

# CORPORATE COVER

## SUPPLEMENTARY COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY

Issue Date: 1 November 2019

**This Supplementary Product Disclosure Statement (SPDS) is dated 1 November 2019 and supplements the CommInsure Corporate Cover Combined Product Disclosure Statement (PDS) and Policy (issued 23 February 2018). This SPDS outlines changes to the product and should be read together with the PDS. When reading the PDS you should replace the sections described with the wording contained in this document. Terms defined in the PDS have the same meaning in this SPDS.**

The following changes are made to the PDS:

### 1. Inside cover

a. The following paragraph is added after the paragraph starting with CMLA is a wholly owned..."

CMLA has entered into a Joint Cooperation Agreement with AIA Australia Limited (AIA) and Commonwealth Bank of Australia (CBA) for the joint operation of the CMLA and AIA businesses. AIA is part of the AIA Group, the largest publicly listed life insurance group in the Asia Pacific region with a presence in 18 markets. Whilst CBA will remain the ultimate shareholder of CMLA, under the terms of the Joint Cooperation Agreement AIA will have an appropriate level of direct management and oversight of the CMLA business.

b. The sentence "CommInsure is a registered business name of CMLA." is replaced by "'CommInsure' is used under licence by CMLA."

### 2. Page 26

Replace 10.1 Privacy with the following:

#### 10.1 Privacy

This section summarises key information about how CMLA, as part of the AIA Australia Group handles personal information.

##### CMLA's Privacy Policy

In this section, 'we', 'our' and 'us' means The Colonial Mutual Life Assurance Society Limited (CMLA).

CMLA has entered into a Joint Cooperation Agreement with AIA Australia Limited (AIA) and Commonwealth Bank of Australia (CBA) for the joint operation of the CMLA and AIA businesses. As part of operationalising the Joint Cooperation Agreement, CMLA has adopted the AIA Australia Group Privacy Policy. This section summarises key information about how we, and the AIA Australia Group, handle personal information. More information can be found in the full version of the AIA Australia Group Privacy Policy which can be found at [aia.com.au/privacy](http://aia.com.au/privacy) The AIA Australia Group comprises CMLA, CMLA Services Pty Ltd ABN 88 622 557 251, Jacques Martin Pty Ltd ABN 55 006 100 830 and Jacques Martin Administration and Consulting Pty Ltd AN 24 006 787 748 AFSL 235037 as well as AIA, AIA Financial Services Limited ABN 68 008 540 252 AFSL 231109 and their related bodies corporate.

This Supplementary Product Disclosure Statement (SPDS) is issued by the insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). 'CommInsure' is used under licence by CMLA.

**CommInsure**



## Collection information

The information **we** collect about **you** and where applicable, **your** employees/members includes information such as their identity and contact details, other personal details such as gender, marital status and financial information. CMLA will not be able to administer this product for **you** without this information.

### How we collect it

**We** collect this information directly from **you**, **your** employees/members and from others such as service providers, agents, advisers, brokers, or their family members. Where **you** provide CMLA with information about someone else **you** must have their consent to provide their information to **us** as described in the AIA Australia Group Privacy Policy.

The law may require **us** to identify **our** customers. **We** do this by collecting and verifying information about **you**, **your** employees/members and persons who act on **your** behalf. The collection and verification of information helps to protect against identity theft, money-laundering and other illegal activities. **We** may disclose personal information in carrying out verification. e.g. **we** may refer to public records to verify information and documentation.

### What we collect

The information **we** may collect may vary. **We** collect medical and lifestyle information about insured persons. Where **we** need to obtain lifestyle and medical information from health professionals or other parties, **we** will ask for consent, except where otherwise permitted by law. If an insured person is commonly known by two or more different names, **you/they** must give **us** full details of their other name or names. Also, during **your** relationship with **us** **we** may also seek and collect further information about **you** or an insured person and about **your** dealings with **us**.

### Accuracy

It's important **you** and where applicable, **your** employees/members, provide **us** with accurate and complete information. If **you** don't, **you** may be in breach of the law and **we** may not be able to provide **you** with products and services that best suit **your** employees/members and **your** needs.

### CBA Group Companies

CBA has agreed to distribute **our** and AIA Australia Group products and services. For some AIA Australia Group members, CBA provides services that support **our** products and services or those of other AIA Australia Group members. Accordingly the AIA Australia Group will disclose personal information to CBA to help it distribute products or to enable it to provide services to AIA Australia Group members. For AIA Australia Group members who rely on CBA to provide services, some personal information (but not sensitive information) may be visible on CBA systems. For more information on how information relating to CBA Group Companies is managed please refer to **our** full privacy policy at [aia.com.au/privacy](http://aia.com.au/privacy)

**We** may also share information for identity verification and foreign tax compliance reporting in respect of which **we** and the CBA have agreed to act on each other's behalf. This allows **us** to both use the same customer information for these purposes without needing to each ask for the information separately. The information shared may include, for example, names, contact details, date of birth, product details and identity numbers such as foreign tax identification or driver's licence numbers.

### How do we use personal information?

**We** collect, use and exchange **your** information and where applicable, **your** employees'/members' information so that **we** can:

- ◆ establish and verify **your** employees'/members' identity and assess applications for products and services
- ◆ price and design **our** products and services
- ◆ administer **our** products and services
- ◆ manage **our** relationship with **you**
- ◆ manage **our** risks and help identify and investigate illegal activity, such as fraud
- ◆ contact **you**, for example if **we** need to tell **you** something important
- ◆ conduct and improve **our** businesses and improve the customer experience
- ◆ comply with **our** legal obligations and assist government and law enforcement agencies or regulators
- ◆ identify and tell **you** about other products or services that **we** think may be of interest to **you**.
- ◆ to manage and administer **our** and **our** Affiliates' and partners' business activities, products and services, including the AIA Vitality program

**We** may also collect, use and exchange information in other ways permitted by law.

### Electronic communication

If **you've** given **us** **your** electronic contact details, **we** may use these details to provide information to **you** electronically, for example, sending reminders via SMS or email. **You** may receive information on AIA Australia Group products and services electronically.



## Gathering and combining data to get insights

Improvements in technology enable organisations, like **us**, to collect and use information to get a more integrated view of customers and provide better products and services.

The AIA Australia Group may combine customer information it has with information available from a wide variety of external sources (for example census or Australian Bureau of Statistics data). **We** are able to analyse the data in order to gain useful insights which can be used as mentioned above.

In addition, AIA Australia Group members may provide data insights or related reports to others, for example to help them understand their customers better. These are based on aggregated information and do not contain any information that identifies **you**.

## Protecting your information

**We** comply with the Australian Privacy Principles as incorporated into the Privacy Act 1988 (Cth). The Privacy Act protects **your** sensitive information, such as health information that's collected on insurance applications.

## Who do we exchange information with?

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

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

Third parties include:

- ◆ an insured person's employer or former employers
- ◆ brokers, agents and advisers and persons acting on **your** behalf, for example guardians and persons holding power of attorney
- ◆ medical practitioners (to verify or clarify, if necessary, any health information **you** may provide)
- ◆ reinsurers and auditors
- ◆ claims-related providers such as assessors and investigators (so that any claim **you** make can be assessed and managed), insurance reference agencies (where we're considering whether to accept a proposal of insurance from **you** and, if so, on what terms)
- ◆ organisations to whom **we** may outsource certain functions, for example, direct marketing, statement production and information technology support
- ◆ government and law enforcement agencies or regulators
- ◆ entities established to help identify illegal activities and prevent fraud.

In all circumstances where **our** contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by **our** agents, contractors and outsourced service providers for **our** purposes.

**We** may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

## Sending information overseas

From time to time **we** may send **your** information overseas, including to other AIA Group members and to service providers or other third parties who operate or hold data outside Australia. Where **we** do this, **we** make sure that appropriate data handling and security arrangements are in place. Please note that Australian law may not apply to some of these entities.

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

For more information about which countries **we** may send **your** information to, see the AIA Australia Group privacy policy available at [aia.com.au/privacy](https://aia.com.au/privacy)



### Viewing your personal information

**You** and where applicable, **your** employees/members, can (subject to permitted exceptions) request access to **your**/their personal information by contacting:

Email: **CMLAcustomerrelations@cba.com.au**

Phone: **1800 045 288** between 8.30 am - 5.00 pm (AEST/ADST), Monday to Friday

Write to: Customer Relations  
PO Box 234, PARRAMATTA NSW 2124

**We** may charge **you** or **your** employees/members for providing access.

### Making a privacy complaint

If **you** or **your** employees/members have a concern about privacy **you** have a right to make a complaint and we'll do everything **we** can to put matters right. For information on how to make a complaint see below under 'Further information'.

### Further information

The AIA Australia Group Privacy Policy contains a more detailed explanation of how **we** collect, use and share **your** personal information, as well as the privacy complaints process. Please read this by visiting **our** website at [aia.com.au/privacy](http://aia.com.au/privacy)



# CORPORATE COVER

## SUPPLEMENTARY COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY

Issue Date: 1 July 2019

**This Supplementary Product Disclosure Statement (SPDS) is dated 1 July 2019 and supplements the CommInsure Corporate Cover Combined Product Disclosure Statement (PDS) and Policy (issued 23 February 2018). This SPDS outlines changes to the product and should be read together with the PDS. When reading the PDS you should replace the sections described with the wording contained in this document. Terms defined in the PDS have the same meaning in this SPDS.**

The following changes are made to the PDS:

### 1. Page 02

#### Added new section 1.10:

##### 1.10 AIA Pending Acquisition

On 21 September 2017 the Commonwealth Bank of Australia (CBA) announced the proposed sale of its life insurance businesses in Australia and New Zealand to the AIA Group (AIA). The Colonial Mutual Life Assurance Society Limited (CMLA) forms part of this proposed sale. From the date that the sale is completed, CMLA will form part of AIA and will no longer be part of the CBA Group. The sale is targeted to complete in the second half of the calendar year 2019 but is subject to a number of conditions and regulatory approvals. Please contact us if you have any questions on the proposed sale or to find out if the sale has completed.

### 2. Page 12

#### Added new section 3.13:

##### 3.13 When we will refund premiums (inside superannuation only)

###### 3.13.1 Cooling-off period

Where the **insured person** decides they do not want **automatic acceptance** cover, or an increase in the level of automatic cover, then they may elect to cancel this. Providing **your** cancellation is made within 14 calendar days of **us** notifying **you** of **your** cover – and as long as no claims have been made – **we'll** refund any premiums paid from the date cover started or increased (as applicable). No cover will then apply for that period.

Please note 1.3.2 also refers to a 'cooling-off period'. This provision relates to the **policy owner** cancelling the policy.

###### 3.13.2 Multiple cover

Where, upon receipt of a claim, **we** identify that the **insured person** has multiple **automatic insurance** covers and no benefit is payable because they have already received a benefit under another income protection policy (in accordance with 5.5), **we** will give them the option to cancel their cover and receive a premium refund for the period where multiple insurance covers was held, up to a maximum of six years.

###### 3.13.3 Ineligible cover

Where **we** identify that the **insured person** would not be eligible to claim on the **automatic acceptance** cover provided, then premiums will be refunded for the period the **insured person** was ineligible. Refunds will not be provided if the **insured person** has an illness or injury that means they are not covered due to a **limited cover** or pre-existing condition exclusion or limitation, because they may still be eligible for cover for any new or other illnesses or injuries.

###### 3.13.4 Premium paid after cover ceasing

Where the **insured person** submits a claim and the acceptance of this claim results in their cover ceasing, **we** will refund any premium paid after the date they become ineligible to their superannuation account.



### 3. Page 27

Replace “10.2 If there’s a problem” with the following:

#### 10.2 If there’s a problem

Most enquiries can be resolved quickly by simply talking with **us**. **You** can call **us** on 131 056 between 8.30 am and 6 pm (Sydney time), Monday to Friday, so **we** can help.

If **your** enquiry is not resolved to **your** satisfaction, **you** may lodge a complaint in writing.

Please send **your** written complaint to:

Customer Relations  
PO Box 234  
PARRAMATTA NSW 2124

Or via email to:

CMLAcustomerrelations@cba.com.au

Please mark **your** letter ‘Notice of Complaint’.

When **you** make a complaint **we** will:

- ◆ acknowledge **your** complaint
- ◆ give **you** a reference number and contact details so that **you** can follow up if **you** want to
- ◆ make sure **we** understand the issues and investigate the cause of **your** concern
- ◆ do everything **we** can to fix the problem
- ◆ respond to **you** as quickly as possible
- ◆ keep **you** informed of our progress if the matter can’t be resolved quickly
- ◆ keep a record of **your** complaint

#### External Dispute Resolution – Australian Financial Complaints Authority

If **you’re** not satisfied with **our** handling of **your** complaint or **our** decision, **you** may refer **your** complaint to the Australian Financial Complaints Authority (AFCA). AFCA offers a free independent dispute resolution service for consumer and small business complaints.

**You** can contact AFCA on 1800 931 678 between 9 am and 5 pm (Sydney time), Monday to Friday from anywhere in Australia, online at [www.afca.org.au](http://www.afca.org.au), or by writing to:

Australian Financial Complaints Authority Limited  
GPO Box 3  
Melbourne VIC 3001

### 4. Page 33

Replace headings within the definition of “total and permanent disablement/totally and permanently disabled (TPD)” with the following:

Definition A - loss of limbs and/or sight

Definition B - unable to look after yourself ever again

Definition C - suffering a specifically defined medical condition and permanently unable to work because of it

Definition D - unable/unlikely to do a suited occupation ever again

Definition E - unable to do basic activities associated with work ever again

Definition F - unlikely to do your own occupation ever again (outside superannuation only)



# CORPORATE COVER

## COMBINED PRODUCT DISCLOSURE STATEMENT (PDS) AND POLICY.

Issue date: 23 February 2018

**Comm**Insure



The issuer of the insurance products outlined in this PDS is The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). CommInsure is a registered business name of CMLA.

CMLA is a wholly owned but non-guaranteed subsidiary of the Commonwealth Bank of Australia ABN 48 123 123 124 (CBA). CMLA takes full responsibility for the whole of this document.

Taxation considerations are general and based on present taxation laws and may be subject to change. You should seek independent, professional tax advice before making any decision based on this information. CMLA is not a registered tax (financial) adviser under the Tax Agent Services Act 2009 and you should seek tax advice from a registered tax agent or a registered tax (financial) adviser if you intend to rely on this information to satisfy the liabilities or obligations or claim entitlements that arise, or could arise, under a taxation law.

The information in this PDS is general in nature. It doesn't take into account your individual objectives, financial situation or needs. To assess whether this cover is appropriate for you, consider speaking to a financial adviser.

The information in this PDS is up to date as at the issue date stated on the front cover but is subject to change from time to time. Where a change of information isn't materially adverse, a new PDS or supplementary PDS may not be issued with the updated information.

Instead you'll be able to find the updated information via our website [commbank.com.au](http://commbank.com.au) or you can call 13 1056 between 8 am and 8 pm (Sydney time) Monday to Friday. If you request a copy of the updated information, we will send this to you free of charge.

The product described in this PDS is only available to persons applying in Australia. Applications from outside Australia will not be accepted. All references to monetary amounts in this PDS are references to Australian dollars.

If you need to contact us you can do so at:

Level 1, 11 Harbour Street  
Sydney NSW 2000

Phone: 13 1056 between 8 am and 8 pm (Sydney time), Monday to Friday



# Contents

## Policy overview

About this document	01
Group insurance	01
Contract of insurance	01
About the policy	01
Who's eligible for cover?	01
This information is general	01
Understanding this document	02
Communicating with us	02
The Life Insurance Code of Practice	02

## Product choices

Why CommInsure?	03
Our Corporate Cover solutions	03
Group life cover	05
Income protection insurance	05
Additional benefits and features	07
How to apply	07

## Your cover

When does cover start?	09
Automatic acceptance	10
Underwritten cover	10
Interim accident cover	10
Worldwide cover	11
Takeover cover	11
Transferred cover	11
When does cover end?	11
Reinstating cover	11
Individual policy continuation option	12
Extended cover	12
What happens if the policy terminates?	12

## Group life cover

Group life benefits	13
What we'll pay	13
Only one benefit payable	13
Life events cover option	13
When won't we pay?	14

## Income protection cover

Total disability	15
Partial disability	15
When payments start	16
How long we'll pay	16
When benefits are reduced	16
Recurrent disability	16
Other benefits and features	16
Automatic variation of cover	17
Benefits paid overseas	17
One benefit at a time	17
When won't we pay?	17

## Income protection: additional benefits 19

Benefits available	19
Crisis	19
Specific injuries	19
Bed confinement	20
Family support benefit	21
Donor-elected transplant	21
Bereavement	21

## Making a claim 22

Notifying us of a claim	22
What we'll need to assess a claim	22
Confidential information	22

## How premiums work 23

What do premiums cost?	23
How are premiums calculated?	23
When do premiums need to be paid?	23
If you don't pay	23
What do we do with your premiums?	23
What you need to tell us	23
Auditing your records	24

## Changes to your policy 25

When can we change the policy?	25
When can we change the premium rates?	25
Special circumstances	25
Waiving our rights	25
Term of policy	25

## Privacy and dispute resolution 26

Privacy	26
If there's a problem	27

## Meanings of words in this PDS 29

General terms	29
Medical conditions	37





# 1. Policy overview

## 1.1 About this document

This is a combined Product Disclosure Statement (PDS) and Policy document. The entire document is a PDS but only certain parts of it contain the policy terms. The policy terms, which make up our contract with you if a policy is issued, are in sections 3 through to 11 of this document.

