previous or the next business day. If you are uncertain about when the deduction will be made from your account, you should contact your financial institution directly
- give you at least 14 days notice in writing before changing the terms of this agreement or the amount of the deduction, and
- promptly respond to any concerns you may have about amounts deducted from your nominated account.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits (direct debiting may not be available on all accounts). If you are uncertain, please check with your financial institution before you complete the direct debit request
- ensure that all account holders on the nominated account agree to the debiting arrangements
- ensure the account details you have provided to us are correct by checking them against a recent statement. If you are uncertain, please check with your financial institution before completing the direct debit request
- ensure there are sufficient cleared funds available in the nominated account so that premium deductions can be made when due
- advise us if the nominated account is transferred, closed or if the details change in any way, and
- check your statement to verify that the amounts debited from your nominated account are correct.

Your financial institution and we may charge you a fee if the nominated account details are incorrect or there are insufficient cleared funds available in the nominated account when we attempt to deduct your premiums. If direct

debiting fails, you must arrange for the premium to be paid by another method to ensure your policy continues.

If ClearView Life Assurance Limited is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Your rights

You may ask us to alter or defer our authority to make deductions from your account, stop a single deduction or cancel this agreement by writing to us at least 14 business days before the next deduction is due to be made.

You can also ask your financial institution to stop an individual drawing or cancel this agreement.

Dispute

If you believe that there has been an error in debiting your nominated account, please call us immediately on **132 979**. We may ask you to confirm details of the deduction in writing.

If we conclude as a result of our investigation that your nominated account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your nominated account has been adjusted.

If we conclude as a result of our investigations that your nominated account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding. Any queries you may have about an error made in debiting your nominated account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Privacy

We will not disclose any details of your direct debit request unless:

- the disclosure to a financial institution is necessary to enable us to act in accordance with your debit arrangements or to investigate a disputed transaction
- we are required or permitted to make the disclosure by law or you consent to the disclosure, or
- our financial institution requires the disclosure in connection with a claim on it relating to a claimed incorrect or wrongful debit.

Customer satisfaction and things you need to know

What we pay your financial adviser

We may pay your financial adviser a commission. This commission will be paid from the premium and is not an extra charge to you.

From time to time we may also make payments to financial services dealer groups based on commercial arrangements. These payments are made by us and are not an additional charge to you.

Your financial adviser will provide you with a financial services guide and where applicable, a statement of advice, which will detail the benefits they receive for selling you this policy.

Alternative form of remuneration registers

We maintain an Alternative Form of Remuneration Register in accordance with regulatory requirements which currently prescribes that the registers are maintained by fund managers, Investor Directed Portfolio Service (IDPS) providers, representatives and licensees. These registers outline the alternative forms of remuneration which are paid and received from givers and receivers. The law regarding these registers may change and consequently so may our practices.

Our register is publicly available. If you would like to view the register, please contact our Customer Service Centre on **132 979**.

No cash value

The types of cover described in the PDS and Policy Document do not have a surrender value or a cash-in value at any point.

What are the risks?

There are a number of risks that you must be aware of before deciding to acquire ClearView LifeSolutions or applying to be covered through ClearView LifeSolutions Super:

- the cover type or amount of cover may not be appropriate for your needs (you should consider the options you select carefully)
- if you become unable to pay your premium in the future we may cancel your cover
- if you do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision about whether or not to accept your application and on what terms, we may avoid the cover or reduce the benefit amount payable
- if some or all of your cover is held through superannuation, you may be unable to access the benefit amount if you do not meet a condition of release under superannuation law, and

- if you have applied electronically and we have not received your signed general declaration within 30 days of the cover start date, your cover will be deemed to have not commenced.

We suggest that you speak with a financial adviser before making a decision about your insurance arrangements.

If you have a complaint

Customer satisfaction is very important to us. Should you be dissatisfied with your cover or our service, please let us know by calling us on **132 979** or writing to us at the following address:

Complaints Manager
ClearView
Reply Paid 4232
Sydney NSW 2001

We will address your complaint within 45 days (or within any extended period you approve).

