INSURANCE

ONECARE

Protection For Life™

Product Disclosure Statement
Policy terms
OneCare | OneCare Super

29 March 2021

OnePath

ENTITY DETAILS IN THIS PRODUCT DISCLOSURE STATEMENT (PDS)

Name of legal entity	Registered numbers	Abbreviated terms used throughout this PDS
OnePath Life Limited	ABN 33 009 657 176, AFSL 238341	OnePath Life, the Insurer, we, us, our
OnePath Custodians Pty Limited	ABN 12 008 508 496, AFSL 238346, RSE L0000673	OnePath Custodians, the Trustee
Retirement Portfolio Service	ABN 61 808 189 263, RSE R1000986	Fund

LIFE INSURANCE CODE OF PRACTICE

We have adopted the Life Insurance Code of Practice. The Code sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure and principles of conduct for their life insurance services, such as being open, fair and honest. It also sets out timeframes for insurers to respond to claims, complaints and requests for information. You can find details on the Code at the Financial Services Council website fsc.org.au

The Code also contains minimum standard medical definitions for certain conditions. This means that where your Trauma Comprehensive or Premier Cover includes one of the conditions defined under the Code and you make a claim, we will assess your claim against the better of the following definitions:

a. the applicable definition in our PDS linked to the full benefit amount

b. if different from a. above, the corresponding minimum standard medical definition in the Code that is current at the time of the insured event.

The minimum standard medical definitions provided under the Code only apply to the first $2 million of Trauma Comprehensive and Premier Covers where we issued your policy on or after 1 July 2017. They do not apply to any of the following:

a. other benefits such as Trauma Cover either reinstated after a claim or where the amount payable varies according to the severity of the condition

b. to payments for benefits included with Income Secure Cover or Total and Permanent Disability (TPD) Cover.

The minimum standard medical definitions provided under the Code, as updated from time to time, can be found at onepath.com.au/insurance/important-information ('OneCare – Life Insurance Code of Practice and minimum standard medical definitions' under 'Product Disclosure Statement'). You can request a free paper copy of this information by contacting Customer Services on 133 667.

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WHAT ARE ONECARE AND ONECARE SUPER?

OneCare is an insurance product offering various lump sum and monthly benefits. It offers Life Cover, Total and Permanent Disablement (**TPD**) Cover, Trauma Cover, Child Cover, Extra Care Cover, Income Secure Cover, Business Expense Cover and Living Expense Cover. OneCare insurance can be purchased through super (via an external master trust, self-managed super fund (SMSF) or small APRA fund) or outside super.

OneCare Super is an insurance-only superannuation product for those customers who wish to have OneCare insurance Cover through super in the Retirement Portfolio Service (Fund) ABN 61 808 189 263 RSE R1000986.

This document explains the terms, conditions and features of both these products.

WHO ISSUES ONECARE AND ONECARE SUPER?

OnePath Life issues OneCare. This includes OneCare External Master Trust and OneCare SMSF.

OnePath Custodians issues OneCare Super. OneCare Super is a superannuation product issued by OnePath Custodians, as trustee of the Fund. OnePath Life is the insurer for OneCare Super. When you join OneCare Super, OnePath Custodians contracts with OnePath Life to provide the insured benefits. OnePath Custodians has appointed OnePath Life to act as administrator of OneCare Super.

OnePath Life and OnePath Custodians are the issuers of this PDS. Both OnePath Life and OnePath Custodians are responsible for the contents of this PDS. However, an issuer is not responsible for the products issued by the other issuer.

OnePath Life is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group).

OnePath Life and OnePath Custodians are not related bodies corporate.

OnePath Life and OnePath Custodians will collect, use, store and disclose your personal information in accordance with the Privacy Policy available at onepath.com.au/insurance/privacy-policy for OnePath Life and onepath.com.au/superandinvestments/privacy-policy for OnePath Custodians. You may also request a free copy of the Privacy Policies by contacting Customer Services on 133 667.

ABOUT ONEPATH

OnePath is a leading provider of insurance, superannuation and investment solutions, with a heritage of more than 140 years in helping Australians to grow and protect their wealth.

OnePath life insurance solutions are provided by OnePath Life Limited, a company within the Zurich Financial Services Australia Group.

Employing more than 50,000 people worldwide, the Zurich Insurance Group operates in over 210 markets as an insurance specialist and is committed to placing customer needs at the heart of their business.

OnePath superannuation solutions are provided by OnePath Custodians, which is part of the IOOF Group. As one of the leading financial services groups in Australia, with over 170 years' experience in helping Australians secure their financial independence, the IOOF Group provides services to around 1.1 million clients and has $202.3 billion in funds under management, administration and advice (as at 30 June 2020).

OnePath products offer comprehensive insurance and investment solutions to help customers achieve their financial goals.