This PDS is designed to help you understand Commlnsure's Corporate Cover, which can be held inside super, or as part of an employee benefit plan, outside of super.

It provides important information about the features, benefits, costs and risks associated with Commlnsure's Corporate Cover.

## 1.2 Group insurance

Commlnsure's Corporate Cover policies are group insurance policies. This means they provide cover for a group of people (the insured persons).

However, rather than having a contract between us and each insured person, there's only one contract between us and you as the policy owner.

If the policy is issued as a superannuation policy it will be issued to the trustee of the relevant superannuation fund. If the policy is an employee benefit plan offered by an employer then it will be issued to the entity nominated by you in the application form.

## 1.3 Contract of insurance

Your policy is a contract of insurance between The Colonial Mutual Life Assurance Society Limited (us) and you (the policy owner). It's made up of:

- ♦ Sections 3 through to 11 of this PDS
- ♦ any Policy Schedule we enter into with you
- ♦ any document that shows a change to your policy.

### 1.3.1 Policy Schedule

If you take out a policy, we'll give you a Policy Schedule. This sets out the details of your policy and any extra terms and conditions specific to you.

Any variations to the terms and conditions contained within the PDS are set out in the 'special terms' section of the Policy Schedule. Where applicable, the specific wording used in the Policy Schedule will replace the relevant clause referred to within this document.

### 1.3.2 Cooling-off period

After you take out a policy, you have 30 days to decide whether it meets your needs and the needs of your employees/members. This is the cooling-off period.

You can cancel your policy within the cooling-off period by asking us in writing.

If you cancel the policy before the cooling-off period ends – and as long as no claims have been made – we'll refund any premiums paid.

## 1.4 About the policy

This policy:

- ♦ is issued from our No 1 statutory fund (where the policy is held inside super) or from our No 5 statutory fund (where the policy is held outside super)
- ♦ doesn't participate in our profits
- ♦ doesn't acquire a surrender value
- ♦ is subject to, and governed by, the laws of the Commonwealth of Australia
- ♦ is only available to policy owners in Australia.

You may only assign this policy if we agree in writing, and in the case of a superannuation policy you may only assign the policy to the trustee of another superannuation fund.

All payments made in connection with this policy, whether to us or by us, must be made in Australia and in Australian currency.

## 1.5 Who's eligible for cover?

Each person insured under this policy must be:

- ♦ an employee (if the policy is owned by an employer), or
- ♦ a member of a complying super fund (if the policy is owned by a trustee), and
- ♦ at least 14 years old
- ♦ younger than the cover expiry age, and

meet any other additional eligibility conditions set out in the Policy Schedule.

## 1.6 This information is general

The information in this PDS is general in nature. It doesn't take into account your individual objectives, financial situation or needs. To assess whether this cover is appropriate for you, consider speaking to a financial adviser.

### 1.6.1 Tax

The taxation of premiums and benefits can be quite complex and is also subject to change. We recommend seeking independent professional taxation advice.

## 1.7 Understanding this document

In this PDS:

- ◆ certain words and expressions are especially important to the contract and in sections 3 through to 11, have been highlighted in bold text – see section 11 and/or the Policy Schedule for their meanings
- ◆ headings are used as a guide only
- ◆ singular and plural nouns may be used interchangeably, depending on the context
- ◆ references to monetary amounts are in Australian dollars.

## 1.8 Communicating with us

All notices, medical evidence and communications with us must be in writing and posted to us or submitted electronically. We'll send notices to you at the last address you gave us – and you can send notices to us at the last address we gave you.

Our principal office is at:

Level 1, 11 Harbour Street  
Sydney NSW 2000

## 1.9 The Life Insurance Code of Practice

The Life Insurance Code of Practice (the Code) is the life insurance industry's commitment to customer service standards.

The Code has been voluntarily developed by the life insurance industry through the Financial Services Council to protect life insurance customers by:

1. Promoting higher standards of service
2. Providing benchmarks of consistency within the industry
3. Establishing a framework for professional behaviour and responsibilities.

The Code sets standards life insurers are expected to meet when providing services to their customers. One such standard is the requirement for life insurers to be open, fair and honest. The Code also sets out the timeframes for insurers to respond to claims, complaints and requests for information from customers.

The Code covers many aspects of a customer's relationship with their insurer, including:

- ◆ communication standards
- ◆ product design and disclosure requirements
- ◆ sales practices and advertising
- ◆ buying, altering or policy cancellation practices
- ◆ claims practices
- ◆ providing assistance to those experiencing financial hardship or have additional needs
- ◆ complaint and dispute resolution.

### 1.9.1 Our Commitment

CommInsure is proud to be a signatory to the Code and is committed to doing the right thing for its customers. The Code is monitored by an independent committee, to ensure effective compliance by life insurers. Insurers can be sanctioned if they do not correct breaches of the Code.



## 2. Product choices

### 2.1 Why CommInsure?

CommInsure is one of the largest insurance providers in Australia. Our roots date back over 140 years, and since then we've developed a reputation for financial strength, security and reliability.

We're dedicated to creating strong partnerships with our clients based on collaboration, service excellence, innovation and continuous improvement. We provide high-quality insurance products and we pay all legitimate claims.



A long term **partner** with deep expertise and insight into insurance needs and service philosophy.



A **respected corporate citizen**, committed to sustainability, diversity and the community.



We have a long **proud history** as a group insurer and we'll continue to be at the forefront of industry changes.



**Significant investment** in our group insurance infrastructure, digital and innovative capabilities.

#### Some of the key reasons to partner with CommInsure include:



We are a proud Australian company and have a long standing and successful track record in supporting superannuation funds and employee groups.



We are committed to a partnership that is based on transparency and an ongoing investment in product and service delivery excellence.



Our claims philosophy is aligned to delivering best employee/member outcomes. This is supported by the ongoing development of our rehabilitation, return to work and wellness programs that provide support to employees/members at a critical point in time and enhance the overall fund-employer-member relationship.



We are committed to the ongoing development of technology tools and solutions to support your employees/members and enhance the existing experience and engagement strategies.



We have a strong balance sheet which provides the necessary financial strength to our partner clients.

### 2.2 Our Corporate Cover solutions

CommInsure's Corporate Cover and Corporate Cover Plus products help businesses and corporate superannuation funds provide tailored group life cover and income protection cover to their employees/members.

- ◆ Corporate Cover is a cost-effective option that provides comprehensive short-term temporary disability benefits to nominated employees/members, as well as lump sum benefits in the event of death, terminal illness or Total and Permanent Disablement (TPD).
- ◆ Corporate Cover Plus provides greater flexibility, including a long-term income protection option (to age 65) and additional benefits such as our crisis benefit and family support benefit.

We can cover eligible employees/members without underwriting, up to an automatic acceptance limit, as long as certain conditions are met (see 3.2).

#### 2.2.1 Why offer your staff Corporate Cover?

Regardless of the occupation, the prospect of a person becoming disabled due to illness or injury at some stage in their working lives can be a source of stress for employees. For your employees/members the insurance cover available through this policy can provide the financial support needed during one of the most challenging periods they may face in their working lives.

In addition to the monetary benefit that Corporate Cover delivers, engagement with our highly skilled and dedicated claims staff, including qualified rehabilitation consultants, can assist in getting your employees back to wellness and back to work as soon as possible, minimising the impact to your business and the lives of your employees.

In a competitive employment market, offering personal insurance as part of an employee's overall salary package could be one of the most valuable ancillary benefits you can provide to your employees and can play a critical role in assisting you to attract and retain talented staff.

#### 2.2.2 What cover/benefit options are available?

The tables below outline the benefits of our Corporate Cover and Corporate Cover Plus products. Benefits are optional, and you can choose which ones are best suited for your employees and your budget.



Each benefit is available for cover held inside and outside super, unless indicated.

Coverage/Benefit	Corporate Cover	Corporate Cover Plus
Minimum age	14 years	14 years
Employer approved leave without pay cover	12 months	24 months
Individual transfer terms	x	✓
Limited cover*	24 months	12 or 24 months

\* Refer to 3.1.1 for full details as to when Limited Cover is applied.

Coverage/Benefit	Corporate Cover	Corporate Cover Plus
<b>Group life</b>		
Cover expiry age	65 years	75 years †
TPD	✓	✓
Death	✓	✓
Terminal illness	✓	✓
Life events cover option	x	✓
Terminal illness – certification period option	12 or 24 months	12 or 24 months
Interim cover	✓	✓

† Applies to death only. The maximum cover expiry age for TPD is 70.

Coverage/Benefit	Corporate Cover	Corporate Cover Plus
<b>Income protection</b>		
Cover expiry age	65 years	70 years
Total disability	✓	✓
Partial disability	✓	✓
Super Monthly Benefit	✓	✓
Flexible waiting period options	✓	✓
2 year benefit period	✓	✓
5 year benefit period	✓	✓
To age 65 benefit period	x	✓
Worldwide cover	✓	✓
Interim cover	x	✓

Coverage/Benefit	Corporate Cover	Corporate Cover Plus
<b>Additional benefits and features</b>		
Crisis benefit^	x	✓
Bed confinement^	x	✓
Specific injuries^	x	✓
Family support benefit^	x	✓
Donor elected transplant benefit^	x	✓
Bereavement	✓	✓
Benefit indexation	✓	✓
Rehabilitation and return to work assistance*	✓	✓
Workplace modification	✓	✓
Premium waiver	✓	✓

^ Applies to cover outside of super only

\* In the event of a claim, we will consider paying the cost of these expenses as part of our claims assessment process.

## 2.2.3 When we won't pay a benefit

We won't pay a benefit for an insured person in certain circumstances. This is summarised in the following table, which outlines the circumstances in which an exclusion applies under the Group Life or Income Protection. For further details please refer to 4.5 and 5.11.

	Group Life	Income Protection
Self-inflicted acts	✓	✓
War	✓	✓
Pandemic illness	✓ (Death only)	x
Normal pregnancy or childbirth	x	✓

## 2.2.4 Who can take out Corporate Cover?

Corporate Cover and Corporate Cover Plus are available to employers, corporate super funds and in some circumstances, other groups such as associations.

## 2.2.5 Group insurance held inside super

CommInsure's Corporate Cover and Corporate Cover Plus can each be held inside super. However, any product offered through a superannuation fund must comply with the Superannuation Industry (Supervision) Act 1993 and other legislation and therefore, there are some significant differences between the cover that can be held inside and outside super. For instance:

- an 'own occupation' TPD definition can only apply to insurance held outside super
- an insured person is not entitled to income protection benefits under policies held in super if they're unemployed at the time they suffer a disability that is the subject of a claim.

## 2.2.6 Consider your insurance needs

As outlined in the graphic on page 5 (which is for illustrative purposes only), over time, your employees' or members' insurance needs will change with their personal circumstances. The core demographic of your workforce/ membership base could also impact the type and level of cover you offer.

For instance, younger workers may be less likely to own a property or have dependants who rely on them financially, and would therefore have less need for a lump sum death benefit. However, their main concern may be the impact that a period of disability may have on their personal financial wellbeing, meaning that income protection and TPD benefits would be of greater importance.

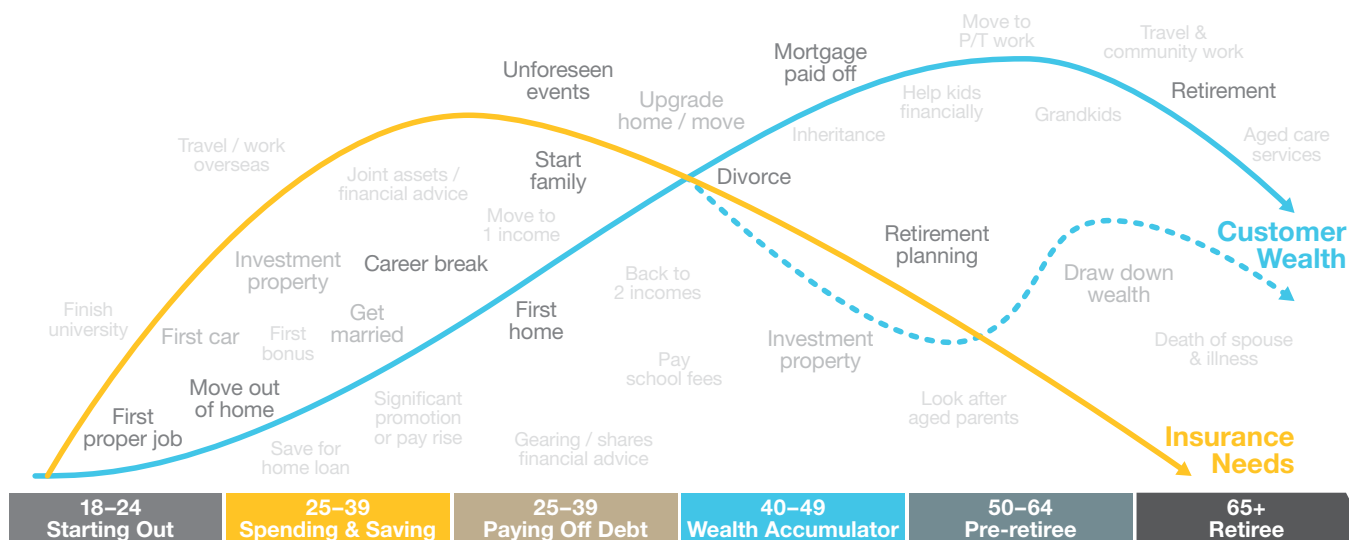
Deciding how best to tailor your cover will depend on:

- your insurance premium budget
- which benefits you believe will provide the most value to your employees.

We can assist you to assess your insurance needs and provide general advice to help you tailor a product design that is suitable for your membership or employee group.



# Insurance needs at each life stage



## 2.3 Group life cover

No one likes to think about worst-case scenarios – but at the same time, no one knows what lies around the corner. That's where CommInsure's group life insurance comes in, by providing financial support to insured persons and their loved ones when they need it most.

### 2.3.1 How much we'll pay

In one of the following instances, we'll pay a lump sum benefit up to the amount set out in the Policy Schedule:

Type of benefit	When we'll pay the benefit
Death	If an insured person dies while covered under this policy.
Terminal illness	If an insured person is certified by two medical practitioners as suffering from an illness that will result in their death within 12 or 24 months (as set out in the Policy Schedule).
Total and permanent disablement (TPD)	If an insured person becomes totally and permanently disabled due to an injury or illness.

### 2.3.2 TPD definition

The TPD definition available will depend on:

- ◆ the work status of your employees or members
- ◆ the age of the insured person at the date of disablement
- ◆ the definition option(s) you choose when tailoring your cover.

For instance, we offer an 'own occupation' TPD definition (outside super only) for professional and senior managerial staff, where TPD assessment is based on their general area of expertise rather than any occupation for which they may be suited.

The TPD definition(s) that applies to your group life cover will be set out in the Policy Schedule.

## 2.4 Income protection insurance

As an employer, you can support your employees by protecting their most valuable asset – their ability to earn an income.

Income protection insurance pays a percentage of an insured person's income if they can't perform all or part of their occupation due to injury or illness. Having this support allows them to instead focus solely on their recovery without the additional financial stress of being without an income.

By including a superannuation contribution benefit as well, you can also ensure that your employees/members continue to accumulate retirement savings during this period of disability.

As well as the monthly benefit payments we provide, CommInsure's proactive claims management strategy and our health and wellbeing support can help an insured person return to work sooner.

### 2.4.1 Benefit payments

We'll pay a monthly benefit up to the amount set out in the Policy Schedule when an insured person is:

- ◆ totally disabled, which means they're not working at all due to illness or injury and can't perform the important duties of their usual occupation
- ◆ partially disabled, which means they're working, or able to work, but only at a reduced capacity due to illness or injury.

The insured person must be disabled for longer than the initial waiting period before they're eligible to receive benefits.

You can select from a range of waiting period options to best suit your needs. We generally offer waiting periods of:

- ◆ 30 days
- ◆ 60 days
- ◆ 90 days.

You can also choose from different benefit payment periods. This is the maximum period we'll continue to pay benefits following a claim. We offer benefit payment periods of:

- ◆ two years
- ◆ five years
- ◆ to age 65.