If you hold cover through ClearView LifeSolutions

If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Financial Ombudsman Service (FOS) on **1300 780 808** between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively, you may visit their website at www.fos.org.au or write to them at the address below. FOS is an external dispute resolution scheme that handles complaints relating to members of the financial services industry, including life insurance companies and financial advisers.

The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001

This service is provided to you free of charge.

If you hold cover through ClearView LifeSolutions Super

If you are not satisfied with how the Trustee responds to your enquiry or complaint or the Trustee has been unable to resolve this for you within 90 days, you may contact the Superannuation Complaints Tribunal (SCT) on **1300 884 114** between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively you may email them at info@sct.gov.au, fax them on **(03) 8635 5588** or write to them at the address below. The SCT handles complaints that relate to a specific superannuation fund member or former member. It cannot deal with complaints about the management of the fund as

a whole and does not have jurisdiction to deal with a matter unless it is satisfied that you have first tried to resolve the matter via the Trustee's internal dispute resolution process.

The Manager

Superannuation Complaints Tribunal

Locked Bag 3060

Melbourne VIC 3001

The SCT is an independent body that has been set up by the commonwealth government to assist consumers and the SCT's services are provided to you free of charge.

Privacy and your personal information

In this section 'we', 'us' and 'our' refers to ClearView and the Trustee, depending on the financial products you apply for under the PDS and Policy Document and 'you' refers to the policy owner. We are committed to ensuring the confidentiality and security of your personal information. All personal information will be handled in accordance with the *Privacy Act 1988* (Cth).

We collect, use and disclose your personal information including sensitive information in order to consider your application, administer the policy and assess any claim, establish and administer a ClearView LifeSolutions Super interest and determine whether a condition of release has been met (if applicable). We may also collect your personal information under superannuation, taxation and other relevant laws. You can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide you with and manage the financial product or service you request. You may generally access personal information we hold about you.

Sensitive information is personal information which includes information or opinions about your health, genetic information, sexual preferences or practices, and criminal history. By completing the application form, you and the person to be insured agree to the following:

- we can collect and use the personal information of you and the person to be insured for the following purposes: to assess any application; underwrite; price and issue any policy; calculate or offer benefits and discounts; administer the policy; administer a ClearView LifeSolutions Super interest; to investigate, assess and pay any claim under the policy or from the CRP
- for these purposes we can collect the personal information of you and the person to be insured from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and an agent of any of these. We may also disclose the personal information of you and person to be insured if:
 - acting in good faith, we believe the law requires or permits us to do so, or

- if you or the person to be insured consents, and
- where you provide personal information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information.

If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727** or refer to our website at **www.clearview.com.au**.

Marketing

We are committed to providing you with access to a range of leading financial products and services offered by us, affiliated providers and external providers for whom we act as agent. In order to do this we may disclose your personal information on a confidential basis to our related entities within ClearView and these providers. If you do not want your personal information to be used or disclosed for these marketing purposes, please contact us on **1800 357 727**.

Complimentary Interim Accident Cover

We will provide you with Interim Accident Cover, at no extra cost, while we assess your application for cover. This interim cover will not apply where the insurance applied for is replacing existing insurance with us or another insurer.

When cover starts

This cover starts on the day we receive your fully completed application form along with your completed and valid credit card or direct debit authority or rollover authority, if applying for membership in ClearView LifeSolutions Super Rollover. Cover is subject to your premium payment not being dishonoured.

When cover ends

Interim Accident Cover will end on the earliest of the following dates:

- 90 days from the date this Interim Accident Cover started
- the cover start date of your ClearView LifeSolutions or ClearView LifeSolutions Super policy, as indicated on your policy certificate
- the date your application is withdrawn, or
- the date your Interim Accident Cover is cancelled.

When a benefit will not be paid

No benefit will be paid where the condition or event giving rise to the claim under Interim Accident Cover was caused directly or indirectly by:

- an *accident* that first occurred before the Interim Accident Cover started
- suicide or any intentional self inflicted act
- an act of war (whether declared or not), or
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms.