THIS PDS

This document is a combined PDS and policy terms

This PDS contains important information about the OneCare and OneCare Super products which you should consider before making a decision to acquire the product(s). You should read this PDS carefully and keep it in a safe place.

This PDS also contains the standard terms and conditions of all Covers available under OneCare and OneCare Super. If you apply for Cover and your application is accepted, we will issue a Policy Schedule to you. You should read this PDS, together with your Policy Schedule, to understand the particular benefits that apply to you for each life insured. See the section, 'This PDS is a policy contract' on page 11 for more information.

This PDS is not personal advice

The information in this PDS is general information only and does not take into account your personal needs, objectives and financial circumstances.

You should consider whether the information is appropriate for you, considering your objectives, financial circumstances and needs.

Changes to information in this PDS

Certain information in this PDS, including taxation information, is based on present laws and how we interpret those laws.

The information contained in this PDS may change from time to time. Where the changes are not materially adverse, you will be able to find details of the changes at onepath.com.au or you can obtain a copy free of charge by contacting Customer Services on 133 667.

We also reserve the right to change matters which do not form part of the policy terms. This includes administrative matters, or fees and charges.

We will issue a supplementary or replacement PDS if there is a materially adverse change to, or omission of, information in this PDS.

You can request a free paper copy of this PDS or any updated information by contacting Customer Services on 133 667.

Financial Services Guide

A Financial Services Guide (FSG) is an important document that outlines the type of products and services that each of the licensed OnePath entities is authorised to provide under their Australian Financial Services Licence (AFSL).

Please visit onepath.com.au for copies of the OnePath Life FSG and the OnePath Custodians FSG.

YOUR FINANCIAL ADVISER IS THERE TO HELP

When applying for insurance Cover, your financial adviser can help you consider your options and ensure you make the right choices for you and your situation.

With an understanding of your individual circumstances and goals, your financial adviser can help you:

- structure a policy that offers you the right types of Cover
- calculate the amount of Cover you need
- choose the Cover types and features and options that are important to you
- structure your insurance cost-effectively.

Your financial adviser is required to provide you with a Statement of Advice detailing your insurance requirements as well as the payments they will receive for advising you about insurance.

Once your Cover is in force, it is important to meet regularly with your financial adviser to ensure your Cover continues to meet your needs. Your OneCare Cover should be appropriate for your circumstances – both now and as they change in future.

At claim time, your financial adviser can have a fundamental role in guiding and supporting you through the claims process.

If you purchase your OneCare policy or OneCare Super through a financial adviser, we may pay your financial adviser a standard commission for this product and for the ongoing management of your insurance portfolio. This commission is already built into the premium we receive.

The premium may be reduced if you and your financial adviser agree to commission below the standard commission. Your financial adviser can also charge a fee for service directly to you. The financial adviser may choose to use both options.

MANY WORDS IN THIS PDS HAVE A SPECIAL MEANING

The following table explains the meaning of particular terms and expressions throughout this PDS:

Expression	Meaning
'we', 'our' and 'us'	OnePath Life, the Insurer, and issuer of OneCare.
'Trustee'	OnePath Custodians, the trustee of the Retirement Portfolio Service, issuer of OneCare Super.
'Fund'	The Retirement Portfolio Service.
'you' and 'your'	The policy owner, except where Cover is held through super in which case it means the life insured.
'policy'	The contract between the policy owner and us comprised of this PDS (except for any term expressly stated in this PDS to not form part of the policy) and the relevant Policy Schedule.
'policy owner'	We issue the policy to the policy owner. The policy owner is named in the Policy Schedule.
'life insured'	The life insured is a person whose life is to be insured under the policy and who is named as a life insured in the Policy Schedule. If the policy owner has taken out the policy on their own life, they will also be a life insured. There can be more than one life insured under a policy held outside super. If Cover is held through super, the life insured is the member of the super fund whose life is insured under the policy and who is named in the Policy Schedule as the life insured. Under Child Cover, the life insured is the child insured under the policy.
'OneCare'	The insurance product we offer under this PDS.
'held through super'	We use this phrase to indicate that the OneCare policy or Cover is held through a superannuation fund. This means that the life insured is a member of a superannuation fund and the trustee of that superannuation fund is the policy owner. We contract with the policy owner to provide insurance benefits in respect of the superannuation fund member. The policy owner can be: • the trustee of an external master trust – for OneCare External Master Trust • the trustee of a self-managed superannuation fund or small APRA fund – for OneCare SMSF • OnePath Custodians, the trustee of the Fund – for OneCare Super. For further details about Cover held through a super fund, please see page 12.
'held outside super'	We use this phrase for any OneCare policy or Cover that is not held through super.
'OneCare Super'	The superannuation product offered under this PDS, OneCare Super, offers OneCare insurance Cover through the Fund. OnePath Custodians, the trustee of the Fund, is the policy owner. The life insured is a member of the Fund. The policy held by the Trustee is referred to as the 'OneCare Super policy'. Please note that the phrase 'OneCare Super' does not mean that your Cover is held under other superannuation arrangements but is limited specifically to OneCare Cover held through the Fund under the OneCare Super product. For further information about OneCare Super, please see the section beginning on page 130.