Where you have Corporate Cover Plus and have elected to provide cover up to the age of 70, the benefit period is limited to 24 months on a claim that's lodged by an insured person following their 63rd birthday. Claims lodged prior to the insured person's 63rd birthday will cease on the earlier of:

- ◆ the end of the benefit payment period
- ◆ the insured person's 65th birthday

## 2.4.2 How much we'll pay

If an insured person becomes totally disabled, we'll pay a monthly benefit up to the amount set out in the Policy Schedule.

If an insured person becomes partially disabled, we calculate the benefit using this formula:

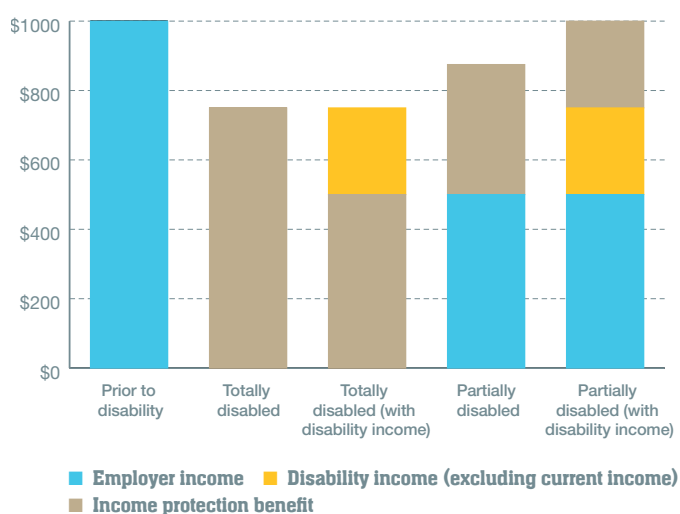
$$\frac{(A - B)}{A} \times C$$

Where:

- ◆ A is the insured person's income
- ◆ B is the insured person's current income for the month for which they are claiming partial disability
- ◆ C is the insured person's monthly benefit (ie if they were totally disabled)

This adds a financial incentive to participate in gradual return-to-work programs which can involve alternative duties or reduced hours. A gradual return-to-work program can greatly assist the insured person's recovery process as well as their psychological wellbeing and get them back to work sooner.

How much we'll pay and the impact of disability income is illustrated in the following graph (which is used for illustrative purposes only).



## 2.4.3 How we calculate income

Determining an insured person's income before their disability isn't always straightforward. In many cases, the salary they were earning immediately before they became disabled may not accurately reflect their typical earnings over the course of the whole year.

We can therefore take other employee benefits into consideration, such as the insured person's overtime, shift allowance and bonuses. The specific definition which applies to your cover will be noted in the Policy Schedule.

## 2.4.4 Automatic variation of cover

The insured person's level of cover may automatically increase or decrease during the policy year. This is calculated in line with the insured cover formula we've agreed on for that person (see 5.8).

## 2.5 Additional benefits and features

CommInsure offers a range of additional benefits and features under our Corporate Cover Plus policies. For instance, an insured person may qualify for one or more of the following benefits.

Benefit/feature	Description
Crisis benefit*	If an insured person suffers a specified medical condition, we'll waive the applicable waiting period and pay up to 6 months' payments (even if they're working).
Specific injuries benefit*	If an insured person suffers a specified injury, we'll waive the applicable waiting period and provide monthly payments for a specified period (even if they're working).
Bed confinement benefit*	We'll pay this benefit if an insured person suffers an injury or illness that restricts them from leaving their bed for at least three days.
Family support benefit*	We'll pay this benefit if a family member must cease employment to provide ongoing care for the insured person.
Bereavement benefit	We'll pay this benefit if an insured person dies while receiving, or while eligible to receive, income protection benefits.
Donor-elected transplant benefit*	We'll make a one-off payment if an insured person undergoes a donor-elected transplant.
Workplace modification	At our discretion, in the event of a claim we'll pay any reasonable costs incurred to modify the insured person's workplace so they can return to work. If we agree to pay these costs, they will be paid directly to the service provider.
Rehabilitation and return to work assistance	At our discretion, in the event of a claim we'll pay any reasonable costs for the insured person to participate in certain rehabilitation or return-to-work assistance programs. If we agree to pay these costs, they will be paid directly to the service provider.
Benefit indexation	We'll increase the insured person's monthly benefit by the benefit indexation amount shown in the Policy Schedule. We'll do this at each anniversary of the end of the waiting period.
Premium waiver	While we're paying disability benefits for an insured person, we'll waive any premiums due for that person from the end of the waiting period until the disability benefit is no longer payable.

\* non-super policies only

For further details regarding the additional benefits available under the policy please refer to section 6.

## 2.6 How to apply

After reading this PDS, you can apply for CommInsure's Corporate Cover by following the application process outlined below. An insurance broker or financial adviser can help you do this.

<b>Step 1</b>	<p>You or your authorised intermediary can ask us for a quote. For us to produce a quote, we'll need information about your company and your employees/members. This includes:</p> <ul style="list-style-type: none"> <li>♦ the type of employee benefit plan and benefit design you would like a quote for</li> <li>♦ employee specific data <ul style="list-style-type: none"> <li>• occupation, gender, salary and age</li> <li>• working hours and employment basis (eg full time, part time, casual)</li> <li>• State of domicile</li> </ul> </li> <li>♦ any other information that we may require to complete your quote.</li> </ul> <p>This information helps us determine the cover we can offer you and a premium rate estimate.</p>
<b>Step 2</b>	<p>Once we receive all the required information, we'll provide you with a Quotation Summary. This is valid for 90 days from the date we issue it to you, unless we agree otherwise.</p>
<b>Step 3</b>	<p>If you choose to take out cover with us, we'll ask you to complete an application form and return it to us along with the Quotation Summary signed by either you or your authorised intermediary. We'll need this within the 90 day validity period.</p>
<b>Step 4</b>	<p>Once we receive the signed documents, we'll issue you with your Policy Document which includes your Policy Schedule and policy number. Outlined in your Policy Schedule are your policy terms and the date your cover commences.</p> <p>The Policy Schedule is based on your selected Quotation Summary and this forms the basis of our contract of insurance with you.</p>
<b>Step 5</b>	<p>Each year we review your insurance plan to determine the amount of cover you have and your annual or monthly premium payable. We'll ask for the latest information about your employees/members related to your insurance plan.</p> <p>Your company may experience changes each year such as employee salary increases and promotions as well as new starters and departures. We consider these factors each year when we review your insurance plan.</p>







## 3. Your cover

### 3.1 When does cover start?

Cover starts in one of five ways:

- ♦ by **automatic acceptance**, where cover is granted automatically up to a certain level without evidence of the **insured person's** health circumstances (see 3.2)
- ♦ after the underwriting process, when the person has been successfully underwritten for cover (see 3.3)
- ♦ through takeover cover (see 3.6)
- ♦ through transferred cover (see 3.7)
- ♦ by agreement by **us**.

If the **eligibility criteria** set out within the **Policy Schedule** is met, then **automatic acceptance** cover starts on the latest of:

- ♦ the **policy commencement date**
- ♦ the date the person meets the **eligibility criteria** and receives **automatic acceptance** cover.

Where cover is underwritten, cover starts on the date **we** agree in writing to provide cover for that person.

#### 3.1.1 When will limited cover apply?

The following table shows how **limited cover** will apply in different circumstances. **Limited cover** doesn't apply to underwritten cover.

When **limited cover** applies, **we'll** only pay a benefit if an illness or injury first becomes apparent or first occurs on or after the date the **insured person's** cover started, restarted or increased.

If:	Then:
the <b>insured person</b> wasn't in <b>active employment</b> on the day their cover commences	<b>we'll</b> only provide <b>limited cover</b> until they've returned to <b>active employment</b> for two consecutive months.
someone is nominated as an <b>insured person</b> more than 120 days after the later of: <ul style="list-style-type: none"> <li>♦ the <b>policy commencement date</b></li> <li>♦ the date they first met the <b>eligibility criteria</b> set out in the <b>Policy Schedule</b></li> </ul>	<b>we'll</b> still provide them with <b>automatic acceptance</b> cover – however, <b>we'll</b> only provide <b>limited cover</b> for the 12 or 24 month period set out in the <b>Policy Schedule</b> until: <ul style="list-style-type: none"> <li>♦ the day following the end of that period (if the <b>insured person</b> is in <b>active employment</b> on that date)</li> <li>♦ or, if the <b>insured person</b> wasn't in <b>active employment</b> on that date, the day the <b>insured person</b> has returned to <b>active employment</b> for two consecutive months.</li> </ul>
the cover is held through super and the <b>insured person's fund</b> hasn't received their first super payment within 120 days of them joining their <b>employer</b>	<b>we'll</b> still provide them with <b>automatic acceptance</b> cover – however, <b>we'll</b> only provide <b>limited cover</b> for the 12 or 24 month period set out in the <b>Policy Schedule</b> until: <ul style="list-style-type: none"> <li>♦ the day following the end of that period (if the <b>insured person</b> is in <b>active employment</b> on that date)</li> <li>♦ or, if the <b>insured person</b> wasn't in <b>active employment</b> on that date, the day the <b>insured person</b> has returned to <b>active employment</b> for two consecutive months.</li> </ul>

## 3.2 Automatic acceptance

**Automatic acceptance** means **we'll** automatically insure an eligible person up to an **automatic acceptance limit (AAL)** without the need for underwriting.

An **AAL** is the maximum amount of cover available without evidence of the **insured person's** health circumstances.

The applicable **AAL** will be set out in the **Policy Schedule**.

### 3.2.1 Conditions for automatic acceptance

The following conditions must all be met before **we'll** provide **automatic acceptance** cover:

- ♦ there must be clearly defined criteria for determining who is eligible to be insured under the policy
- ♦ at least 75% of all eligible people must be insured – and continue to be insured at all times
- ♦ no more than 15% of **insured persons** can be based overseas
- ♦ any other terms that **we** specify in writing must be met.

If the above requirements are not satisfied at any time, the **AAL** will no longer apply. **We** won't provide an **AAL** until all the conditions are satisfied again and **we've** agreed in writing to provide cover.

### 3.2.2 Varying the AAL

**We** may vary the **AAL** by giving **you** at least two months' written notice:

- ♦ to take effect at any time after the **guarantee period**, or
- ♦ if, the number of **insured persons** has changed by more than 25% (compared with the number of **insured persons** at the start of the latest **guarantee period**).

**We** may vary the **AAL** immediately (even before the end of the **guarantee period**) if:

- ♦ Australia is involved in **war**
- ♦ it becomes impossible or impractical for **us** to carry out **our** obligations under the policy
- ♦ government charges, taxes or levies are imposed or changed, or
- ♦ the policy's provisions would otherwise become inconsistent with the law.

## 3.3 Underwritten cover

If a person isn't permitted to receive **automatic acceptance** cover, or is seeking cover above the **AAL**, **we** may be able to provide cover via the underwriting process.

First, they'll need to complete and send **us** an application form, along with any medical and other information **we** require.

**We'll** consider the application and decide whether to:

- ♦ provide additional cover for the person under this policy
- ♦ offer to cover to the person under this policy but with specific terms, conditions, exclusions, restrictions or premium loadings **we** think are appropriate – these will only apply to the part of the **insured person's** cover **we** accepted through underwriting, or
- ♦ refuse to cover the **insured person** under this policy for any more cover than they had before applying.

**We'll** only provide underwritten cover up to the **maximum benefit amount** or the **maximum monthly benefit** set out in the **Policy Schedule**.

## 3.4 Interim accident cover

Where the **Policy Schedule** specifies this coverage applies, if a person submits an application for underwritten cover, **we'll** provide interim accident cover during the underwriting process relative to the type of benefit applied for.

**We'll** pay according to the benefit type if, as the result of an **accident** during the interim accident cover period, the person:

- ♦ dies
- ♦ becomes **totally and permanently disabled**, or
- ♦ becomes **totally** or **partially disabled**.

### 3.4.1 Cover period

**We'll** provide interim accident cover from the date **we** receive **your** written request to provide underwritten cover for a person. It ends on the earliest of:

- ♦ the date **we** accept or decline the request
- ♦ the date the request is withdrawn
- ♦ the date **we** cancel the interim accident cover
- ♦ 120 days after **we're** notified of **your** request.

For an interim accident benefit to be payable under a group life cover policy, the person must either:

- ♦ die within 120 days of the **accident**, or
- ♦ become **TPD** within 120 days of the **accident**.

For an interim accident benefit to be payable under income protection, the person must become **totally disabled** within 120 days of the **accident**.

Any benefit payable, is payable only after the applicable **waiting period** has ended. The **waiting period** that applies to a person for the purposes of this condition will be 90 days unless the person had existing cover under this policy in which case the **waiting period** will be that which applies to their existing cover.

### 3.4.2 What we'll pay

For death and **TPD**, the benefit **we'll** pay is the amount of underwritten cover that has been applied for. However, any interim accident cover benefit **we** pay won't exceed the limit stated in the **Policy Schedule**.

For income protection, the benefit **we'll** pay will be the lesser of:

- ♦ the amount of cover applied for
- ♦ the **maximum insured percentage** of **income** plus the **super monthly benefit** (if applicable)
- ♦ the **maximum monthly benefit**.

The income protection benefit is limited to a maximum of 12 months while the person remains **totally** or **partially disabled**.

### 3.4.3 If you make a claim

An interim accident cover benefit is only payable once for a person. If **you're** entitled to make a claim, **your** application for underwritten cover is automatically cancelled.

### 3.4.4 Exclusions

No benefit for interim accident cover is payable if:

- ♦ the bodily injury to the person is caused by engaging in hazardous pastimes or sports that would not be covered under **our** normal underwriting guidelines
- ♦ the cover applied for would have been declined under **our** normal underwriting guidelines
- ♦ the person lodges a claim for an event or condition that would have been excluded under **our** normal underwriting guidelines.



### 3.5 Worldwide cover

If an **insured person** travels overseas on a temporary basis, **our** worldwide cover will apply 24 hours a day, seven days a week.

A person will also be eligible for cover if they have to live outside Australia for employment reasons, as long as they are employed by the **employer**.

**We** may apply an exclusion or special condition to the **insured person's** cover if there is an underwriting assessment which takes place for the **insured person**.

If a claim is made, the **insured person** will need to return to Australia at their own expense as soon as **we** believe it's medically possible for them to do so.

There are limitations on income protection benefits payable while an **insured person** is outside Australia (see 5.9).

### 3.6 Takeover cover

In some cases, **we** may take over a group insurance plan from another insurer. If this happens, the proposed cover must be comparable with the existing cover, and the existing cover must cease for every **insured person**.

The question of whether **we** or **the insurer** under the previous policy carries the risk of an **insured person's** claim will be determined under **Guidance Note 11** (see 11.1).

Any individual conditions, exclusions or restrictions applied to the **insured person** under the previous policy on the day before the **policy commencement date** will continue to apply under this policy, until they expire according to their terms or until **we** agree in writing to remove them.

### 3.7 Transferred cover

Where cover under this policy is offered through a corporate superannuation scheme, an **insured person** who is also insured through another fund (the Former Fund), may transfer that cover to the **fund** (Transferred Cover).

The person can become an **insured person** under this policy on the basis of the Transferred Cover, or can increase their cover under this policy by the Transferred Cover amount, subject to the following conditions:

- ♦ the person is under the age of 60 on the date **we** receive the **insured person's** application to transfer their cover
- ♦ the person has completed **our** insurance transfer form to **our** satisfaction
- ♦ the person's total account balance under the Former Fund is transferred to the **fund**
- ♦ the Transferred Cover was provided under an employer-sponsored super group insurance policy or an individual policy linked to super
- ♦ the person is not **terminally ill** with a life expectancy of less than 24 months at the date of the transfer application
- ♦ the person has:
  - (i) not been paid, is not eligible to be paid or has not lodged a claim for **TPD** or income protection benefits from the **fund**, another fund or insurance policy, or
  - (ii) not made a claim for a lump sum under workers compensation or another insurance policy or arrangement such as motor accident compensation scheme.
- ♦ the person is in **active employment** at the date of the transfer application
- ♦ the person provides an up-to-date statement (no more than six months old) or a certificate of currency, as evidence of the Transferred Cover they held in the Former Fund

- ♦ the person cancels their cover with the Former Fund once the transfer is confirmed (**we** reserve the right to see evidence of this cancellation)
- ♦ the Transferred Cover, together with any cover already provided under this policy, doesn't exceed the **maximum benefit amount** or the **maximum monthly benefit**
- ♦ the Transferred Cover does not exceed the **maximum transfer limits**
- ♦ **we** may apply any exclusions or special conditions to the Transferred Cover as it applies under this policy
- ♦ when the Transferred Cover is due to start, if there is insufficient money in the person's super account to pay the premium, the Transferred Cover will not start under this policy until sufficient funds become available
- ♦ **we** may also stipulate other terms and conditions from time to time, in which case **we** will notify **you** in writing.