When a benefit will be payable

If you have applied for Life Cover or Accidental Death Cover

We will pay the benefit amount under this cover if you die as the result of an *accident* and death occurs within 90 days of the *accident*.

If you have applied for TPD Cover or Accidental TPD Cover

We will pay the benefit amount under this cover if you are *totally and permanently disabled (TPD)* as a result of an *accident* and TPD occurs within 90 days of the *accident*.

The TPD definition that applies will be the one applied for in the application, provided that we would normally offer you that definition based on your circumstances at the time of application.

If you have applied for Trauma Cover

We will pay the benefit amount under this cover if you survive 14 days after suffering one of the following trauma conditions as a result of an *accident* and the condition occurs within 90 days of the *accident*:

- *Major Head Trauma*
- *Paralysis*
- *Blindness*
- *Loss of Hearing*
- *Severe Burns*
- *Loss of Limbs or Sight.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 86.

If you have applied for Child Cover

We will pay the benefit amount under this cover if the child insured suffers one of the following trauma conditions as a result of an *accident* and survives 14 days, or dies as a result of an *accident* and this occurs within 90 days of the *accident*:

- *Major Head Trauma*
- *Paralysis*
- *Blindness*
- *Loss of Hearing*
- *Severe Burns*
- *Loss of Limbs or Sight.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 86.

If you have applied for Income Protection, Income Protection Plus, Accidental Income Protection or Business Expense Cover

We will pay the *monthly benefit amount* under this cover if you are *totally disabled* as a result of an *accident*, and *total disability* occurs within 90 days of the *accident*.

We will pay the *monthly benefit amount* from the end of the waiting period, while you remain *totally disabled*, subject to a maximum of six months.

How much we will pay

We will only pay once for Interim Accident Cover, for any ClearView LifeSolutions or ClearView LifeSolutions Super cover.

In the case of Life, Accidental Death, TPD, Accidental TPD, Trauma Cover or Child Cover we will pay the lesser of:

- the benefit amount applied for, and
- \$1,000,000.

In the case of Income Protection, Income Protection Plus, Accidental Income Protection and Business Expense Cover, we will pay a *monthly benefit amount* of the lesser of:

- the total of the *monthly benefit amount* applied for
- the total of the *monthly benefit amount* which would normally be offered by us based on our underwriting rules at the time of application, and
- \$5,000.

Dictionary

accident

Means an unintended or unexpected event which occurs while this policy is in force and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act.

accredited mortgage broker

An authorised deposit-taking institution (ADI) or any other mortgage provider that we agree to.

business expenses

Means regular or continuing fixed expenses incurred by the business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or other entity from which you or your family derive a benefit. Your share of these payments will be that which is apportionable to you in line with the usual manner that the profits and/or losses of the business are divided.

business income

Means your share of the gross income generated by the business before expenses and tax.

For the purpose of this definition business income will always have a minimum value of zero.

Consumer Price Index (CPI)

The weighted average annual Consumer Price Index increase of the 8 Australian capital cities combined, as published by the Australian Bureau of Statistics (or any body which succeeds it) for the 12 month period ending on the most relevant 31 December, as is available at the time of indexation or application under each policy.

disability

Refers to *total disability* or *partial disability*.

eligible business expenses

Your share of the normal day to day fixed expenses of your business actually incurred by you and include, but are not limited to:

- salaries or remuneration of employees who are not directly involved in generating sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- net cost of a locum (a person sourced external to the business and who is a direct replacement for you and whose gross sales, income or billings are less than the fees incurred for that locum)

- rent and regular principal and interest instalment repayments on business loans or mortgages (unless the business premises is also your principal residence)
- business property rates and taxes
- leasing costs for equipment and motor vehicles
- electricity, gas, water, telephone, laundry and cleaning
- business related insurance premiums (excluding premiums for this Business Expense Cover)
- contracted advertising costs
- subscriptions to professional associations
- accounting and audit fees
- bank fees and charges, and
- any other *business expenses* we may agree to cover.