Other expressions and words throughout this PDS have special meanings and are defined where used or in the:

- 'Glossary of trauma conditions' on page 111
- 'Glossary of special terms' on page 119.

Except for the word 'Cover', 'PDS' and the expressions in the table above, defined terms have been bolded in this PDS.

Unless the context requires otherwise, the defined expressions and words have the special meaning given to them wherever used. Headings in this PDS do not form part of the policy terms and are merely an aid to interpretation of the relevant section.

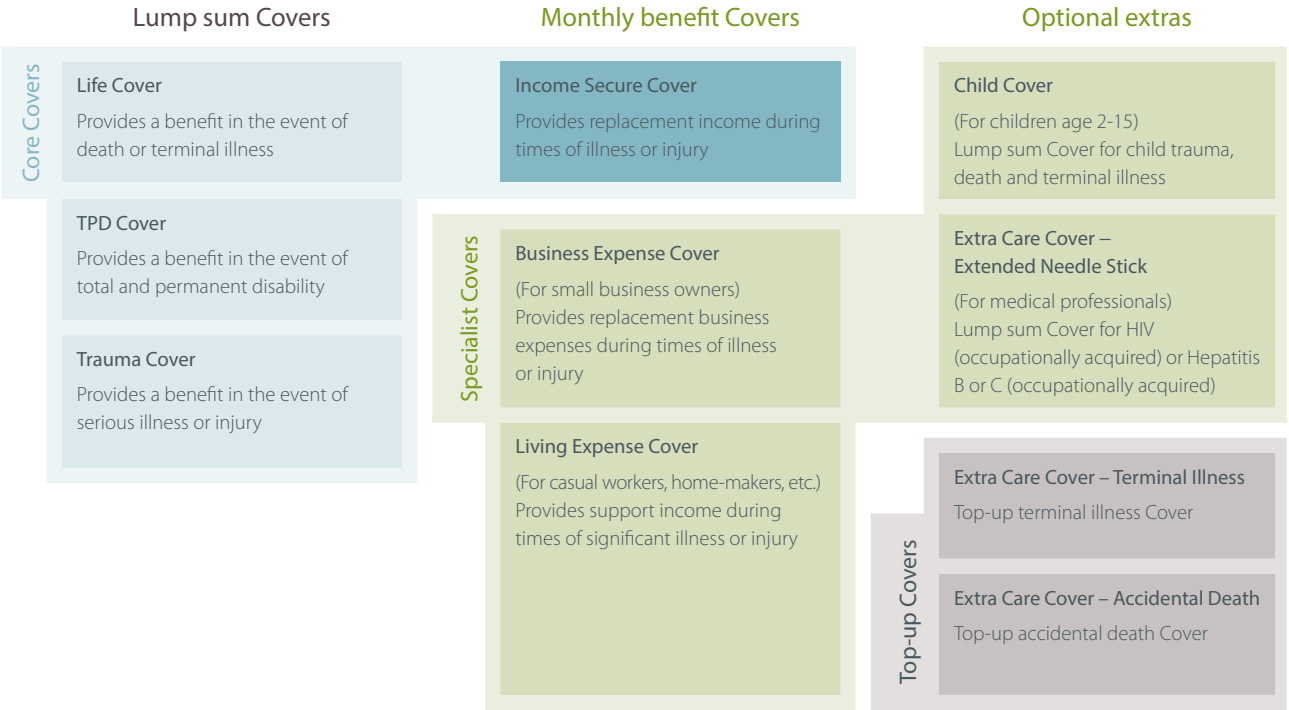
A BROAD RANGE OF INSURANCE COVER

OneCare is an insurance product. It provides comprehensive and flexible financial protection by offering a broad range of Cover types with a good range of options. This allows you to tailor your policy to your needs and those of your family.

OneCare even allows you to combine your personal, family, and business insurance, which could reduce premiums.

OneCare offers the following types of Cover:

- **Core Covers** – we offer four main types of insurance Cover that are generally available for most people.
- **Specialist Covers** – we offer these specialist Covers suitable for certain types of people, such as Business Expense Cover for business owners and Living Expense Cover for people who do not qualify for Income Secure Cover.
- **Top-up Covers** – You can 'top-up' any of your Covers with Extra Care Cover for terminal illness and/or accidental death.



We offer flexibility to structure your Cover

You can structure your Cover in several ways. It is important to understand the options available.