### 3.8 When does cover end?

An **insured person's** cover ends when the first of the following events occurs:

	Group Life	Income Protection
The <b>insured person</b> no longer meets the <b>eligibility criteria</b> set out in the <b>Policy Schedule</b>	✓	✓
The day the <b>insured person</b> dies	✓	✓
The policy terminates	✓	✓
The date a <b>TPD</b> or <b>terminal illness</b> benefit becomes payable (subject to 4.1.4)	✓	x
The <b>insured person</b> reaches the <b>cover expiry age</b>	✓	✓
<b>We</b> receive a request from the <b>insured person</b> to cancel their cover	✓	✓
The <b>insured person</b> joins any armed forces (other than the Australian Armed Forces Reserve)	✓	✓
The <b>insured person</b> has been on leave without pay for a continuous period of time as set out in the <b>Policy Schedule</b>	✓	✓
30 days after the <b>insured person</b> was last at work (if the member was not a <b>permanent employee</b> )	✓	N/A
The day the <b>insured person</b> ceases employment (if the <b>insured person</b> is on a Temporary Skills Shortage visa)	✓	✓
The day the <b>insured person</b> no longer holds a valid visa to work in Australia	✓	✓

### 3.9 Reinstating cover

If a person's cover under this policy ceased because they took leave without pay for longer than the continuous period set out in the **Policy Schedule** or because they ceased to be an employee or member of the **policy owner**, their cover will be reinstated subject to the following conditions:

- ♦ the person meets all of the **eligibility criteria** set out in the **Policy Schedule**
- ♦ the person is, or has been reinstated as, an employee or member of the **policy owner**
- ♦ the person has not previously elected to cancel their cover under this policy, and
- ♦ the person's cover did not cease due to a **TPD** or **terminal illness** benefit becoming payable.

Cover will be reinstated from the date all of the above conditions have been met.

In all other cases, cover that has ceased can only be reinstated if **we** agree in writing.

### 3.10 Individual policy continuation option

Where the **Policy Schedule** states that the continuation option is available, if an **insured person's** death, **TPD** or income protection cover has ended under **your** policy, they can ask **us** to provide cover under a new individual policy as long as:

- ♦ they no longer meet the **eligibility criteria** set out in the **Policy Schedule**
- ♦ they had full cover when their cover ended or had held **limited cover** for at least two years
- ♦ they were under the age of 60 when their cover ended
- ♦ they were a **permanent employee** when their cover ended
- ♦ no benefit was, or was about to be, payable when their cover ended and there were no circumstances which, if they were the subject of a claim under this policy, would have resulted in a benefit being payable
- ♦ their cover didn't end because **your** policy terminated
- ♦ the premium payable for their cover wasn't overdue when their cover ended
- ♦ **our** minimum policy issue requirements for the individual policy are met
- ♦ they don't join any armed forces (other than the Australian Armed Forces Reserve) before the date the individual policy is issued
- ♦ **our** underwriting requirements for occupation, smoking/alcohol, residency and pastimes are met for the individual policy.

If the above criteria are satisfied, **we'll** issue an individual policy to the **insured person**, owned by the person.

The new policy will:

- ♦ offer benefits that are no greater than those provided to the person under **your** policy
- ♦ provide the same level of cover that applied under **your** policy when the person's cover ended
- ♦ reflect current terms and premium rates for individual policies at the time the policy is issued
- ♦ not entitle the person to select any optional policy features, unless **we** agree otherwise
- ♦ carry the same exclusions that applied to the person's cover under **your** policy when that cover ended.

A person who receives death, TPD or income protection cover under an individual policy won't be eligible for any future cover of that type under **your** policy, unless **we** agree in writing.

### 3.11 Extended cover

In certain circumstances, **we'll** provide cover for death, **TPD** and income protection for up to 60 days after an **insured person's** cover ceases.

#### 3.11.1 Extended death cover

Here's how extended death cover works:

If the insured person was:	We'll pay a death benefit if:
eligible to exercise the individual policy continuation option for their death cover, but hadn't done so	<ul style="list-style-type: none"> <li>♦ they die within 60 days of their cover ending, and</li> <li>♦ the benefit would have been payable if the person's cover hadn't ended.</li> </ul>
a <b>permanent employee</b> on the day their cover ended and, at the time of their death: <ul style="list-style-type: none"> <li>♦ they hadn't reached the <b>cover expiry age</b></li> <li>♦ the policy was in force</li> <li>♦ no benefit is payable for them under the policy for <b>terminal illness</b> or <b>TPD</b></li> <li>♦ they hadn't exercised the individual policy continuation option (if available)</li> </ul>	<ul style="list-style-type: none"> <li>♦ they die within 60 days of their cover ending</li> <li>♦ the benefit would have been payable if their cover hadn't ended</li> <li>♦ at the time their cover ended, they were no longer an employee of the <b>employer</b> as set out in the <b>Policy Schedule</b>.</li> </ul>

**We'll** pay a benefit equal to the amount of death cover the person had under this policy on the date their cover ended.

#### 3.11.2 Extended TPD cover

Here's how extended **TPD** cover works:

If the insured person was:	We'll pay a TPD benefit if:
eligible to exercise the individual policy continuation option for their <b>TPD</b> cover, but hadn't done so	<ul style="list-style-type: none"> <li>♦ they become <b>totally and permanently disabled</b>:               <ul style="list-style-type: none"> <li>• as a result of an <b>accident</b></li> <li>• within 60 days of their cover ending, and</li> </ul> </li> <li>♦ the benefit would have been payable if their cover hadn't ended.</li> </ul>

**We'll** pay a benefit equal to the amount of **TPD** cover the person had under this policy on the date their cover ended.

#### 3.11.3 Extended income protection cover

Here's how extended income protection cover works:

If the insured person was:	We'll pay an income protection benefit if:
eligible to exercise the individual policy continuation option for their <b>income protection</b> cover, but hadn't done so	<ul style="list-style-type: none"> <li>♦ the <b>insured person</b>:               <ul style="list-style-type: none"> <li>• becomes <b>totally disabled</b> within 60 days of their cover ending</li> <li>• is <b>totally</b> or <b>partially disabled</b> immediately after the <b>waiting period</b> has ended</li> </ul> </li> <li>♦ the benefit would have been payable if their cover hadn't ended.</li> </ul>

**We'll** pay a benefit equal to the amount of income protection cover the **insured person** had under this policy on the date their cover ended.

### 3.12 What happens if the policy terminates?

If this policy is terminated, the question of whether **we** remain on risk for a claim for a person who was insured under the Policy on the date of termination will be determined in accordance with **Guidance Note 11** (see 11.1). If **we** remain on risk for a claim, **we** will assess the claim according to the terms of this policy.



## 4. Group life cover

### 4.1 Group life benefits

This section outlines the features of group life cover. **Your Policy Schedule** will set out **your** chosen benefits and the level of cover **we're** providing.

#### 4.1.1 Death

If an **insured person** dies, **we'll** pay **you** a benefit equal to the death cover they had in place on the day they died.

#### 4.1.2 Terminal illness

If an **insured person** becomes **terminally ill**, **we'll** pay a benefit equal to the death cover they had in place on the day they are certified as **terminally ill** up to the **maximum benefit amount** for terminal illness shown in the **Policy Schedule**. Should the level of death cover held exceed the **maximum benefit amount** for terminal illness, the death cover amount is reduced by the benefit paid to the **insured person** and premiums are adjusted to reflect the reduced level of cover.

#### 4.1.3 TPD

If an **insured person** becomes **totally and permanently disabled**, **we'll** pay **you** a benefit equal to the **TPD** cover they had in place on their **date of disablement**.

#### 4.1.4 Additional death benefit

If an **insured person** dies within 12 months of their **date of disablement**, **we'll** pay an additional death benefit if:

- ♦ the person is entitled to a **TPD** benefit, and
- ♦ the amount of the person's death cover that applied on their **date of disablement** exceeded their amount of **TPD** cover.

The benefit **we'll** pay you is equal to the amount of the excess referred to in the second condition above.

### 4.2 What we'll pay

If a person is insured with automatic cover only, **we'll** provide a death, **terminal illness** or **TPD** benefit in line with the **benefit design** and **automatic acceptance limit** set out in the **Policy Schedule**.

If a person is insured with underwritten cover, **we'll** provide a death, **terminal illness** or **TPD** benefit for the amount agreed in writing by **us**.

**We** won't provide a death, **terminal illness** or **TPD** benefit above the applicable **maximum benefit amount** set out in the **Policy Schedule**.

Unless the **Policy Schedule** specifies otherwise, the level of an **insured person's** **TPD** cover will reduce from their 61st birthday, as shown in the following table.

Age of insured person	Proportion of the insured person's TPD cover	
	Where the cover expiry age is 65	Where the cover expiry age is 70
60	100%	100%
61	80%	90%
62	60%	80%
63	40%	70%
64	20%	60%
65	0%	50%
66	0%	40%
67	0%	30%
68	0%	20%
69	0%	10%
70	0%	0%

### 4.3 Only one benefit payable

Apart from the additional death benefit referred to in 4.1.4, **we'll** only pay one benefit for each **insured person** under this section of the policy – namely, a benefit for either the **insured person's** death, **terminal illness** or **TPD**. Once a benefit has been paid, the **insured person's** group life cover under the policy ends.

### 4.4 Life events cover option

If **your** policy contains life events cover, an **insured person** may apply through **you** to increase their cover following certain life events – but only once.

**Your Policy Schedule** will set out whether life events cover applies.

**You** may increase an **insured person's** automatic cover if they:

- ♦ get married or enter into a de facto relationship
- ♦ become a parent (including through adoption)
- ♦ take out a mortgage to buy a primary residence
- ♦ have a child commencing their first day at primary or secondary school.

Their cover may be increased by up to the lesser of:

- ◆ 25% of the **insured person's** automatic cover amount, as at the date of the relevant event
- ◆ \$200,000
- ◆ the amount of their mortgage (if the life event is taking out a mortgage to buy a primary residence)
- ◆ the **maximum benefit amount** set out in the **Policy Schedule**.

Before **we'll** increase their cover, **you** must notify **us** in writing of:

- ◆ the **insured person's** name
- ◆ the life event that has occurred
- ◆ the amount by which their automatic cover is to be increased.

For **us** to start the increased cover, **you'll** need to:

- ◆ notify **us** within 60 days of the life event, but before:
  - the date of the **insured person's** death
  - the date in which the **insured person** could be reasonably expected to become aware of a condition which leads to the diagnosis of a **terminal illness**, or
  - the **date of disablement**.
- ◆ provide proof, satisfactory to **us**, that the life event occurred on the stated date.

If the **insured person** has both death and **TPD** cover, both types of cover must be increased by the same proportions under the life events option.

When **we** increase their cover, **we'll** recalculate the premium payable for the **insured person**.

## 4.5 When won't we pay?

Type of exclusion	We won't pay a benefit if:
<b>War</b>	<p>the condition for which the <b>insured person</b> is claiming is caused by:</p> <ul style="list-style-type: none"> <li>◆ an act or activity of <b>war</b> which occurs within Australia after their cover started</li> <li>◆ their participation in an act or activity of <b>war</b> which occurs after their cover started, or</li> <li>◆ their participation in a terrorist act or activity.</li> </ul> <p>The exclusions in the first two bullet points</p> <ul style="list-style-type: none"> <li>◆ apply whether the <b>war</b>, or act of <b>war</b>, is declared or not</li> <li>◆ do not apply to death while on war service for Australia</li> </ul> <p>where 'war service' has the same meaning the expression has under the Life Insurance Act 1995 (Cth).</p>
Self-inflicted acts or suicide	<p>within 12 months from the date the <b>insured person's</b> cover commenced or was increased:</p> <ul style="list-style-type: none"> <li>◆ the <b>insured person's</b> death, <b>terminal illness</b> or <b>TPD</b> was caused by suicide or attempted suicide, or</li> <li>◆ the <b>insured person's</b> death, <b>terminal illness</b> or <b>TPD</b> was caused directly or indirectly by an intentional act done by the person to themselves.</li> </ul> <p>This only applies where the <b>insured person's</b> cover has been underwritten, or if <b>limited cover</b> applies (see 3.1.1).</p>
<b>Pandemic illness</b>	<p>the <b>insured person</b> dies or becomes <b>terminally ill</b>, either directly or indirectly by a <b>pandemic illness</b>, within 30 days of their cover:</p> <ul style="list-style-type: none"> <li>◆ commencing, or</li> <li>◆ increasing (but only in relation to the increased benefit amount).</li> </ul> <p>If this exclusion applies, <b>we'll</b> let <b>you</b> know the effective date of the exclusion in writing at least 14 days beforehand.</p>



## 5. Income protection cover

### 5.1 Total disability

If an **insured person** becomes **totally disabled**, we'll pay a benefit for them from the end of the **waiting period**.

An **insured person** is considered to be **totally disabled** if, due to an illness or injury they are:

- ♦ unable to perform at least one **income-producing duty** of their **own occupation**
- ♦ under the regular care of, and following the advice of, a **medical practitioner**
- ♦ not working in any occupation, whether or not for reward.

Where the policy is provided within super, the illness or injury must cause the **insured person** to cease **gainful employment**.

#### 5.1.1 'Any occupation' disability option

If the **Policy Schedule** specifies, we'll only continue to pay a disability benefit if the person's same injury or illness means that after the first two years of disability, they are unable to perform any occupation for which they are reasonably suited by education, training or experience. For further information refer to Definition 2 of **total disability**.

#### 5.1.2 What we'll pay

The **total disability** benefit we'll pay is the **monthly benefit** amount up to the limits stated in the **Policy Schedule**.

The amount we'll pay will be reduced by any **disability income** the **insured person** is paid or which is payable during the payment period (see 5.5) but only to the extent required to ensure income from all sources doesn't exceed the **maximum insured percentage**. Where applicable, the **total disability benefit** also includes the **super monthly benefit**. The **super monthly benefit** will be reduced by the amount of any **disability super**.

We'll pay the **total disability** benefit to **you** at the end of each month in which the **insured person** is **totally disabled**. For partial months in which they're disabled, we'll pay **you** 1/30th of the benefit for each day they're entitled to the benefit.

The amount we'll pay won't exceed the **maximum monthly benefit** set out in the **Policy Schedule**.

If the combined total of the **monthly benefit** (including the **super monthly benefit**) exceeds the **maximum monthly benefit**, the benefit will be paid as follows:

- ♦ we'll pay the monthly disability benefit amount (up to the **maximum monthly benefit**)
- ♦ if applicable, we'll then pay the **super monthly benefit** amount up to the **maximum monthly benefit**.

Payment of the **super monthly benefit** will be paid to the **insured person's** complying superannuation fund. We can refuse to pay a **super monthly benefit** to anyone other than a trustee of a complying superannuation fund of which the **insured person** is a member at the time of payment.

### 5.2 Partial disability

If an **insured person's** condition improves, but they remain unable to return to their **own occupation** at full capacity, we'll pay a **partial disability** benefit.

An **insured person** is **partially disabled** if they:

- ♦ have been **totally disabled** for at least seven out of the first 12 consecutive days of the **waiting period**
- ♦ are unable to work in their **own occupation** at full capacity after becoming **totally disabled**, because of the illness or injury that caused the **total disability**
- ♦ are working in their **own occupation** in a reduced capacity, or working in another occupation
- ♦ are earning a monthly income that is less than their **income**, and
- ♦ are under the regular care of, and following the advice of, a **medical practitioner**.

#### 5.2.1 'Any occupation' disability option

If the **Policy Schedule** specifies, we'll only continue to pay a disability benefit if the person's same injury or illness means that after the first two years of disability, they are unable to perform any occupation for which they are reasonably suited by education, training or experience. For further information refer to Definition 2 of **partial disability**.

#### 5.2.2 What we'll pay

If an **insured person** becomes **partially disabled**, we calculate the benefit using this formula:

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

where:

- ♦ A is the **insured person's income**
- ♦ B is the **insured person's current income** for the month for which they are claiming **partial disability**
- ♦ C is the **insured person's monthly benefit**

If we do not consider the **insured person** to be working to their capacity for reasons other than illness or injury, 'B' also includes any **income** that the **insured person** could reasonably be expected to earn if they were working to the extent of their capability. In determining this, we will consider all available medical evidence and any other relevant matters.



Where applicable, the **partial disability** benefit also includes the **super monthly benefit** which we calculate using this formula:

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

where:

- ◆ A is the **insured person's income**
- ◆ B is the **insured person's current income** for the month for which they are claiming **partial disability**
- ◆ D is the **insured person's super monthly benefit**

A **partial disability** benefit will be reduced by any **disability income** in accordance with 5.5 but only to the extent required to ensure the total amount received, including **partial disability** benefit, **current income** and **disability income**, does not exceed the **insured person's income**.

The **partial disability** benefit is paid to **you** at the end of each month in which the **insured person** is **partially disabled**. For partial months in which they're disabled, we pay **you** 1/30th of the **partial disability** benefit for each day they're entitled to the benefit.