The following *business expenses* are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- salaries or remuneration for members of your family (unless they were employed at least 90 days before the date you became *disabled*) or any person who is not an employee
- salaries or remuneration of employees who generate sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- cost of goods, fittings, equipment, implements or products used in the business
- depreciation
- premiums payable for Business Expense Cover under this policy.

exposure-prone medical procedures

Procedures where there is potential for contact between the skin (usually finger or thumb) of the healthcare worker or *medical professional* (as applicable) (you) and sharp surgical instruments, needles or tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth. Procedures which lack these characteristics do not constitute exposure-prone medical procedures because they are unlikely to pose a risk of transmission of blood-borne viruses from the infected healthcare worker or *medical professional* (as applicable) (you) to a patient.

gainful employment

To be employed or self employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

home duties

This refers to the tasks performed by you if your sole occupation is to maintain the family's usual place of residence (home) being:

- cleaning the family home
- shopping for food and groceries for the household
- preparing meals for the household
- performing laundry services for the household including washing and ironing, and
- caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform home duties, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

immediate family member

Includes:

spouse, child, sibling, parent, father in-law or mother in-law, or person in a bona fide domestic living arrangement and is financially interdependent.

important income producing duty

This is a duty of your occupation that we could consider primarily essential to producing your income.

injury

An *accidental* bodily injury, which occurs while this policy is in force.

monthly benefit

In relation to Business Expense Cover the *monthly benefit amount* payable under this cover, being the lesser of:

- the *monthly benefit amount*, and
- 1/12th part of the *eligible business expenses* actually incurred by you in the operation of your profession, business or occupation during the 12 months immediately preceding your *total disability* and which continue during that *total disability*.

medical practitioner

A medical practitioner who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the policy owner or an *immediate family member* or business partner of you or the policy owner.

medical professional

For the purpose of this policy, you will be considered a medical professional if:

- you have been classified as occupational category AM as stated on your policy certificate

- you are registered to practise in your medical profession and this registration is regulated by an Act of Parliament of a State or Territory of the Commonwealth of Australia, and
- you have been performing or assisting in *exposure-prone medical procedures* as part of your *regular occupation* at least on a monthly basis.

monthly benefit amount

For:

- Income Protection Cover, Income Protection Plus Cover and Accidental Income Protection Cover under this policy, has the meaning set out on page 42, depending on the benefit payment type you have selected; and
- Business Expense Cover, has the meaning set out on page 57.

monthly earnings

If you are self employed or a working director, *monthly earnings* is the gross monthly income generated by the business or professional practice as a result of your personal exertion less your share of the *eligible business expenses* necessarily incurred in generating that income, less any insured contributions under the Superannuation Contribution Option.

If you are not self employed, *monthly earnings* is the gross monthly income earned from personal exertion by way of total remuneration package and includes salary, regular overtime, superannuation contributions, commissions, bonus payments and other fringe benefits, less any insured contributions under the Superannuation Contribution Option.

In each case, *monthly earnings* do not include income which is not derived from your personal exertion or activities, such as interest or dividend payments.

For the purpose of this definition *monthly earnings* will always have a minimum value of zero.

offsets

For:

- Income Protection Cover, Income Protection Plus Cover and Accidental Income Protection Cover has the meaning as described on page 50 under 'When the income protection monthly benefit amount may be reduced', and
- under Business Expense Cover, has the meaning as described on page 59 under 'When the Business Expense Cover monthly benefit amount may be reduced'.

own occupation

(For TPD Cover and Accidental TPD Cover)

Means the most recent occupation you were engaged in immediately prior to the date of your *total and permanent disability*.

partial disability/partially disabled

For:

- Income Protection Cover and Income Protection Plus Cover, has the meaning as described on page 44.
- Accidental Income Protection Cover, the definition is varied as described on page 53.
- Business Expense Cover, has the meaning as described on page 58.

pre-disability business income

The highest average monthly *business income* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*. If you become *disabled* while on maternity, paternity, sabbatical or long service leave, then pre-disability business income will be based on your average monthly income during the 12 months before the period of leave commenced.