- Individual or multiple Covers under the same policy – you can choose to have any one of the Core Covers, or Business Expense Cover or Living Expense Cover, under a single stand-alone policy, or to have two or more of those Covers under the same policy. For example, you can have a policy with Life Cover only or a policy with both Life Cover and Business Expense Cover.
- Attaching Covers under the same policy – if you have multiple Covers under the one policy, you can attach those Covers. For example, you might want to attach your Life, TPD and Trauma Covers. If your Covers are attached, a benefit paid under one Cover will reduce the amount insured of the other attached Cover(s).
- Linking Covers under different policies:
  - You can link TPD Cover under a policy held outside super with Life Cover under a policy held through super. This is called a SuperLink arrangement. Please see pages 32 and 33 for details.
  - You can link TPD Cover under a policy held outside super with TPD Cover under a policy held through super. This is called a SuperLink TPD arrangement. Please see pages 32 and 33 for details.
  - You can also link Trauma Cover under a policy held outside super with Life and/or TPD Cover under a policy held through super, or link Trauma Cover and TPD Cover under a policy held outside super with Life Cover under a policy held through super. This is called a SuperLink Trauma arrangement. Please see page 47 for details.
  - You can also link Income Secure Cover under a policy held outside super with Income Secure Cover under a policy held through super. This can be through an Income Secure SuperLink arrangement (please see page 80) or an Income Secure Basic SuperLink arrangement (please see page 81).

HOW TO APPLY

Seek advice	Your financial adviser will: • help you choose the right Cover for your needs, including any options • help you complete the Application Form • give you a personalised product illustration (quotation) showing the Cover applied for and the premium payable.
Choose what you need	You will need to choose: • the type(s) of Cover you need. Please see page 8 • the structure of your Cover. Please see page 8 • the life or lives insured • the cover amount you need for each type of Cover selected. This is referred to as the amount insured for lump sum Covers or monthly amount insured for monthly benefit Covers. Please see pages 14 and 15 • how you would like benefits paid. Please see page 20 • any extra cost options you need under your chosen Cover. Each Cover will have benefits, features and extra cost options that you should consider carefully. Some of these benefits, features and options only apply if you select them. These are explained in the Cover sections commencing on page 22.
Submit Application Form	• The only way to apply for Cover is to submit, with the assistance of your financial adviser, a completed OneCare Application Form. The OneCare Application Form includes the application for OneCare Super. • To apply for OneCare held outside super, the proposed policy owner(s) and the proposed life insured must complete the application. • To apply for OneCare Super, the proposed life insured must complete the application, including the application to become a member of the Fund. • To apply for OneCare held by the trustees(s) of an external master trust, the proposed life insured who is a member of the master trust, must complete the application. • To apply for OneCare held by the trustees(s) of a self-managed super fund (SMSF), the trustee(s) of the SMSF, and the proposed life insured who is a member of the SMSF, must complete the application. • OneCare and OneCare Super are only available to persons receiving this PDS in Australia. The products are not available, directly or indirectly, to persons in any other country. • It is important that you comply with your duty of disclosure as set out on page 10. • When you apply for OneCare Cover, we collect your personal information (including health and other sensitive information) in order to process your application and, if your application is approved, to manage and administer your policy, and pay any claims. To read more about how we collect, use, store and disclose your personal information, refer to the 'Privacy Statement' on page 144. • For more information about the application, including the acknowledgements and declarations you will be required to make when submitting it, please see page 145.
Choose what you need	• We will assess your application to determine the terms under which we can provide insurance for you. We may accept or reject your application, or accept your application with conditions. • Our decision is based on the information you provide us, and so it is important that you are aware of your duty of disclosure, and that the duty continues up until the time we issue a policy to you. Please see page 10. • You do not have Cover under OneCare or OneCare Super unless we accept the application. • While we assess your application we provide Interim Cover. Please see page 141.
We confirm Cover	• If we accept your application we will confirm in writing to the policy owner, or member in the case of OneCare Super, that you have Cover and issue a Policy Schedule and a welcome kit. • After we issue your Policy Schedule you have a 28 day cooling-off period where you may change your mind. Please see page 11 for full details. • You can request a free additional copy of this PDS at any time.
The Policy Schedule	• The Policy Schedule confirms our acceptance of the application and the Cover that applies to each life insured. It contains important details about the Cover and choices made. This includes the amount insured for each Cover, applicable benefit payment type, applicable premium type, applicable extra cost options and any special conditions, exclusions and premium loadings.

OneCare and OneCare Super are only available to Australian residents

OneCare and OneCare Super are available to Australian residents and people who are in the process of applying for permanent residency and are living in Australia. All parties to any OneCare and OneCare Super issued must be Australian residents, including policy owner(s), life insured and the person, company or fund that is paying the premium. OneCare and OneCare Super are designed for Australian residents and their operation and your rights may be restricted if you or the life insured become a resident of another country.

We cannot accept applications signed and submitted from outside Australia.