### 5.3 When payments start

The **waiting period** is the initial length of time an **insured person** must be disabled before we'll pay a disability benefit. It will be set out in **your Policy Schedule**.

The **waiting period** starts on the date a **medical practitioner** examines the **insured person** and certifies that they're disabled providing the **insured person** has ceased working.

**Total disability** benefits start to accrue the day after the **waiting period** ends. **Partial disability** benefits start to accrue the day after the **waiting period** ends or the date from which the **insured person** is no longer **totally disabled** (whichever is later).

An **insured person** can return to work at full capacity for a period of consecutive days no longer than one third of the applicable **waiting period** without the **waiting period** starting again, provided this only happens once. The days they work are then added to the **waiting period**.

If an **insured person** is on leave without pay when they become disabled and their cover has remained in place, their benefit payments won't start to accrue until the date that was previously approved for them to return to work (provided they have also served the **waiting period**). In these instances, **income** will be determined by the amount earned immediately prior to the commencement of leave rather than the date they become disabled.

### 5.4 How long we'll pay

The **benefit payment period** is the maximum length of time we'll pay income protection benefits. **You** can choose a **benefit payment period** of:

- ◆ Two years
- ◆ Five years
- ◆ until age 65.

The **benefit payment period** will be set out in **your Policy Schedule**.

We'll stop paying income protection benefits as soon as:

- ◆ the **insured person** is no longer **totally** or **partially disabled** (as applicable)
- ◆ the **benefit payment period** ends
- ◆ the **insured person** reaches the **cover expiry age**
- ◆ 24 months of **monthly benefits** have been paid (where **you** have Corporate Cover Plus and have elected a **cover expiry age** of 70 and the claim was lodged after the **insured person's** 63rd birthday), or
- ◆ the **insured person** dies.

### 5.5 When benefits are reduced

An **insured person's** benefits will be reduced by any **disability income** that is paid or payable during the period when they're eligible to receive benefits but only to the extent required to ensure income from all sources doesn't exceed the **maximum insured percentage**. Where an **insured person** is **partially disabled**, benefits will only be reduced to the extent required to ensure income from all sources doesn't exceed the **insured person's income**.

**Disability income** is the sum of:

- ◆ any income (other than benefits received under this policy) or commutation of income that is paid or payable for an **insured person** as a result of their illness or injury, including
  - sick leave payments
  - any amounts payable by law such as workers compensation or motor accident compensation
  - any benefits payable under other income protection insurance policies
  - any income which, in **our** opinion, the **insured person** could reasonably be expected to earn in their occupation while disabled.

Any income which is received by the **insured person** in the form of a lump sum or is exchanged for a lump sum, has a monthly equivalent of 1/60th of the lump sum over a period of 60 months.

### 5.6 Recurrent disability

If an **insured person** becomes disabled again from the same or a related illness or injury within six months after the **insured person** was entitled to be paid a benefit, we'll treat the disability as a continuation of the original claim. There won't be a new **waiting period**.

Both periods of disability (and any subsequent periods) will be added together to determine when the **benefit payment period** ends.

### 5.7 Other benefits and features

#### 5.7.1 Rehabilitation expenses

In the event of a claim, at our discretion we'll pay the rehabilitation expenses for a disabled **insured person** that directly help them return to gainful employment or undertake a vocational retraining program because of their disability.

For **us** to pay the expenses:

- ◆ **we** need to approve them in writing before they're incurred
- ◆ a **medical practitioner** must certify that they're necessary for the **insured person's** rehabilitation
- ◆ they mustn't relate to an **excluded rehabilitation program**.



**We'll** only pay rehabilitation expenses directly to the provider of the applicable services.

An **excluded rehabilitation program** is any program providing 'hospital treatment' or 'general treatment' within the meaning of the Private Health Insurance Act 2007 (Cth) or any other program which might cause this policy to cease to be exempt from any legislation in connection with health insurance, including the Private Health Insurance Act 2007 (Cth).

### 5.7.2 Workplace modification

In the event of a claim, at **our** discretion **we'll** pay the expenses relating to a modification of an **insured person's** place of employment when that modification is required to facilitate the **insured person's** return to work.

For **us** to pay the expenses:

- ♦ **we** need to approve them in writing before they're incurred
- ♦ a **medical practitioner** must certify that they're necessary in order for the **insured person** to return to work

**We'll** only pay workplace modification expenses directly to the provider of the applicable services.

### 5.7.3 Indexation

The **monthly benefit** will be increased by the percentage increase in the Consumer Price Index (CPI), up to the amount stipulated in the **Policy Schedule**.

This will apply at each anniversary of the end of the **waiting period**, provided benefits are still payable.

### 5.7.4 Premium waiver

Premiums will be waived for an **insured person** whilst **we** are paying a **monthly benefit** under this policy for that **insured person**.

## 5.8 Automatic variation of cover

An **insured person's** amount of cover can increase or decrease in line with their income, without **us** needing to confirm their annual salary or remuneration.

**Your Policy Schedule** will state whether automatic variation of cover applies.

**We'll** only increase an **insured person's** amount of cover automatically if:

- ♦ **we're** not required to accept the increase in writing under any other provision of the policy
- ♦ it won't increase their cover by more than 25% of the amount that applied on:
  - the date their cover started, or
  - the most recent **review date**
- ♦ their amount of cover won't exceed the **maximum monthly benefit** set out in the **Policy Schedule**
- ♦ their amount of cover won't exceed the **AAL** set out in the **Policy Schedule**.

If **we** make an automatic variation for an **insured person**, **we'll** adjust **your** premium accordingly.

## 5.9 Benefits paid overseas

The maximum period **we'll** pay a **total** or **partial disability** benefit for an **insured person** while they're outside Australia is six months, unless **we** consider they're medically unfit to travel.

### 5.10 One benefit at a time

**We'll** only pay benefits for an **insured person** for one disability at a time.

### 5.11 When won't we pay?

Type of exclusion	We won't pay a benefit if:
<b>War</b> , whether the <b>war</b> , or act of <b>war</b> , is declared or not	the condition for which the <b>insured person</b> is claiming is caused by: <ul style="list-style-type: none"><li>♦ an act or activity of <b>war</b> which occurs within Australia after their cover started</li><li>♦ their participation in an act or activity of <b>war</b> which occurs after their cover started, or</li><li>♦ their participation in a terrorist act or activity.</li></ul>
Pregnancy	the <b>insured person's</b> disability is the result of a <b>normal pregnancy or childbirth</b> .
Self-inflicted acts	the <b>insured person's</b> disability is the result of an attempted suicide or self-inflicted injury.
Rehabilitation refusal	the <b>insured person</b> refuses to partake in any reasonable rehabilitation programs prescribed by <b>us</b> or a <b>medical practitioner</b> .





## 6. Income protection: additional benefits

In most instances, the benefits outlined in this section are not available for policies held within super. For further information please refer to the table in 2.5.

### 6.1 Benefits available

**Your Policy Schedule** will state which of these additional income protection benefits are available:

- ◆ crisis
- ◆ specific injuries
- ◆ bed confinement
- ◆ family support
- ◆ donor-elected transplant
- ◆ bereavement.

### 6.2 Crisis

**We'll** pay a crisis benefit if an **insured person** suffers one of the following medical conditions:

- ◆ **paralysis**
- ◆ **cancer**
- ◆ **stroke**
- ◆ **heart attack**
- ◆ **major organ or bone marrow transplant**
- ◆ **chronic kidney failure**
- ◆ **coronary artery bypass surgery.**

See 11.2 for definitions of these terms.

**We'll** only pay a crisis benefit if:

- ◆ it's the first time the **insured person** has suffered from the condition
- ◆ the condition occurs at least 90 days after the **insured person's** cover started.

#### 6.2.1 What we'll pay

**We'll** pay the total of the applicable **monthly benefit** including any applicable **super monthly benefit** for up to six months (even if the **insured person** is working). **We'll** pay the benefit from the date of the incident. There will be no **waiting period**.

**We'll** pay the crisis benefit instead of – not as well as – any disability benefit. If the **insured person** is still **totally** or **partially disabled** after the crisis benefit has been paid, then benefits will continue to be paid in accordance with 5.1 or 5.2.

**We** won't pay the crisis benefit if any one of these benefits has been paid or is payable for the **insured person**:

- ◆ bed confinement benefit
- ◆ specific injuries benefit
- ◆ family support benefit.

#### 6.2.2 When will the benefit end?

**We'll** stop paying the crisis benefit as soon as the **insured person**:

- ◆ has been receiving the benefit for six months
- ◆ dies
- ◆ reaches the **cover expiry age**.

### 6.3 Specific injuries

**We'll** pay a specific injuries benefit if:

- ◆ it's the first time the **insured person** has suffered from the condition
- ◆ the condition occurs at least 90 days after the **insured person's** cover started.

### 6.3.1 What we'll pay

**We'll** pay the total of the applicable **monthly benefit** including any applicable **super monthly benefit** for up to the maximum payment period set out in the table below (even if the **insured person** is working). **We'll** pay the benefit from the date of the incident. There will be no **waiting period**.

Event	Benefit period
<b>Paralysis</b>	60 months
<b>Total and permanent loss, or loss of use, of:</b>	
Both hands or both feet or sight in both eyes	24 months
One hand and one foot	24 months
One hand and sight in one eye	24 months
One foot and sight in one eye	24 months
One arm or one leg	18 months
One hand or one foot or sight in one eye	12 months
Thumb and index finger from the same hand	6 months
<b>Fracture requiring a plaster cast or other immobilising device for:</b>	
Thigh	3 months
Pelvis (except coccyx)	3 months
Skull (except bones of the face or nose)	2 months
Arm, between the elbow and shoulder	2 months
Shoulder blade	2 months
Leg (above the foot)	2 months
Kneecap	2 months
Elbow	2 months
Collarbone	1.5 months
Forearm, between the wrist and elbow (shaft)	1.5 months

If a single injury results in more than one of the above events, **we'll** only pay for the event with the longest payment period.

**We'll** pay the benefit instead of – not as well as – any disability benefit. **We'll** pay the benefit from the date of the incident. There will be no **waiting period**.

**We** won't pay the specific injuries benefit if any of these benefits have been paid or are payable for the **insured person**:

- ♦ donor-elected transplant benefit
- ♦ bed confinement benefit
- ♦ crisis benefit
- ♦ family support benefit.

**We'll** only pay this benefit once for an **insured person**.

### 6.3.2 When will the benefit end?

**We'll** stop paying the specific injuries benefit as soon as the **insured person**:

- ♦ reaches the end of their **benefit payment period**
- ♦ dies
- ♦ reaches the **cover expiry age**.

## 6.4 Bed confinement

**We'll** pay a bed confinement benefit if an **insured person** is **totally disabled** to the extent that they're confined to their bed for at least three consecutive days during the **waiting period**.

A **medical practitioner** must certify that the **insured person** requires the continuous full-time care of a registered nurse for more than three days in a row.

**We** won't pay the bed confinement benefit if any one of these benefits has been paid or is payable for the **insured person**:

- ♦ crisis benefit
- ♦ specific injuries benefit
- ♦ family support benefit.

### 6.4.1 What we'll pay

After the three days, **we'll** pay the lesser of:

- ♦ the amount specified in the **Policy Schedule**
- ♦ 1/30th of the total of the **monthly benefit** including any **super monthly benefit** for each consecutive day the **insured person** is confined to bed.

### 6.4.2 When will the benefit end?

**We'll** stop paying the bed confinement benefit as soon as:

- ♦ the **insured person** is no longer confined to bed
- ♦ the **waiting period** ends
- ♦ **we've** been paying the benefit for 30 days
- ♦ the **insured person** reaches the **cover expiry age**.

## 6.5 Family support benefit

**We'll** pay a family support benefit for up to six months if an **insured person** is **totally disabled** and is receiving family support for at least three consecutive days.

For the benefit to be paid, care must be provided by an **immediate family member**:

- ♦ who was in paid work for at least 30 hours per week immediately before the **insured person** became disabled
- ♦ whose income is reduced as a result of them caring for the **insured person**
- ♦ who is aged 18 years or older.

The **insured person** must not be performing any work, and a **medical practitioner** must certify that they require care at home for at least 7 hours per day because of their disability.

**We'll** pay the family support benefit in addition to any disability benefit. However, **we** won't pay it if any one of these benefits has been paid or is payable for the **insured person**:

- ♦ crisis benefit
- ♦ specific injuries benefit
- ♦ bed confinement benefit.

### 6.5.1 What we'll pay

The benefit **we'll** pay each month is the lesser of:

- ♦ the maximum family support benefit amount set out in the **Policy Schedule**
- ♦ half the total of the **monthly benefit** and any applicable **super monthly benefit**
- ♦ half the amount **we** consider to be the monthly income lost by the **immediate family member** because of the family support they're providing.

### 6.5.2 When will the benefit end?

**We'll** stop paying the family support benefit as soon as:

- ♦ a **medical practitioner** certifies that family support is no longer required
- ♦ the **insured person** is no longer **totally disabled**
- ♦ the **insured person** dies
- ♦ **we've** been paying the benefit for six months
- ♦ the **insured person** reaches the **cover expiry age**.

## 6.6 Donor-elected transplant

**We'll** pay a donor-elected transplant benefit if an **insured person** undergoes, for the first time, a donor-elected transplant at least 90 days after their cover started.

### 6.6.1 What we'll pay

**We'll** pay a one-off donor-elected transplant benefit equal to the amount shown in the **Policy Schedule**.

## 6.7 Bereavement

If an **insured person** dies while they're entitled to a **total** or **partial disability** benefit, **we'll** pay a one-off bereavement benefit equal to the amount shown in the **Policy Schedule**.





## 7. Making a claim

### 7.1 Notifying us of a claim

**You** must notify **us** in writing as soon as possible after **you** become aware of a claim or potential claim even if it is during the applicable waiting or qualifying periods.

If **you** do not notify **us** immediately – and this results in **our** interests being prejudiced – **we** may not pay the claim or, in some circumstances, **we** may reduce the benefit.

**Your** broker or intermediary can assist in this process and provide you with the necessary forms and paperwork.

### 7.2 What we'll need to assess a claim

Different types of claims require different claim assessment processes. **We** may ask the **insured person** to undergo further medical or other examinations, or ask for more information to support their claim.

Aside from any medical examinations or other assessments or enquiries that **we** arrange, the **insured person** needs to provide, at no expense to **us**, any evidence **we** reasonably consider necessary to satisfy **us** of **our** liability to pay a claim – including any reports from **medical practitioners** who have treated the **insured person**.

#### 7.2.1 Medical examinations

**We** may require the **insured person** to undergo medical examinations and non-invasive tests that **we** reasonably consider necessary to satisfy **us** of **our** liability to pay a claim. In these cases:

- ◆ **we** can appoint a **medical practitioner**
- ◆ **we'll** pay the **medical practitioner's** fees and the costs of any tests or procedures that the **insured person** undergoes at **our** request
- ◆ **we** won't pay any other costs related to the **insured person's** attendance with the **medical practitioner** (including fees incurred for travelling to an appointment, or for non-attendance at an appointment), unless **we've** approved those costs before they are incurred.

#### 7.2.2 Evidence must be in English

**We** may refuse to accept any evidence in support of a claim, including a **medical practitioner's** report, if it's illegible or not in English. Before **we** consider the evidence given to **us** in support of a claim, **we** may, at no expense to **us**, require the **insured person** to have the evidence transcribed into a form that can be comprehended in English (and be appropriately certified to be a true copy of the original).

#### 7.2.3 Terminal illness or TPD benefits

**We'll** only pay a **terminal illness** or **TPD** benefit if the **insured person**:

- ◆ undergoes any medical examination or other reasonable assessment or enquiry **we** require, and
- ◆ provides **us** with any information or authorities **we** reasonably require during **our** continual assessment of the claim
- ◆ complies with any reasonable medical treatment or rehabilitation program (with regard to their injury or illness, their ability to recover and the program itself).

#### 7.2.4 Total or partial disability benefits

**We'll** only pay a **total disability** or **partial disability** payment if the **insured person**:

- ◆ undergoes any medical or other examination **we** require
- ◆ provides **us** with any information or authorities **we** reasonably require during **our** continual assessment of the claim
- ◆ complies with any reasonable medical treatment or rehabilitation program (with regard to their injury or illness, their ability to recover and the program itself)
- ◆ participates in any reasonable rehabilitation program or vocational retraining program **we** arrange or approve at **our** expense, if **we** consider it may facilitate their rehabilitation and possible return to work, and
- ◆ actively uses any wheelchair, prosthetic device, house or car modification or any other aid or device **we** provide or approve at **our** expense, if **we** consider it may facilitate their rehabilitation.

### 7.3 Confidential information

If **we** give **you** any information **we** obtain while assessing a claim:

- ◆ **you** must deal with that information in accordance with the Privacy Act 1988
- ◆ that information must remain confidential to **you**, unless **you** have a statutory obligation to disclose it
- ◆ any person **you** appoint to help **you** manage or assess claims must agree to be bound by the same obligations.