Pre-disability business income will be indexed while on *total disability* or *partial disability* claim.

pre-disability earnings

For agreed value and guaranteed agreed value benefit payments, pre-disability earnings are your highest average *monthly earnings* for any consecutive 12 month period between the period one year prior to the cover start date and the date of your *disability*.

For indemnity benefit payments, pre-disability earnings are your highest average *monthly earnings* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*.

If you become *disabled* while on maternity, paternity, sabbatical or long service leave, then pre-disability earnings will be based on your average *monthly earnings* during the 12 months before the period of leave commenced.

In each case, pre-disability earnings will be indexed while on a *total disability* or *partial disability* claim.

regular occupation

(for Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover)

Means the occupation you are regularly engaged in, except that if you are unemployed or on maternity, parental or sabbatical leave for greater than 12 months at the time of *disability*, then regular occupation will mean any occupation for which you are reasonably suited having regard to your education, training and experience.

sickness

A sickness, disorder or disease.

SIS Act

The *Superannuation Industry (Supervision) Act* (1993) (Cth) and/or the *Superannuation Industry (Supervision) Regulations* (1994) (Cth) where relevant.

terminal illness/terminally ill

You are diagnosed with a sickness which reduces your life expectancy to less than 12 months from the date of diagnosis, as confirmed by a medical specialist approved by us.

If Life Cover is inside superannuation, *terminal illness/terminally ill* means a sickness that, in the opinion of two doctors, one of whom is a specialist approved by us, is likely to lead to your death within 12 months of the date the doctors certify the condition ('the certification period'). We must be notified in writing of the *terminal illness* within the certification period.

total and permanent disability

Has the meaning as described on page 16. However, for Accidental TPD Cover, the definition is varied as described on page 21.

total disability/totally disabled

For:

- Income Protection Cover and Income Protection Plus Cover, has the meaning as described on page 43.
- Accidental Income Protection Cover, the definition is varied as set out on page 53.
- Business Expense Cover, has the meaning as described on page 58.

Trauma definitions

Advanced Diabetes

Means that a consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- neuropathy causing:
 - irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
 - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia

This means permanent and irreversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

Bacterial Meningitis

The unequivocal diagnosis of Bacterial Meningitis by a consultant neurologist, which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Benign Brain Tumour or Spinal Cord Tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which is histologically described and which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- causing at least 25% permanent whole person impairment, as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, or
- requires cranial surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, due to *sickness* or *injury* to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by an ophthalmologist.

Breast Cancer with Surgery and Treatment

Carcinoma in situ of the breast requiring breast conserving surgery followed by adjuvant therapy such as radiotherapy and/or chemotherapy, which is considered medically necessary and the most appropriate treatment.

For this purpose, chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjuvant endocrine manipulation therapy, hormonal manipulation therapy and non-endocrine adjuvant therapy are excluded.

Cancer

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant (Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.

- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of six or less, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which are less than stage T1bN0M0.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

Cancer of the Vulva or Perineum

Any lesion described by a histopathologist as carcinoma of the vulva or perineum that meets the criteria of either FIGO Stage 3 or 4 (tumour of any size with contiguous invasion of local organs).

FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

Carcinoma in situ

Localised cancer, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0. Only Carcinoma in situ of the following sites is covered:

- Breast (excluding Breast Cancer with Surgery and Treatment)
- Cervix – uteri (excluding cervical intraepithelial neoplasia (CIN) classifications CIN1 and CIN2)
- Fallopian tube (tumour must be limited to the tubal mucosa)
- Ovary
- Penis
- Perineum
- Prostate
- Testicle
- Vagina
- Vulva

FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function which requires permanent renal dialysis or renal transplantation.

Chronic Liver Disease

End stage liver failure resulting in permanent jaundice, ascites or encephalopathy.

Chronic Lung Disease

End stage lung disease requiring continuous permanent oxygen therapy and FEV1 test results of consistently less than one litre.

Chronic Lymphocytic Leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as RAI Stage 0, which is defined to be in the blood and bone marrow only.

Cognitive Loss

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required you to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period you are likely to require ongoing continuous care and supervision by another person.