YOUR DUTY OF DISCLOSURE

When completing your application, and up until the time we issue a policy to you, please ensure that you fully understand and comply with your duty of disclosure as set out below. If you are applying for OneCare Super, you should refer to the Insured's duty of disclosure as set out in the adjacent column.

In this section 'you' and 'your' refers to the policy owner only.

Before you enter into a life insurance contract, you have a duty to tell OnePath Life anything that you know, or could reasonably be expected to know, that may affect OnePath Life's decision to insure you and on what terms.

You have this duty until OnePath Life agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell OnePath Life anything that:

- reduces the risk OnePath Life insures you for
- is of common knowledge
- OnePath Life knows or should know as an insurer, or
- OnePath Life waives your duty to tell it about.

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

If you do not tell OnePath Life something

In exercising the following rights, OnePath Life may consider whether different types of Cover can constitute separate contracts of life insurance. If it does, OnePath Life may apply the following rights separately to each type of Cover.

If you do not tell OnePath Life anything you are required to, and OnePath Life would not have insured you if you had told it, OnePath Life may avoid the contract within three years of entering into it.

If OnePath Life chooses not to avoid the contract, it may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told OnePath Life everything you should have. However, if the contract provides Cover on death, OnePath Life may only exercise this right within three years of entering into the contract.

If OnePath Life chooses not to avoid the contract or reduce the amount you have been insured for, it may, at any time vary the contract in a way that places it in the same position it would have been in if you had told OnePath Life everything you should have. However, this right does not apply if the contract provides Cover on death.

If your failure to tell OnePath Life is fraudulent, it may refuse to pay a claim and treat the contract as if it never existed.

Insured's duty of disclosure

This section is relevant if you are applying for OneCare Super.

The Trustee enters into a life insurance contract in respect of your life and has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance. The Trustee has the same duty before the Trustee extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for
- is common knowledge
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell it about.

You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than to the Insurer, the Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

If the Trustee does not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of Cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of Cover.

If the Trustee does not tell the Insurer anything it is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the Trustee had told the Insurer everything it should have. However, if the contract provides Cover on death, the Insurer may only exercise this right within three years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position the Insurer would have been in if the Trustee had told the Insurer everything it should have. However, this right does not apply if the contract provides Cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

THIS PDS IS A POLICY CONTRACT

The terms of this PDS and the Policy Schedule comprise the policy contract between the policy owner and us, except for any term expressly stated in this PDS to not form part of the policy.

However, there is no legal contract of insurance established between us and the policy owner unless all the following occur:

- we accept the application for insurance and issue a Policy Schedule
- if the Cover is held through super, the trustee has accepted you as a member of their super fund and your membership has not ceased at the time we accept your application and issue a Policy Schedule.

Under OneCare Super, OnePath Life contracts with OnePath Custodians to provide benefits for the member of the Fund whose life is insured under the policy. The terms of this PDS and the Policy Schedule describe the insured benefits available to the member of the Fund.

For policies issued to the trustee of an external master trust, self-managed super fund or small APRA fund, OnePath Life contracts with the trustee of the super fund to provide benefits for the member of their super fund whose life is insured under the policy.

This PDS, with your Policy Schedule, contains the full terms and conditions of your Cover. You should read them carefully. The terms and conditions of your Cover, as set out in this PDS, or the way we apply the terms and conditions, are subject to applicable laws or codes of practice from time to time, or changes made by us to ensure compliance with those laws or codes of practice.

We agree to pay the benefits for the Covers shown for each life insured on the Policy Schedule, in the circumstances specified in this PDS and the Policy Schedule. All benefit payments are subject to any limitation, reduction, exclusion and special condition set out in this PDS and the Policy Schedule.

You can change your mind during the 'cooling-off' period

The policy owner can cancel a OneCare policy, or any individual Cover under the policy within 28 days from the date we issue your Policy Schedule. This is known as the 'cooling-off' period.

To cancel the policy or a Cover during this cooling-off period, the policy owner can request cancellation over the phone. Alternatively, the policy owner can cancel in writing by letter sent by post or email attachment. Our contact details are on the back cover of this document. We will cancel the policy, or Cover, as requested, and will refund any money paid for the policy or Cover. However, we may not refund the amounts of any taxation or government charges we cannot recover.

The policy owner cannot exercise the right to cancel the policy, or a Cover, after benefits have been claimed under the policy. If the policy owner cancels Cover that is linked to other Cover, whether under the same policy or under a separate **linked policy**, the premium on retained Cover will change. We will write to you with this information in those circumstances.

If your Cover is held through super, and you wish to cancel this policy, or a Cover, during the cooling-off period, you must request the trustee of your super fund to do so, as specified above. We will pay any refund amount to the trustee. The trustee will only be able to release the refund to you if the super fund's trust deed and super law allow.