## 8. How premiums work

### 8.1 What do premiums cost?

The premiums **you** pay make it possible for **us** to provide the right level of protection to **your** employees. **We** do our best to keep these premiums affordable, while providing the high-quality insurance cover **you** need.

The cost of **your** premium is the total cost of cover for each **insured person** during the relevant period. This is based on the applicable **premium rates**, plus:

- ♦ any government levies, taxes or charges not included in the premium rates
- ♦ any loadings for premiums paid more frequently than yearly.

The cost of **your premium rates** will be set out in **your Policy Schedule**.

### 8.2 How are premiums calculated?

When calculating group insurance premiums, **we** consider important factors like the occupations and profiles of the people to be insured and the policy holder's claims experience. Some factors that may cause **your** premium rates to go up or down include:

Factor	How it may affect the cost of your cover
Age	Premiums generally increase as the average age of the insured group increases.
Gender	Premium rates vary depending on the percentage of females and males in the insured group.
Occupation	Premiums are generally higher if the insured group's occupations are dangerous.
Type and amount of cover	The cost of the insured group's cover depends on the type and amount of cover needed.
Monthly income (group income protection cover)	Premiums are higher if the insured group's monthly incomes are higher.
Waiting period (group income protection cover)	Premiums are higher if the <b>waiting period</b> is shorter.
Policy options	Optional extras generally provide additional cover or benefits for the insured group at an extra cost.
Claims experience of insured group	Premiums are generally higher if more claims have been made by the <b>policy owner</b> .

### 8.3 When do premiums need to be paid?

**Your** premium is due on the **premium due date**. Depending on which premium payment cycle **you** choose – yearly, half-yearly, quarterly or monthly – the due date will be the first day of each period.

### 8.4 If you don't pay

It's very important that **you** pay your premiums on time, so **we** can continue to provide the cover **you** need.

If **we** don't receive **your** premium payment within 60 days of the due date, **we** may have to cancel the policy and decline any claim for an event that arises after the cancellation.

If an insured event happens before **we** terminate the policy, **we'll** pay any benefit **you're** entitled to – but **you'll** need to pay **us** the overdue premium first.

### 8.5 What do we do with your premiums?

**We** make sure **your** Corporate Cover and Corporate Cover Plus premiums are secure – by placing them in **our** No 1 statutory fund in cases where the policy is held inside super. **We** pay out all benefits from that fund.

Where the policy is held outside super, **we** hold the premiums in **our** No 5 statutory fund, which is where **we** pay benefits from.

### 8.6 What you need to tell us

It's essential that **we** have all the information **we** need to provide the right level of cover.

Before **you** enter into a life insurance contract to cover **your** life or the life of another person, **you** (and that other person) need to tell **us** anything **you** know, or could reasonably be expected to know, that may affect **our** decision to provide the insurance, and on what terms.

**You** have this duty of disclosure until **we** provide the insurance, and before **you** extend, vary or reinstate the contract.

**You** don't need to tell **us** anything that:

- ♦ reduces the risk of the insurance
- ♦ is common knowledge
- ♦ **we** know (or should know) as an insurer
- ♦ is part of a disclosure duty that **we've** waived.

If the insurance is for the life of another person and that person does not tell **us** everything he or she should have, this may be treated as a failure by **you** to tell **us** something that **you** must tell **us**.

### 8.6.1 If you don't tell us

If **you** (or the person to be insured) don't tell **us** something **you** know, or could reasonably be expected to know, that could affect **our** decision to provide the insurance, **we** can:

- ♦ treat the cover as though it never started – **we** can do this if **we** become aware of something **you** should have told **us** before entering into the contract, which would have stopped **us** from providing the cover on any terms
- ♦ reduce the amount of cover, or
- ♦ vary the cover so that **we** are in the same position **we** would have been if **you** had told **us** everything **you** should have.

**We** can only exercise the first two options above within three years of providing **your** cover. **We** can't exercise the third option if **you're** only insured for death cover.

If **we** exercise any of the options, **we** may consider whether different types of cover can constitute separate life insurance contracts. If so, **we** can apply any one of those options separately to each type of cover. For example, if **your** policy includes death and **TPD** cover, **we** may treat the **TPD** cover as if it had never started, but allow **your** death cover to continue.

### 8.6.2 Change of business activities

**You** need to let **us** know as soon as possible about any changes in **your** business activities that could increase the risk of a claim being made.

### 8.6.3 Fraudulent failure

If **you** don't provide all the information **you're** required to, and if this failure is fraudulent, **we** may refuse to pay a claim and treat the insurance cover as if it had never started.

### 8.6.4 Providing incorrect or incomplete information

**We** rely on the information **you** give **us** to provide **you** with cover and to assess claims. If **you** (or any person on **your** behalf) don't give **us** complete and accurate information, **we** may not have to pay you a benefit, or else we may be able to delay a payment.

If **we** find out that any of the data or information provided to **us** before the start of the most recent **guarantee period** was inaccurate or incomplete, **we** may adjust the premium rates to the higher rates **we** would have applied based on the correct information. In this case, **we** will give **you** at least two month's written notice before the end of the **guarantee period**.

## 8.7 Auditing your records

**You** or any third party acting on **your** behalf (i.e. an administrator) must keep accurate, accessible records necessary for the effective operation of this policy, in case **we** need them.

From time to time **we** may audit any records, systems or procedures **you** (or any person on **your** behalf) have which are connected with this policy, the cover **we** provide and the premiums **we** collect.

**We'll** give **you** a month's notice if **we** intend to conduct an audit. **We'll** only conduct audits in normal office hours, and **we'll** avoid disrupting **your** staff as much as possible.



## 9. Changes to your policy

### 9.1 When can we change the policy?

This policy may be changed by written agreement between **you** and **us**.

### 9.2 When can we change the premium rates?

**We** may change the premium rates:

- ♦ to take effect at any time after the end of the **guarantee period**, or
- ♦ if the number of **insured persons** has changed by more than 25% (compared with the number of **insured persons** at the start of the latest **guarantee period**).

If **we** change the policy for one of these reasons, **we'll** give **you** at least two months' written notice.

### 9.3 Special circumstances

**We** may change any of the terms and conditions of this policy (including the **premium rates**) with immediate effect if:

- ♦ there's a **war** involving Australia
- ♦ there's a change to the law that
  - makes it impossible or impractical for **us** to carry out **our** obligations under the policy
  - changes how the policy or **we** are taxed
  - introduces or changes government charges, taxes or levies, or
  - would make the policy inconsistent with the law.

If **we** change the policy for one of these reasons, **we'll** let **you** know in writing.

### 9.4 Waiving our rights

If **we** don't exercise a power or right **we** have under this policy, it doesn't mean **we're** waiving that right – unless **we** waive **our** power or right in writing. In this case, the waiver is limited to the extent and period **we** state, and doesn't mean that **we** won't exercise that power or right in the future.

### 9.5 Term of policy

#### 9.5.1 When does your policy end?

This policy begins on the **policy commencement date** and will end on the earliest of the following:

- ♦ two months after **we** receive written notice from **you** to cancel this policy or on another date **we** agree to in writing
- ♦ the date **we** terminate the policy due to the non-payment of premium
- ♦ that date that no employees/members are covered under the policy.



## 10. Privacy and dispute resolution

### 10.1 Privacy

#### 10.1.1 Collection information

The information **we** collect about **you** and where applicable, **your** employees/members includes information such as their identity and contact details, other personal details such as gender, marital status and financial information.

#### 10.1.2 How we collect it

**We** collect this information directly from **you**, **your** employees/members and from others such as service providers, agents, advisers, brokers, or their family members.

The law may require **us** to identify **our** customers. **We** do this by collecting and verifying information about **you**, **your** employees/members and persons who act on **your** behalf. The collection and verification of information helps to protect against identity theft, money-laundering and other illegal activities. **We** may disclose personal information in carrying out verification, eg **we** may refer to public records to verify information and documentation.

#### 10.1.3 What we collect

The information **we** may collect may vary.

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

If an **insured person** is commonly known by two or more different names, **you/they** must give **us** full details of their other name or names. Also, during **your** relationship with **us** **we** may also seek and collect further information about **you** or an **insured person** and about **your** dealings with **us**.

#### 10.1.4 Accuracy

It's important **you** and where applicable, **your** employees/members, provide **us** with accurate and complete information. If **you** don't, **you** may be in breach of the law and **we** may not be able to provide **you** with products and services that best suit **your** employees/members and **your** needs.

#### 10.1.5 How do we use personal information?

**We** collect, use and exchange **your** employee/member information so that **we** can:

- ♦ establish and verify **your** employees'/members' identity and assess applications for products and services
- ♦ price and design **our** products and services
- ♦ administer **our** products and services
- ♦ manage **our** relationship with **you**

- ♦ manage **our** risks and help identify and investigate illegal activity, such as fraud
- ♦ contact **you**, for example if **we** need to tell **you** something important
- ♦ conduct and improve **our** businesses and improve the customer experience
- ♦ comply with **our** legal obligations and assist government and law enforcement agencies or regulators
- ♦ identify and tell **you** about other products or services that **we** think may be of interest to **you**.

**We** may also collect, use and exchange information in other ways permitted by law.

#### 10.1.6 Protecting information

**We** comply with the Australian Privacy Principles as incorporated into the Privacy Act 1988 (Cth). The Privacy Act protects sensitive information, such as health information that's collected on insurance applications.

#### 10.1.7 Who do we exchange information with

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

Third parties include:

- ♦ an **insured person's** employer or former employers
- ♦ brokers, agents and advisers and persons acting on **your** behalf or on an **insured person's** behalf for example guardians and persons holding power of attorney
- ♦ **medical practitioners** (to verify or clarify, if necessary, any health information an **insured person** may provide)
- ♦ reinsurers and auditors
- ♦ claims-related providers such as assessors and investigators (so that any claim made can be assessed and managed), insurance reference agencies (where **we're** considering whether to accept a proposal of insurance and, if so, on what terms)
- ♦ organisations to whom **we** may outsource certain functions, for example, direct marketing, statement production and information technology support
- ♦ government and law enforcement agencies or regulators
- ♦ entities established to help identify illegal activities and prevent fraud.

In all circumstances where **our** contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by **our** agents, contractors and outsourced service providers for **our** purposes.

**We** may be required to disclose customer information by law, eg under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

### 10.1.8 Viewing your personal information

**You** and where applicable, **your** employees/members, can (subject to permitted exceptions) request access to **your** personal information by contacting Customer Relations:

Email: CustomerRelations@cba.com.au

Phone: 1800 805 605 between 8.30 am – 6 pm  
(Sydney time) Monday to Friday

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

**We** may charge **you** or **your** employees/members for providing access. For more information about **our** privacy and information handling practices, please refer to the Commonwealth Bank Group Privacy Policy, available at [commbank.com.au](http://commbank.com.au).

### 10.1.9 Sending information overseas

From time to time **we** may send **your** or **your** employees'/members' information overseas, including to overseas Commonwealth Bank group members and to service providers or other third parties who operate or hold data outside Australia. Where **we** do this, **we** make sure that appropriate data handling and security arrangements are in place. Please note that Australian law may not apply to some of these entities.

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

For more information about which countries **we** may send **your** and/or **your** employees'/members' information to, see the Commonwealth Bank group privacy policy available at [commbank.com.au](http://commbank.com.au).

### 10.1.10 Our Privacy Policy Statement

For more information on **our** privacy and information handling practices, **you** and **your** employees/members can get a copy of **our** Privacy Policy Statement at [commbank.com.au](http://commbank.com.au) or from any Commonwealth Bank branch.

### 10.1.11 Making a privacy complaint

If **you** or **your** employees/members have a concern about privacy **you** have a right to make a complaint and **we'll** do everything **we** can to put matters right. For further information on how to make a complaint and how **we** deal with **your** complaint please refer to the Commonwealth Bank Group Privacy Policy, available at [commbank.com.au](http://commbank.com.au) or upon request at any Commonwealth Bank branch.

## 10.2 If there's a problem

**We** try to get things right the first time – but if **you** have any concerns about **your** policy, **we'll** do **our** best to find a solution. Simply give **us** a call on **1800 805 605**, and **we'll** see if **we** can sort it out with a quick chat.

If **you** or **your** employees/members would prefer to put these concerns in writing, these can be mailed to **us** at:

The Complaints Manager, Group Customer Relations  
Commonwealth Bank Group  
GPO Box 41  
Sydney NSW 2001

The Complaints Manager will deal with the issue as quickly and fairly as possible. **We** aim to resolve most issues within four working days, but more complex matters can take longer.

**We'll** write to **you** and where applicable, **your** employees/members, within 45 days of hearing from **you**, either with a suggested resolution or an explanation as to why the issue will take longer to resolve.

If **you** or **your** employees/members are not happy with how **we** handle the issue, **you** can contact the Financial Ombudsman Service Australia (FOS), or the Superannuation Complaints Tribunal (SCT) if it relates to a super matter.

FOS is an independent service that handles complaints involving life insurance companies, by offering free, informed assistance. When **you** or where applicable, **your** employees/members, contact them, they'll let **you** or **your** employees/members know what they can and can't help with.

To contact FOS:

Phone: 1800 367 287  
Fax: 03 9613 6399

Write to:  
Financial Ombudsman Service Limited  
GPO Box 3  
Melbourne VIC 3001

The Superannuation Complaints Tribunal is an independent dispute resolution body that offers a free, user-friendly alternative to the court system. The tribunal is completely impartial and doesn't represent any side in a complaint.

The tribunal deals with complaints relating to the decisions or behaviour of trustees, insurers and other decision-makers involved with regulated super funds, approved deposit funds, annuities, life policy funds and retirement savings accounts.

To contact the SCT:

Phone: 1300 884 114  
Email: [info@sct.gov.au](mailto:info@sct.gov.au)  
Fax: 03 8635 5588

Write to:  
Superannuation Complaints Tribunal  
Locked Bag 3060  
Melbourne VIC 3001







# 11. Meanings of words in this PDS

## 11.1 General terms

Term	Meaning
<b>accident</b>	A bodily injury occurring while this policy is in force and which is caused solely and directly by violent, accidental, external and visible means, independent of any other cause.
<b>active employment</b>	The person: <ul style="list-style-type: none"> <li>♦ is employed or engaged by the <b>employer</b> to carry out specific duties</li> <li>♦ is actually performing those duties, and</li> <li>♦ in <b>our</b> opinion, isn't prevented by illness or injury from being able to perform those duties and the duties of their normal occupation on a <b>full-time</b> basis (even if they're not actually working on a <b>full-time</b> basis).</li> </ul>
<b>automatic acceptance</b>	When <b>we</b> accept cover for certain eligible people without the need for underwriting.
<b>automatic acceptance limit (AAL)</b>	The maximum amount of cover <b>we</b> can accept for a person without an application, as stated in the <b>Policy Schedule</b> .
<b>benefit payment period</b>	The maximum period for which an income protection benefit is payable under the policy, as stated in the <b>Policy Schedule</b> .
<b>certification period</b>	The period stated in the <b>Policy Schedule</b> which starts on the date an <b>insured person</b> is certified in writing as <b>terminally ill</b> .
<b>cover expiry age</b>	The age when cover ends and no further benefit is payable under the policy, as stated in the <b>Policy Schedule</b> .
<b>current income</b>	The <b>income</b> earned, or in <b>our</b> opinion capable of being earned, by an <b>insured person</b> from personal exertion while <b>partially disabled</b> whether the <b>income</b> is from their <b>own occupation</b> or any other occupation.
<b>date of disablement</b>	Means the later of: <ul style="list-style-type: none"> <li>♦ the date on which a <b>medical practitioner</b> examines the <b>insured person</b> and certifies in writing that the person suffers from the illness or injury that is the principal cause of the <b>total and permanent disablement</b> for which a claim is made, and</li> <li>♦ the date the <b>insured person</b> ceases all work.</li> </ul> <p>However:</p> <ul style="list-style-type: none"> <li>♦ if a person participates in a rehabilitation program and is incapable of returning to work within 12 months from the date the person commenced his or her absence from work, the date of disablement is the date that would have applied if the person had not participated in the rehabilitation program, or</li> <li>♦ if the person's work hours have reduced due to the illness or injury that is the principal cause of the <b>total and permanent disablement</b> for which a claim is made to less than 15 hours per week, the date of disablement shall be the date on which the person was certified by a <b>medical practitioner</b> as being unable to work for 15 hours or more per week provided that the person ceases all work within 12 months of being so certified.</li> </ul> <p>The date of disablement must occur while the person is insured for <b>total and permanent disablement</b> under this policy.</p>
<b>disability income</b>	During a month when a disability benefit is payable under this policy, the sum of: <ul style="list-style-type: none"> <li>♦ any income (other than benefits received under this policy) or commutation of income that is paid or payable for an <b>insured person</b> as a result of their illness or injury, including <ul style="list-style-type: none"> <li>• sick leave payments</li> <li>• any amounts payable by law such as workers compensation or motor accident compensation</li> <li>• any benefits payable under other income protection insurance policies</li> </ul> </li> <li>♦ any income which, in <b>our</b> opinion, the <b>insured person</b> could reasonably be expected to earn in their occupation while disabled.</li> </ul> <p>Any income received as a lump sum or exchanged for a lump sum has a monthly equivalent of 1/60th of the lump sum over a period of 60 months.</p>
<b>eligibility criteria</b>	The requirements set out in the <b>Policy Schedule</b> which an employee/member must satisfy in order to be covered under this policy.
<b>employer</b>	Means the employer set out in the <b>Policy Schedule</b> .
<b>excluded rehabilitation program</b>	Any program providing 'hospital treatment' or 'general treatment' according to the Private Health Insurance Act 2007 (Cth), or any other program that might cause this policy to no longer be exempt from any health insurance legislation, including the Private Health Insurance Act 2007 (Cth).
<b>full-time</b>	At least 35 hours per week.
<b>fund</b>	Means the fund set out in the <b>Policy Schedule</b> .
<b>gainfully employed/ gainful employment</b>	Employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment (including a person who has ceased temporarily to receive any gain for reward during a period of <b>employer</b> approved unpaid leave).