Colostomy/ileostomy

The creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of six or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary Artery Angioplasty

The undergoing of coronary artery angioplasty, cardiac keyhole surgery or stent insertion on one or two coronary arteries to correct a narrowing or blockage. The procedure must be considered necessary by a cardiologist to treat coronary artery disease and supported by angiographic evidence.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure or via two procedures no more than two months apart, Coronary Artery Angioplasty to three or more coronary arteries, where the procedure is considered necessary by a cardiologist to treat coronary artery disease. Triple Vessel Coronary Artery disease must be diagnosed prior to the first angioplasty procedure.

Coronary Artery Bypass Surgery

The undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. The surgery must be the most appropriate treatment for the disease as recommended by a cardiologist. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

Dementia including Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease) by a consultant neurologist, psychogeriatrician, psychiatrist or geriatrician.

The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified.

Significant cognitive impairment in this definition means a deterioration in your Mini-Mental State Examination scores to 24 or less.

Diabetes Complication

Means a consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of Type 1 insulin dependent diabetes mellitus:

- urinary protein excretion of more than 300mg per day
- creatinine clearance of 28-42mL/min (CKD stage 3b, International Chronic Kidney Disease Classification)
- retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or
- persistent sensory neuropathy.

Early Stage Melanoma

The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0.

Early Stage Prostate Cancer

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of six or less.

Encephalitis

The severe inflammation of brain substance caused by viral infection resulting in neurological deficit, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*) as certified by a consultant neurologist.

Heart Attack

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with myocardial infarction or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or
- development of pathological Q waves in the ECG or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive or our noted diagnostic techniques are impractical to apply or have been superseded, we will consider other appropriate and medically recognised tests.

A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Hydatidiform Mole

The presence of a hydatidiform mole requiring surgical removal as recommended and confirmed by a histopathologist.

Intensive Care

A *sickness or injury* that has, for the first time, resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. *Sickness or injury* as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of *sickness or injury*, as certified by an appropriate medical specialist.

Loss of Independent Existence

As a result of *sickness or injury* there is permanent and irreversible inability to perform without the assistance of another person any two of the 'Activities of Daily Living' or all of the 'Home Duties'.

Activities of Daily Living

- Dressing – putting on and taking off clothing.
- Toileting – using the toilet, this includes getting on and off.

- Mobilising – getting in and out of bed and a chair.
- Maintaining continence – having good control of bowel and bladder function.
- Feeding – getting food from a plate into the mouth.

Home Duties

This refers to the tasks performed by you if your sole occupation is to maintain your family's usual place of residence (home) being:

- Cleaning the family home
- Shopping for food and groceries for the household
- Preparing meals for the household
- Performing laundry services for the household including washing and ironing, and
- Caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform home duties, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

Loss of Limbs or Sight

You have sustained, as a direct result of *sickness or injury*, the complete and irreversible loss of use of:

- two limbs
- sight in both eyes (*Blindness*), or
- sight in one eye (*Partial Blindness*) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of One Limb

You have sustained, as a direct result of *sickness or injury*, the complete and irrecoverable loss of use of a whole hand, whole foot, whole arm or whole leg.

Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech as a result of *sickness or injury* which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain, as certified by an appropriate medical specialist. Loss of Speech due to psychological reasons is excluded.

Major Head Trauma

Injury to the head resulting in neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities

of Daily Living' (as defined under *Loss of Independent Existence*), as certified by a consultant neurologist.

Major Organ or Bone Marrow Transplant

Undergoing, or being placed on an official Australian waiting list approved by us for, a transplant from a human donor for bone marrow or one or more of the following organs:

- heart
- kidney
- liver
- lung
- pancreas, or
- small bowel.

This treatment must be considered medically necessary and deemed the most appropriate treatment.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medical procedures performed in Australia by a registered health professional:

- a transfusion of blood or blood products
- an organ transplant where you were the recipient
- assisted reproductive techniques, or
- other medical procedure or operation performed by a medical practitioner/paramedical practitioner or dentist at a registered medical facility.