Cooling off under OneCare Super

For OneCare Super, if you choose to cancel your Cover, the Trustee may not be able, under superannuation law, to return directly to you money you have paid. The Trustee will transfer this money, less eligible adjustments, to an eligible superannuation fund you choose. If you do not choose a fund, the Trustee will roll over any refund of premium into an Eligible Rollover Fund (ERF) it nominates. For more information about the Trustee's current nominated ERF please see page 134.

WHO CAN OWN YOUR COVER?

A OneCare policy can be owned through super or outside super as follows:

1 OneCare	2 OneCare Super	3 OneCare External Master Trust	4 OneCare SMSF
The policy owner can be: • the life insured • the life insured's partner or other individual • a company, trustee, or other legal entity, excluding the trustee of a super fund. The policy can have more than one policy owner. If so, the owners will be joint tenants unless the Policy Schedule states otherwise. We refer to Cover held in this type of ownership as 'OneCare'. This is 'Cover held outside super'.	The policy owner is OnePath Custodians, as trustee of the Fund. We refer to Cover held in this type of ownership as 'OneCare Super' or 'Cover held through OneCare Super'. We refer to the policy held by the Trustee, as the 'OneCare Super policy'. We also refer to Cover held in this type of ownership as 'Cover held through super'. We do this when we refer generally to Cover held through a super fund.	The policy owner is the trustee of a superannuation master trust of which you are a member. We refer to Cover held in this type of ownership as 'Cover held through super'.	The policy owner is the trustee(s) of your self-managed superannuation fund or small APRA fund. We refer to Cover held in this type of ownership as 'Cover held through super'.

Whether your Cover is held through super or outside super will affect your options

Whether Cover is held through super or held outside super will affect:

1. how you can pay premiums
2. the tax treatment of your premiums and benefits
3. the features, benefits and options available under the Cover.

Your **financial adviser** can help you choose the policy structure, or combination of policy structures, that best suits your needs.

We pay benefits to the policy owner

Unless we state otherwise in this PDS for a particular benefit, we pay benefits under this policy to the policy owner.

If Cover is held through super, we will pay a benefit under this policy to the trustee of your super fund. Whether the trustee can release the benefit to you will depend on the super fund's trust deed and superannuation law.

Please ask your trustee or **financial adviser** for information on whether and when any benefit can be released to you.

Superannuation law affects available Cover and benefit payments

Superannuation law may limit the type and amount of insurance Cover that can be held through super. If we pay a super fund trustee a benefit for you under this policy, superannuation law can also limit the circumstances under which the trustee can pay that benefit to you. Please see page 133 for more information on how superannuation law affects payments from OneCare Super. If you are a member of an external master trust or SMSF, the trustee of your fund can provide you with information about payments from your fund.

In taking out an insurance policy, the trustee of a super fund must consider its duties and obligations under superannuation law.

Trustee's approval required

If you have Cover held through super, we may allow you to change the Cover or policy or exercise options. However, these actions may require the super trustee's approval as it is the policy owner.

Symbols show if benefits available

Throughout this PDS, the following symbols will show where a benefit, feature or option is available to Cover held through super or held outside super (Non Super) or both:

The table below summarises the general types of Cover available to be held through or outside super:

Ownership	Life	TPD	Trauma	Income Secure	Business Expense	Living Expense	Child	Extra Care
Non Super	✓	✓	✓	✓	✓	✓	✓	✓
Super	✓	✓	–	✓	–	–	–	✓^

^Extra Care Extended Needle Stick Cover is not available.

ONEPATH LIFE REWARDS YOU

Your policy includes the benefits and features described below.

Interim Cover while we assess your application

Interim Cover provides some insurance cover while we assess your application. Interim Cover starts once the completed application (including electronic application) is confirmed as 'submitted' or 'pending submission'. It is free when you apply for a new policy or an addition to an existing policy.

For further information, including when Interim Cover commences, please see page 141.

Guaranteed continuing Cover despite health changes

As long as premiums are paid, your policy will continue each year despite changes in the life insured's health, occupation or pastimes.

There are other circumstances that can end your Cover, or the policy. These are explained in the Cover sections of this PDS and page 128.

Increase Cover without medicals

We allow you to increase your Cover each year to keep up with inflation, or when certain major events happen to the life insured, without any additional medical checks.

Some Cover types also have built-in features that can help financially if the life insured becomes pregnant, **unemployed** or experiences financial hardship.

Worldwide Cover

OneCare provides worldwide insurance Cover 24 hours a day.

Premium discounts

We may reward you with premium discounts when you combine your insurance or fund your premiums from an eligible platform. We have four key discounts:

- size discount – based on your amount of Cover in dollar terms
- multiple Cover discount – if you take out a combination of Cover types for a life insured
- multiple life discount – if you link your policy with an eligible family member, business partner or combination of family members and business partners. This is known as an 'extended business group'.
- platform discount – if you take out a policy issued to the trustee of an eligible platform with an eligible payment method.