Term	Meaning
<b>guarantee period</b>	The period stated in the <b>Policy Schedule</b> .
<b>Guidance Note 11</b>	Financial Services Council Guidance Note No. 11 Group Insurance Takeover Terms, as amended from time to time (the current version of which is dated 9 May 2013).
<b>immediate family member</b>	Includes an <b>insured person's</b> spouse or de-facto partner, parent, parent-in-law, sibling or child.
<b>income</b>	<p>The applicable definition(s) will be stated in <b>your Policy Schedule</b>.</p> <p><b>Definition A – permanent employee excluding bonus</b></p> <p>If the <b>employer</b> employs the <b>insured person</b> as a <b>permanent employee</b>, income means the annual salary the <b>insured person</b> earns working for the <b>employer</b> as at the last working day before the date they first become <b>totally disabled</b>.</p> <p>Salary includes any packaged elements not received directly by the <b>insured person</b> as taxable earnings – but doesn't include any director's fees, bonuses, compulsory employer superannuation payments, overtime, commission, investment income and profit distribution.</p> <p>Where the injury or illness resulted in the person working at a reduced capacity prior to becoming <b>totally disabled</b>, then income can be calculated from the later of:</p> <ul style="list-style-type: none"> <li>♦ the date the injury first occurred or the illness first manifested, and</li> <li>♦ 12 months prior to the date they become <b>totally disabled</b>.</li> </ul> <p>Where the <b>insured person</b> is on leave without pay on the date they first become <b>totally disabled</b>, their income will be determined from the date immediately prior to the commencement of leave.</p> <p><b>Definition B – permanent employee including bonus</b></p> <p>If the <b>employer</b> employs the <b>insured person</b> as a <b>permanent employee</b>, income means the annual salary the <b>insured person</b> earns working for the <b>employer</b> as at the last working day before the date they first become <b>totally disabled</b>.</p> <p>Salary includes any packaged elements not received directly by the <b>insured person</b> as taxable earnings – but doesn't include any director's fees, compulsory employer superannuation payments, overtime, commission, investment income and profit distribution.</p> <p>Salary can include bonuses for any one or more of the three years leading up to the most recent review date – averaged over the lesser of:</p> <ul style="list-style-type: none"> <li>♦ three years</li> <li>♦ the number of complete years the <b>employer</b> has employed the <b>insured person</b>, as at the most recent review date.</li> </ul> <p>Where the injury or illness resulted in the person working at a reduced capacity prior to becoming <b>totally disabled</b>, then income can be calculated from the later of:</p> <ul style="list-style-type: none"> <li>♦ the date the injury first occurred or the illness first manifested, and</li> <li>♦ 12 months prior to the date they become <b>totally disabled</b>.</li> </ul> <p>Where the <b>insured person</b> is on leave without pay on the date they first become <b>totally disabled</b>, their income will be determined from the date immediately prior to the commencement of leave.</p> <p><b>Definition C – non-permanent employee</b></p> <p>If the <b>employer</b> doesn't employ the <b>insured person</b> as a <b>permanent employee</b>, income means the lesser of:</p> <ul style="list-style-type: none"> <li>♦ the average income the <b>insured person</b> earned over the previous 12 months</li> <li>♦ the average income the <b>insured person</b> has earned since working for the <b>employer</b>, if this has been for less than 12 months.</li> </ul> <p>Salary includes any packaged elements not received directly by the <b>insured person</b> as taxable earnings – but doesn't include any director's fees, bonuses, compulsory employer superannuation payments, overtime, commission, investment income and profit distribution.</p>
<b>income-producing duty</b>	A duty of the <b>insured person's</b> occupation immediately before they became <b>totally disabled</b> that generates 20% or more of their <b>income</b> .
<b>insured person</b>	Someone who is either the employee of an <b>employer</b> (for an employer-owned policy), or an insured member of the <b>fund</b> (for a trustee-owned policy).

Term	Meaning
<b>limited cover</b>	Where the <b>insured person</b> is only covered for an illness that first becomes apparent or an injury which first occurs on or after the date their cover began.
<b>maximum benefit amount</b>	The maximum amount of death, <b>TPD</b> and <b>terminal illness</b> benefit payable under this policy, as stated in the <b>Policy Schedule</b> .
<b>maximum insured percentage</b>	The maximum percentage of <b>income</b> stated in the <b>Policy Schedule</b> that is payable to an <b>insured person</b> when they are eligible to receive a <b>total disability</b> benefit.
<b>maximum monthly benefit</b>	The maximum total amount of income protection benefit payable under this policy, as stated in the <b>Policy Schedule</b> .
<b>maximum transfer limits</b>	The limits stated in the <b>Policy Schedule</b> which Transferred Cover can't exceed.
<b>medical authority</b>	The registered authority, board, association or body that has the power to authorise or license a person to practise as a <b>medical practitioner</b> in the relevant Australian state or territory.
<b>medical practitioner</b>	<p>A person who meets all of the following</p> <ul style="list-style-type: none"> <li>the person isn't the <b>insured person</b>, an <b>immediate family member</b> or business partner of the <b>insured person</b></li> <li>the person is a legally qualified medical practitioner whose credentials have been formally accepted by the <b>medical authority</b> of the Australian state or territory in which they practice</li> <li>the person is registered by the <b>medical authority</b> to carry out the duties of a medical practitioner according to the authority's rules</li> <li>the person is, if reasonably required by <b>us</b>, a specialist in a relevant field of medicine</li> <li>the person is not an allied health professional such as a chiropractor, physiotherapist, psychologist or alternative therapy provider.</li> </ul>
<b>minimum hours</b>	The minimum hours as stated in the <b>Policy Schedule</b> .
<b>monthly benefit</b>	<p>The lesser of:</p> <ul style="list-style-type: none"> <li>The <b>maximum insured percentage</b> set out in the <b>Policy Schedule</b> multiplied by their <b>income</b></li> <li>The benefit amount for which the <b>insured person</b> is covered and for which premium is paid plus the <b>super monthly benefit</b> if applicable.</li> </ul>
<b>normal pregnancy or childbirth</b>	Normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.
<b>own occupation</b>	The normal occupation or work carried out by the <b>insured person</b> before they became disabled.
<b>pandemic illness</b>	For an illness to be considered a pandemic (including epidemic) illness, an alert, advisory, notification or declaration must be issued by the Australian government (or a department, authority or minister) or the World Health Organization.
<b>partially disabled/ partial disability</b>	<p><b>Definition 1</b></p> <p>An <b>insured person</b> is partially disabled if they:</p> <ul style="list-style-type: none"> <li>have been <b>totally disabled</b> for at least 7 out of the first 12 consecutive days of the <b>waiting period</b></li> <li>are unable to work in their <b>own occupation</b> at full capacity after becoming <b>totally disabled</b>, because of the illness or injury that caused the <b>total disability</b></li> <li>are working in their <b>own occupation</b> in a reduced capacity, or working in another occupation</li> <li>are earning a monthly income that is less than their <b>income</b>, and</li> <li>are under the regular care of, and following the advice of, a <b>medical practitioner</b>.</li> </ul> <p><b>Definition 2</b></p> <p>Where Definition 2 of the <b>total disability</b> definition applies, references to '<b>own occupation</b>' above are replaced with 'any occupation' after the first two years of the claim, where 'any occupation' means an occupation for which the person is reasonably suited by education, training or experience.</p>

Term	Meaning
<b>permanent employee</b>	A person employed or engaged under a single and ongoing contract that: <ul style="list-style-type: none"> <li>◆ is of indefinite duration or is for a fixed term of at least six months</li> <li>◆ provides for the accrual of sick leave, annual leave and long service leave</li> <li>◆ requires the person to perform specific duties</li> <li>◆ requires the person to work a regular number of hours each week, and</li> <li>◆ requires the person's <b>employer</b> to make superannuation payments on their behalf.</li> </ul>
<b>permanently incapacitated</b>	Where <b>we</b> are reasonably satisfied that an <b>insured person's</b> ill health (whether physical or mental) makes it unlikely that they'll ever engage in <b>gainful employment</b> for which they're reasonably suited by education, training or experience.
<b>policy commencement date</b>	The date set out in the <b>Policy Schedule</b> .
<b>policy owner</b>	An employer or the trustee of a complying superannuation fund (unless specified otherwise), as stated in the <b>Policy Schedule</b> .
<b>Policy Schedule</b>	A document that accompanies this policy and outlines the specific benefit level and terms that apply.
<b>premium due date</b>	The date or dates specified in the <b>Policy Schedule</b> on which a premium is payable.
<b>relevant medical specialist</b>	A <b>medical practitioner we</b> consider to be a specialist in the relevant field of medicine.
<b>review date</b>	The day referred to in the <b>Policy Schedule</b> where the amount of cover and premium are determined.
<b>super monthly benefit</b>	The lesser of: <ul style="list-style-type: none"> <li>◆ the super monthly benefit (shown in the <b>Policy Schedule</b>) multiplied by <b>income</b>, and</li> <li>◆ the monthly compulsory employer superannuation payment the <b>insured person</b> received as an employee – averaged over the 12 months immediately before they became disabled or, if less than 12 months, over the number of months they'd worked for the <b>employer</b> before they became disabled.</li> </ul>
<b>terminally ill/ terminal illness</b>	Means all of the following applies: <ul style="list-style-type: none"> <li>◆ two <b>medical practitioners</b>, each certify in writing the <b>insured person</b> has an illness or injury that, despite reasonable medical treatment in the <b>insured person's</b> circumstances, is likely to result in their death within a period (the <b>certification period</b>) that ends not more than 12 or 24 months (as specified in the <b>Policy Schedule</b>) after the date of the certification</li> <li>◆ at least one of the <b>medical practitioners</b> is a specialist practising in an area related to the <b>insured person's</b> illness or injury</li> <li>◆ based on such medical or other evidence <b>we</b> reasonably require to be provided, <b>we</b> are satisfied: <ul style="list-style-type: none"> <li>• with the prognosis reached in each of the certifications, and</li> <li>• that the prognosis was first made while the person was insured under this policy</li> </ul> </li> <li>◆ for each of the certificates, the <b>certification period</b> has not ended.</li> </ul>



Term	Meaning
<b>total and permanent disablement/ totally and permanently disabled (TPD)</b>	<p>A person is totally and permanently disabled if:</p> <ul style="list-style-type: none"> <li>♦ their <b>date of disablement</b> occurs while they have cover in force under this Policy</li> <li>♦ they have undergone any medical or other examination <b>we</b> reasonably require, and</li> <li>♦ they have undertaken any rehabilitation plan or program that is deemed reasonable and any of the below definitions apply to the person.</li> </ul> <p>The applicable definition(s) will be stated in <b>your Policy Schedule</b>. However, where the <b>Policy Schedule</b> specifies that the <b>policy owner</b> is the trustee of a superannuation fund, a person will also need to be <b>permanently incapacitated</b> in order to be considered totally and permanently disabled.</p> <p><b>Definition A – Specific Loss</b></p> <p>The person suffers, as a result of illness or injury:</p> <ul style="list-style-type: none"> <li>♦ the total and permanent loss of the use of two <b>limbs</b>, or</li> <li>♦ <b>blindness</b> in both eyes, or</li> <li>♦ the total and permanent loss of the use of one <b>limb</b> and <b>blindness</b> in one eye</li> </ul> <p>where:</p> <ul style="list-style-type: none"> <li>♦ <b>limb</b> means the whole hand below the wrist or whole foot below the ankle</li> <li>♦ <b>blindness</b> means the permanent loss of sight to the extent that visual acuity is 6/60 or worse, or to the extent that the visual field is reduced to less than 20 degrees in diameter.</li> </ul> <p><b>Definition B – Activities of Daily Living</b></p> <p>The person, as a result of illness or injury, is permanently unable to perform, without the assistance of another person, any two of the following activities of daily living:</p> <ul style="list-style-type: none"> <li>♦ dressing – the ability to put on and take off clothing</li> <li>♦ toileting – the ability to use the toilet, including getting on and off</li> <li>♦ mobility – the ability to get in and out of bed and a chair</li> <li>♦ bathing – the ability to wash or shower</li> <li>♦ feeding – the ability to get food from a plate into their mouth</li> </ul> <p>A person won't meet this definition if they can still perform the relevant activity of daily living with the assistance of an artificial aid <b>we</b> consider reasonable for the person to use.</p> <p><b>Definition C – Specified Medical Conditions (permanent staff)</b></p> <p>All of the following paragraphs apply to the person:</p> <ul style="list-style-type: none"> <li>♦ immediately before the <b>date of disablement</b>, they were employed by the <b>employer</b> as a <b>permanent employee</b> for at least the <b>minimum hours</b>,</li> <li>♦ they were younger than 65 on the <b>date of disablement</b>,</li> <li>♦ they are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paralysis, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis (each as defined in 11.2)</li> </ul> <p>and either</p> <ul style="list-style-type: none"> <li>♦ (if the <b>Policy Schedule</b> states <b>Definition C – Unlikely</b>) based on medical or other evidence satisfactory to <b>us</b>, it is <b>our</b> opinion the person has undertaken all reasonable treatment and is unlikely to ever engage in any <b>occupation</b>, whether or not for reward (in forming <b>our</b> opinion <b>we</b> will have regard to all evidence available to <b>us</b> when <b>we</b> form <b>our</b> opinion), or</li> <li>♦ (if the <b>Policy Schedule</b> states <b>Definition C – Unable</b>) based on medical or other evidence satisfactory to <b>us</b>, it is <b>our</b> opinion the person has undertaken all reasonable treatment and is unable to ever engage in any <b>occupation</b>, whether or not for reward (in forming <b>our</b> opinion <b>we</b> will have regard to all evidence available to <b>us</b> when <b>we</b> form <b>our</b> opinion).</li> </ul> <p><b>Occupation</b> means:</p> <ul style="list-style-type: none"> <li>♦ an occupation that the person can perform, on a <b>full-time</b> or part-time basis, based on the skills and knowledge the person has acquired through education, training or experience when <b>we</b> form <b>our</b> opinion, and</li> <li>♦ an occupation that the person would be able to perform on a <b>full-time</b> or part-time basis after undergoing retraining, rehabilitation or any other program it would be reasonable to expect the person to undertake to assist them to engage in an occupation.</li> </ul> <p>However, where the <b>Policy Schedule</b> specifies that total and permanent disability cover is provided to casual employees, the first bullet point of this Definition C will read as follows where the claim is made in respect of someone who is employed other than as a <b>permanent employee</b>:</p> <ul style="list-style-type: none"> <li>♦ immediately before the <b>date of disablement</b>, they were employed by the <b>employer</b> for six consecutive months, and during that six month period they were working on average for at least the <b>minimum hours</b>.</li> </ul>