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use, or
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

Meningococcal Septicaemia

The unequivocal diagnosis of Meningococcal Septicemia by a consultant neurologist which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or

- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Motor Neurone Disease

The unequivocal diagnosis of Motor Neurone Disease by a consultant neurologist.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consultant neurologist which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities. Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist.

Occupationally Acquired Hepatitis B or C

The contracting of Hepatitis B or Hepatitis C as the result of an *accident*, during the course of your *regular occupation*, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test, or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody test.

The production of antigens or antibodies must be confirmed within six months of the *accident*.

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the *accident* and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

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

- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) as the result of an *accident* occurring during the course of your *regular occupation*.

The production and detection of HIV antibodies (seroconversion) must be confirmed by way of a positive HIV antibody test within six months of the *accident*.

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the incident and supported by a negative HIV antibody test taken within seven days after the *accident*.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your *medical profession*, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.
'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes the infection.

Open Heart Surgery

The undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Out of Hospital Cardiac Arrest

Cardiac arrest that occurs out of hospital and is due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.

Paralysis

As a result of *sickness* or *injury*, the total and permanent loss

of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot.

Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia are included in this definition.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist, which is characterised by irreversible neurological deficit.

Partial Blindness

The permanent loss of sight in one eye, whether aided or unaided, due to *sickness or injury* to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

Partial Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from one ear as a result of *sickness or injury*, as certified by an appropriate medical specialist.

Pneumonectomy

The undergoing of surgery to remove an entire lung. This treatment must be considered medically necessary and deemed the most appropriate treatment.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement, established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment as confirmed by a cardiologist.

Repair or Replacement of a Heart Valve

Surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques. The surgery must be considered necessary by a cardiologist.

Severe Burns

Tissue injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart', or
- both hands, requiring surgical debridement and/or grafting, or
- the face, requiring surgical debridement and/or grafting.

Severe Cancer

The presence of one or more of the following malignant tumours, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of

normal tissue. The diagnosis must be made by an oncologist.

The following cancers are included:

- Colorectal cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Lung cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Malignant Brain tumour diagnosed as Grade 4, or
- Pancreatic cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system.

All other cancers are excluded.

Severe Crohns Disease

Unequivocal diagnosis of Crohns Disease that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Severe Heart Attack

Death of heart muscle caused by obstruction of blood supply evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least one of the following:

1. Acute cardiac symptoms and signs consistent with heart attack
2. New, serial ECG changes with the development of any of the following:
 - Acute injury type ST elevation or ST depression
 - Coronary pattern T wave inversions
 - Pathological Q waves
 - Left bundle branch block
3. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

In addition to the above being met, the left ventricular ejection fraction (taken six weeks or more after the event) must be 25% or less, with irreversible impairment categorised as Functional Capacity Class IV, Objective Assessment D of the New York Heart Association Functional Classification System of cardiac impairment.

The diagnosis must be confirmed by a cardiologist and must not be as a result of a medical intervention or procedure.

Severe Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consultant neurologist which is characterised by demyelination in the brain and spinal cord. There must be well-defined neurological deficits with persisting clinical neurological abnormalities, resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in

the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Severe Osteoporosis

Before the age of 50, you suffer:

- at least two vertebral body fractures or a fracture of the neck or femur, due to osteoporosis; and
- have a bone mineral density reading with a T-score of -2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist, which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Severe Rheumatoid Arthritis

The unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, with evidence of, all of the following criteria:

- at least a six-week history of Severe Rheumatoid Arthritis which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands, or
 - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle.
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone), and
- typical rheumatoid joint deformity and at least two of the following criteria:
 - morning stiffness
 - rheumatoid nodules
 - erosions seen on X-ray imaging, or
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Severe Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must:

- be confirmed by a consultant neurologist
- be evidenced by neuro-imaging; and
- cause severe permanent neurological impairment resulting in the total and irreversible inability to perform without the physical assistance of another person any

three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Severe Ulcerative Colitis

Unequivocal diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must:

- be confirmed by a consultant neurologist, and
- be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Surgery of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

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