The benefit of any discount will be reflected in the product illustration received at the time of your application. We do not guarantee premium discounts and may remove or vary the current discounts under these terms.

Guaranteed benefit upgrade

We will automatically add to your policy any future improvements we make to OneCare, provided the improvements do not result in a premium increase. Any improvements will apply to future claims only and not to past or current claims. The improvements will not apply to claims arising from conditions which first occur, are first diagnosed, or which first become **reasonably apparent**, before the improvements came into effect.

Your policy will not be worse off because of the guaranteed upgrade. If you are inadvertently disadvantaged in any way, the previous benefit wording will apply.

Any exclusions noted on your Policy Schedule continue to apply.

We also offer the following features. These do not form part of your policy and may be withdrawn.

Free access to grief counselling

On a death or terminal illness claim, we may offer you and your **immediate family members** free access to counselling through our Grief Care Program.

Talking in confidence to a counsellor can make the grieving process a little easier. The counsellor will help you explore your feelings and develop methods to cope with them.

Use of the service can start anytime within 13 months of the date we are notified of the death or the date we pay the terminal illness or Extended Terminal Medical Condition claim.

We will reimburse the payments directly to you upon evidence the counselling has occurred.

We will reimburse the life insured and any **immediate family member** up to $1,200 under our Grief Care Program.

Once contact has been made with the counselling provider the service must be used within 12 months.

Terminal illness claim

On payment of a terminal illness claim, we may offer the life insured and an **immediate family member** up to six hours of counselling with a qualified and experienced counsellor.

Extended Terminal Medical Condition claim

On payment of an Extended Terminal Medical Condition benefit claim, we may offer the life insured and an **immediate family member** up to six hours of counselling with a qualified and experienced counsellor.

Death claim

On being notified of a death claim, we may offer an **immediate family member** up to six hours of counselling with a qualified and experienced counsellor.

Earn Qantas Points on your premiums

You can earn one Qantas Point for every dollar of OneCare premium you pay up to a maximum of 20,000 points per policy per annum. This gives you an additional benefit for maintaining your OneCare Cover. Qantas Points accrue in accordance with and subject to the 'OnePath and Qantas Frequent Flyer Rewards terms and conditions' available at onepath.com.au/qff-terms-conditions

You must be a Qantas Frequent Flyer member and correctly register your Qantas Frequent Flyer membership details with OnePath Life to earn Qantas Points on OneCare premiums. If you are not already a Qantas Frequent Flyer member, OnePath Life has arranged for the usual joining fee to be waived for new customers who join at qantas.com/onepathjoin This complimentary join offer may be withdrawn at any time.

Membership and points are subject to Qantas Frequent Flyer program terms and conditions available at qantas.com/terms Qantas does not endorse, is not responsible for and does not provide any advice, opinion or recommendation about this product or the information provided by OnePath Life in this PDS.

THE AMOUNTS YOU CAN INSURE

When applying for OneCare, you need to decide how much Cover you and your family would need if an insurable event occurs.

This section explains the minimum and maximum amount of each Cover you can apply for.

Lump sum Covers

We pay based on the 'amount insured'

For Life, TPD, Trauma, Child and Extra Care Cover the amount we pay depends on the 'amount insured'.

Minimum amount insured

The minimum amount insured you can apply for is $10,000 for Child Cover and $50,000 for all other types of lump sum Cover.

Maximum amount insured

You can apply for Cover for a life insured up to the maximum lump sum amounts set out in the opposite table. If you choose an instalment benefit type, the **equivalent instalment amount** applies as the maximum. Please see page 20.

The maximums differ depending on the Cover type and for TPD Cover, the TPD definition chosen.

Excluding Business TPD, indexation will apply to a Cover with the maximum sum insured, unless indexation is declined. Please see page 57.

Cover	Maximum amount of total Cover you can apply for when you first apply for Cover
Life Cover	Individual circumstance
TPD Cover Any combination of Any Occupation, Super Any Occupation, SuperLink SIS Any Occupation, Own Occupation, SuperLink SIS Own Occupation, Super Non-working and Non-working TPD	$5 million
Business TPD	$10 million
Business TPD applied for with other TPD	$10 million – being the combined amount of all TPD Cover
Home-maker and Super Home-maker TPD	$2 million
Home-maker or Super Home-maker TPD combined with Non-working or Super Non-working TPD	$3 million
Trauma Cover/SuperLink Trauma Cover	$2 million
Extra Care Accidental Death Cover	$1 million
Extra Care Terminal Illness Cover	$1 million
Extra Care Extended Needle Stick Cover	$1 million
Child Cover	$200,000

Monthly benefit Covers

For Income Secure, Business Expense and Living Expense Cover, the amount we pay depends on your '**monthly amount insured**'. This is shown on the Policy Schedule.

This section explains the minimum and maximum monthly amounts insured you can apply for.