Term	Meaning
	<p><b>Definition D – Unlikely/Unable to Work</b></p> <p>All of the following paragraphs apply to the person:</p> <ul style="list-style-type: none"> <li>immediately before the <b>date of disablement</b>, they were employed by the <b>employer</b> as a <b>permanent employee</b> for at least the <b>minimum hours</b></li> <li>they were younger than 65 on the <b>date of disablement</b></li> <li>as a result of illness or injury, they have been absent from all work for three consecutive months</li> </ul> <p>and either</p> <ul style="list-style-type: none"> <li>(if the <b>Policy Schedule</b> states <b>Definition D – Unlikely</b>) based on medical or other evidence satisfactory to <b>us</b>, it is <b>our</b> opinion the person has undertaken all reasonable treatment and is unlikely to ever engage in any <b>occupation</b>, whether or not for reward (in forming our opinion <b>we</b> will have regard to all evidence available to <b>us</b> when <b>we</b> form <b>our</b> opinion), or</li> <li>(if the <b>Policy Schedule</b> states <b>Definition D – Unable</b>) based on medical or other evidence satisfactory to <b>us</b>, it is our opinion the person has undertaken all reasonable treatment and is unable to ever engage in any <b>occupation</b>, whether or not for reward (in forming <b>our</b> opinion <b>we</b> will have regard to all evidence available to <b>us</b> when <b>we</b> form <b>our</b> opinion).</li> </ul> <p><b>Occupation</b> means:</p> <ul style="list-style-type: none"> <li>an occupation that the person can perform, on a <b>full-time</b> or part-time basis, based on the skills and knowledge the person has acquired through education, training or experience when <b>we</b> form <b>our</b> opinion, and</li> <li>an occupation that the person would be able to perform on a <b>full-time</b> or part-time basis after undergoing retraining, rehabilitation or any other program it would be reasonable to expect the person to undertake to assist them to engage in an occupation.</li> </ul> <p>However, where the <b>Policy Schedule</b> specifies that total and permanent disability cover is provided to casual employees, the first bullet point of this Definition D will read as follows where the claim is made in respect of someone who is employed other than as a <b>permanent employee</b>:</p> <ul style="list-style-type: none"> <li>immediately before the <b>date of disablement</b>, they were employed by the <b>employer</b> for six consecutive months, and during that six month period they were working on average for at least the <b>minimum hours</b>.</li> </ul> <p><b>Definition E – Activities of Daily Work</b></p> <p>A person</p> <ul style="list-style-type: none"> <li>has for a continuous period of at least six months, been disabled by illness or injury to such an extent that he or she has been unable to perform, without the assistance of another person, at least three of the activities listed below, and</li> <li>is, after the end of the six month period, permanently unable to perform the relevant activities, and</li> <li>is under the regular treatment, and following the advice, of a <b>medical practitioner</b>.</li> </ul> <p>A person will not be considered unable to perform the relevant activity if they can still perform the relevant task with the assistance of an aid <b>we</b> consider reasonable for the person to use.</p> <p>The activities include:</p> <ul style="list-style-type: none"> <li>Bending and walking <ul style="list-style-type: none"> <li>the ability to bend, kneel, squat to pick something up from the floor and straighten up again, and</li> <li>the ability to walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body.</li> </ul> </li> <li>Lifting <p>The ability to lift from the ground an object weighing 5kg, carry the object a distance of 10 metres and then place it down at bench height</p> </li> <li>Manual dexterity <p>The ability, with reasonable precision and success, to:</p> <ul style="list-style-type: none"> <li>use at least one hand, its thumb and fingers, to manipulate small objects, or</li> <li>use a keyboard if the person was required to use a keyboard in his or her previous job.</li> </ul> </li> <li>Communicating <p>The ability to:</p> <ul style="list-style-type: none"> <li>clearly hear, and</li> <li>comprehend and express oneself by spoken or written language with clarity.</li> </ul> </li> </ul>



Term	Meaning
	<ul style="list-style-type: none"> <li>◆ Vision (reading) The ability to read to the extent that an ophthalmologist can certify that: <ul style="list-style-type: none"> <li>• visual acuity is equal to, or better than, 6/48 in both eyes, or</li> <li>• constriction is within or greater than 20 degrees of fixation in the eye with the better vision.</li> </ul> </li> </ul> <p><b>Definition F – Own Occupation (outside superannuation only)</b> All of the following paragraphs apply to the person:</p> <ul style="list-style-type: none"> <li>◆ immediately before the <b>date of disablement</b>, they were employed by the <b>employer</b> on a <b>permanent basis</b> and for at least the <b>minimum hours</b></li> <li>◆ they were younger than 65 on the <b>date of disablement</b></li> <li>◆ as a result of illness or injury, they have been absent from their <b>own occupation</b> for three consecutive months</li> <li>◆ they are, in <b>our</b> opinion, unlikely to ever engage in their <b>own occupation</b>.</li> </ul> <p><b>We</b> form <b>our</b> opinion by considering:</p> <ul style="list-style-type: none"> <li>◆ all medical or other evidence available and satisfactory to <b>us</b> when <b>we</b> form <b>our</b> opinion</li> <li>◆ the likelihood of the person performing their <b>own occupation</b> on a <b>full-time</b> or part-time basis after undergoing the medical treatment and rehabilitation it would be reasonable to expect them to undergo to help them return to their <b>own occupation</b>.</li> </ul> <p>In this Definition F, <b>own occupation</b> means the occupation the person was performing when they suffered their illness or injury.</p>
<b>totally disabled/ total disability</b>	<p>The applicable definition(s) will be stated in <b>your Policy Schedule</b>.</p> <p><b>Definition 1</b> An <b>insured person</b> is totally disabled if, because of illness or injury, they are:</p> <ul style="list-style-type: none"> <li>◆ unable to perform at least one <b>income-producing duty</b> of their <b>own occupation</b></li> <li>◆ under the regular care, and following the advice, of a <b>medical practitioner</b>, and</li> <li>◆ not working in any occupation, whether or not for payment.</li> </ul> <p>Where the Policy is provided within super, the illness or injury must cause the <b>insured person</b> to <b>cease gainful employment</b>.</p> <p><b>Definition 2</b> An <b>insured person</b> is totally disabled if, because of illness or injury, they are:</p> <ul style="list-style-type: none"> <li>◆ for the first two years of a claim <ul style="list-style-type: none"> <li>• unable to perform at least one <b>income-producing duty</b> of their <b>own occupation</b></li> <li>• under the regular care, and following the advice, of a <b>medical practitioner</b>, and</li> <li>• not working in any occupation, whether or not for payment</li> </ul> </li> <li>◆ after the first two years of a claim, because of the same injury or illness <ul style="list-style-type: none"> <li>• unable to perform any occupation for which they are reasonably suited by education, training or experience</li> <li>• under the regular care, and following the advice, of a <b>medical practitioner</b>, and</li> <li>• not working in any occupation, whether or not for payment.</li> </ul> </li> </ul> <p>Where the Policy is provided within super, the illness or injury must cause the <b>insured person</b> to <b>cease gainful employment</b>.</p>
<b>war</b>	Includes any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.
<b>waiting period</b>	<p>Means the continuous period set out in the <b>Policy Schedule</b> for which a person has to be disabled before a disability benefit starts to accrue under the policy, subject to the following requirements:</p> <ul style="list-style-type: none"> <li>◆ the waiting period starts on the date a <b>medical practitioner</b> examines the person and certifies that he or she is disabled</li> <li>◆ the person must be <b>totally disabled</b> for at least 7 out of the first 12 consecutive days of the waiting period to qualify for a disability benefit</li> <li>◆ if the <b>insured person</b> returns to work at full capacity during the waiting period, the waiting period starts again unless the return to work is for a period of consecutive days no more than one third of the waiting period and providing this only happens once. If this happens, <b>we</b> will add the number of days worked to the waiting period.</li> </ul>
<b>we, our, us, the Insurer</b>	The Colonial Mutual Life Assurance Society Limited (ABN 12 004 021 809).
<b>you, your</b>	The <b>policy owner</b> as stated in the <b>Policy Schedule</b> .



## 11.2 Medical conditions

Term	Meaning
<b>blindness</b>	<p>The permanent loss of sight in both eyes due to illness or injury to the extent that:</p> <ul style="list-style-type: none"> <li>♦ visual acuity is 6/60 or less in both eyes, or</li> <li>♦ the visual field is reduced to 20 degrees or less of arc</li> </ul> <p>whether aided or unaided, and all as certified by a <b>relevant medical specialist</b>.</p>
<b>cancer</b>	<p>The presence of one or more malignant tumours that are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>This definition of cancer includes each of the following conditions:</p> <ul style="list-style-type: none"> <li>♦ Lymphoma (including Hodgkin's and non-Hodgkin's disease)</li> <li>♦ Leukaemia other than Chronic Lymphocytic Leukaemia equivalent to Rai Stage 0</li> <li>♦ Multiple myeloma</li> <li>♦ Malignant bone marrow disorders</li> <li>♦ Carcinoma in situ of the breast that has resulted in: <ul style="list-style-type: none"> <li>• the removal of the entire breast, or</li> <li>• breast conserving surgery and radiotherapy, or</li> <li>• breast conserving surgery and chemotherapy (chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells)</li> </ul> </li> <li>♦ Carcinoma in situ of the testis</li> <li>♦ Prostatic cancers that are classified as: <ul style="list-style-type: none"> <li>• T1bN0M0 or greater, or</li> <li>• T1aN0M0 with a Gleason Score of 6 or more</li> </ul> </li> </ul> <p>This definition of cancer excludes each of the following conditions:</p> <ul style="list-style-type: none"> <li>♦ Cervical dysplasia, LSIL, HSIL, CIN 1, CIN 2, CIN2/3 and CIN 3</li> <li>♦ Non-melanoma skin cancers including: <ul style="list-style-type: none"> <li>• intraepidermal carcinomas</li> <li>• basal cell carcinomas</li> <li>• squamous cell carcinomas of skin</li> </ul> </li> </ul> <p>which have not spread to another organ</p> <ul style="list-style-type: none"> <li>♦ Melanomas which are classified as less than stage T1bN0M0</li> <li>♦ A prostatic cancer that is not included in the definition of 'cancer' under the list of inclusions above</li> <li>♦ Chronic Lymphocytic Leukaemia equivalent to Rai Stage 0</li> <li>♦ A tumour which meets both of the following: <ul style="list-style-type: none"> <li>• it is described histologically as premalignant or carcinoma in situ, and</li> <li>• it is not included in the definition of 'cancer' under the list of inclusions above</li> </ul> </li> <li>♦ A cancer which meets both of the following: <ul style="list-style-type: none"> <li>• it is classified as less than T1N0M0 as defined by the American Joint Committee for Cancer (AJCC), and</li> <li>• it is not included in the definition of 'cancer' under the list of inclusions above.</li> </ul> </li> </ul>
<b>cardiomyopathy</b>	<p>The diagnosis of Cardiomyopathy by a <b>relevant medical specialist</b> resulting in significant physical impairment which is classified as Class 3 or greater under the New York Heart Association classification of cardiac impairment.</p>
<b>chronic kidney failure</b>	<p>End stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.</p>
<b>chronic lung disease</b>	<p>Permanent end stage respiratory failure with FEV1 test results of less than one litre and requiring continuous permanent oxygen therapy.</p>
<b>coronary artery bypass surgery</b>	<p>The undergoing of bypass surgery to treat coronary artery disease but excluding angioplasty and intra-arterial procedures.</p>
<b>dementia and Alzheimer's disease</b>	<p>Clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a <b>relevant medical specialist</b>. The diagnosis must confirm irreversible failure of brain function resulting in significant cognitive impairment. Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination score to 24 or less, where the deterioration would continue but for any effective treatments.</p>
<b>heart attack</b>	<p>The death of part of the heart muscle (myocardial infarction) as a result of inadequate blood supply to the relevant area. The diagnosis of myocardial infarction must be confirmed by a <b>relevant medical specialist</b> and evidenced by:</p> <ul style="list-style-type: none"> <li>♦ a typical rise and/or fall of cardiac biomarkers with at least one biomarker result above the upper limit of the reference range, and</li> <li>♦ at least one of the following: <ul style="list-style-type: none"> <li>• signs and symptoms of ischaemia consistent with a myocardial infarction</li> <li>• confirmatory new, or presumed new, electrocardiogram (ECG) changes consistent with myocardial infarction, or</li> <li>• imaging evidence confirming the new loss of viable myocardium or new regional wall motion abnormality.</li> </ul> </li> </ul> <p>If the above evidence is inconclusive or superseded by technological advances, <b>we'll</b> consider other appropriate and medically recognised tests that unequivocally diagnose the occurrence of a myocardial infarction of at least the degree of severity set out above.</p> <p>Other acute coronary syndromes where death of the heart of the heart muscle has not occurred are excluded.</p>
<b>loss of hearing</b>	<p>Complete and irrecoverable loss of hearing from both ears as a result of injury or illness, as certified by a <b>relevant medical specialist</b>. This definition isn't met if the person's hearing has been restored through any natural or assisted means, unless the assisted means is a device implanted in the cochlea.</p>
<b>loss of speech</b>	<p>The total and irrecoverable loss of the ability to produce intelligible speech as a result of injury or illness which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by a <b>relevant medical specialist</b>.</p>



Term	Meaning
<b>major head trauma</b>	<p>Injury to the head resulting in neurological deficit causing either:</p> <ul style="list-style-type: none"> <li>the permanent and irreversible inability to perform without the assistance of another person any one of the following activities of daily living: <ul style="list-style-type: none"> <li>dressing – putting on and taking off clothing</li> <li>toileting – using the toilet, including getting on and off</li> <li>mobility – getting in and out of bed and a chair</li> <li>bathing – the ability to wash or shower</li> <li>feeding – getting food from a plate into the mouth</li> </ul> </li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>permanent cognitive impairment, where the person has a Mini-Mental State Examination score of 24 or less as certified by a <b>relevant medical specialist</b>.</li> </ul>
<b>major organ or bone marrow transplant</b>	<p>The <b>insured person</b> undergoes, or has been placed on a waiting list for, an organ transplant from a human donor for one or more of the following organs:</p> <ul style="list-style-type: none"> <li>kidney</li> <li>lung</li> <li>pancreas</li> <li>heart</li> <li>liver</li> <li>small bowel</li> <li>bone marrow.</li> </ul> <p>The treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any means other than organ transplant, as confirmed by a <b>relevant medical specialist</b>.</p> <p>A waiting list means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit.</p>
<b>motor neurone disease</b>	The diagnosis of motor neurone disease as certified by a <b>relevant medical specialist</b> .
<b>multiple sclerosis</b>	<p>The diagnosis of multiple sclerosis as certified by a <b>relevant medical specialist</b>, where the condition:</p> <ul style="list-style-type: none"> <li>is characterised by demyelination in the brain and spinal cord, evidenced by magnetic resonance imaging or other investigations acceptable to <b>us</b>, and</li> <li>has resulted in more than one episode of well-defined neurological deficit with persisting neurological abnormalities.</li> </ul>
<b>muscular dystrophy</b>	The diagnosis of muscular dystrophy as certified by a <b>relevant medical specialist</b> .
<b>paralysis</b>	<p>The total and permanent loss of use of both legs or both arms, resulting from spinal cord injury or illness.</p> <p>The total and permanent loss of use of both arms and both legs, resulting from spinal cord injury or illness.</p> <p>The total and permanent loss of use of both arms and both legs, together with loss of head movement, resulting from brain or spinal cord injury or illness.</p> <p>The total and permanent loss of use of one side of the body, resulting from injury or illness.</p> <p>The total and permanent loss of use of both sides of the body, resulting from injury or illness.</p>
<b>Parkinson's disease</b>	The diagnosis of Parkinson's disease certified by a <b>relevant medical specialist</b> , confirming that the condition has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.
<b>primary pulmonary hypertension</b>	Primary Pulmonary Hypertension established by cardiac catheterisation resulting in significant permanent physical impairment which is classified as Class 3 or greater under the New York Heart Association classification of cardiac impairment.
<b>severe rheumatoid arthritis</b>	<p>The <b>insured person</b> meets one of the following:</p> <ul style="list-style-type: none"> <li>diagnosis of severe rheumatoid arthritis by a <b>relevant medical specialist</b> where all of the following applies: <ul style="list-style-type: none"> <li>the diagnosis has been confirmed by appropriate radiology and blood tests</li> <li>the <b>insured person</b> has undergone all reasonable treatment regimens, including but not limited to immunosuppressive and biological agents, as recommended by the <b>insured person's</b> medical specialist for the rheumatoid arthritis</li> <li>despite undergoing all reasonable treatment regimens as recommended by the specialist, the rheumatoid arthritis has caused the <b>insured person</b> permanent whole person impairment of at least 25% (as defined in the 6th edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment')</li> </ul> </li> <li>the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria: <ul style="list-style-type: none"> <li>at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> <li>proximal interphalangeal joints in the hands</li> <li>metacarpophalangeal joints in the hands</li> <li>metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle</li> </ul> </li> <li>simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)</li> <li>typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> <li>morning stiffness</li> <li>rheumatoid nodules</li> <li>erosions seen on x-ray imaging</li> <li>the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.</li> </ul> </li> </ul> </li> </ul> <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>
<b>stroke</b>	<p>An infarct or haemorrhage involving the brain or spinal cord, producing neurological symptoms. There must be evidence consistent with stroke on CT, MRI or other appropriate imaging scan. The following are excluded:</p> <ul style="list-style-type: none"> <li>migraines</li> <li>transient ischaemic attacks, and</li> <li>brain injury resulting from: <ul style="list-style-type: none"> <li>trauma, or</li> <li>vascular disease affecting the eye, optic nerve or vestibular function.</li> </ul> </li> </ul>