Minimum amount insured

The minimum **monthly amount insured** for each of the Income Secure, Business Expense and Living Expense Covers is $1,250 per month.

However, if you have both Business Expense Cover and Income Secure Cover, the minimum **monthly amount insured** for Business Expense Cover is $500 per month.

Maximum amount insured

You can apply for Cover for a life insured up to the following maximum amounts:

Cover	Maximum amount of total Cover available	Further limits for a particular life insured
Income Secure Cover – except occupation category 'R' for both Essentials and Basic Cover	$60,000 per month. This is subject to the life insured's **annual income**. Please see further limits in the next column for more information. Amounts over $30,000 are limited to a 2 year benefit period.	The maximum limit applicable to a particular life insured depends on the life insured's **annual income**. The maximum that can be insured is 1/12 of: • 75% of the first $320,000 of **annual income** as at the **Cover start date** • 50% of the next $240,000 of **annual income** • 20% of the balance. However, if the Priority Income Option is selected, the maximum that can be insured is 1/12 of: • 80% of the first $320,000 of **annual income** as at the **Cover start date** • 55% of the next $240,000 of **annual income** • 20% of the balance. If the Priority Income Option is selected it will be shown on the Policy Schedule.
Income Secure Essentials and Basic Cover for occupation category 'R'	$10,000 per month. This is subject to the life insured's **annual income**. Please see further limits in the next column for more information.	
Living Expense Cover	$5,000 per month	We will consider household earnings when assessing your application. The available Cover may be adjusted if the life insured also has Income Secure Cover.
Business Expense Cover	$60,000 per month	This amount can represent up to 100% of the life insured's monthly eligible **business expenses**. If more than one person generates income in the **business**, we distribute the **business expenses** proportionally to determine the life insured's share, unless we agree to divide the **business expenses** differently.

CONDITIONS ON WHO CAN BE A LIFE INSURED

This section does not form part of the policy between the policy owner and us. To be eligible for Cover, a life insured must meet the following entry ages and other conditions:

Cover	Minimum entry age	Maximum entry age	Other conditions
Life Cover			
Cover held through super	15	74	If the life insured is over age 60 when you apply for Cover, only stepped premiums are available.
Cover held outside super	15	75	
TPD Cover			
Cover held through super	15	74	If the life insured is over age 60 when you apply for Cover, only the following are available: • the 'Non-working' or 'Super Non-working' TPD definition; and • stepped premiums.
Cover held outside super	15	75	
Trauma Cover			
Trauma Cover	15	65	If the life insured is over age 60 when you apply for Cover, only stepped premiums are available.
Child Cover			
Child Cover	2	15	
Extra Care Cover			
Extra Care Cover	15	60	
Income Secure Cover			
Benefit periods – 2 year, 6 year, 10 year*, to age 65	19	60	Income Secure Cover is generally available to a life insured working a minimum of 30 hours per week in their principal occupation. However, if the life insured's occupation is permanent and they work at least three days, or 20 hours a week, they may be eligible for Income Secure Professional Cover, depending on their occupation. If the life insured is not eligible for Income Secure Cover, they may be eligible for Living Expense Cover. Please see page 106. Monthly benefits greater than $40,000 have a maximum entry age of 54.
Benefit period – to age 55	19	50	
Benefit period – to age 60	19	55	
Business Expense Cover			
Business Expense Cover	19	60	Business Expense Cover is generally available to a life insured who is self-employed and working a minimum of 30 hours per week in their principal occupation. In deciding whether to provide Cover, we consider the life insured's occupation and employment status.
Living Expense Cover			
Living Expense Cover	19	75	If the life insured is over age 60 when you apply for Cover, only the following are available: • benefit period of 2 years • benefit period to age 80.

*Only available under Income Secure Essentials Cover.

WE WILL NOT PAY A BENEFIT IN SOME CIRCUMSTANCES

Despite anything else in this PDS, we will not pay a benefit in the circumstances outlined below. It is important that you are aware of all these circumstances so you can decide whether OneCare is right for you.

You must pay the premium to keep Cover in force

If the premium and any applicable fees, taxes and charges have not been paid in full for each life insured the policy may lapse and we will cease to be liable to pay any benefits. We will give the policy owner, or the life insured under OneCare Super, at least 30 days' notice before we cancel the policy.

Policy Schedule

We will not pay any benefit for anything we have specifically excluded from a Cover, as agreed to by you when we assessed your application, and as set out in the Policy Schedule.

Life Cover

We will not pay any benefit under Life Cover arising directly or indirectly from the life insured's suicide during the first 13 months from any of the following:

- the **Cover start date** for Life Cover
- the date we increase the Cover at the policy owner's request, or the life insured's request under OneCare Super. This does not include indexation increases. This exclusion applies only to the increased part of Life Cover
- the date we agree to reinstate previously cancelled Cover
- the date Life Cover was bought back under Life Cover Buy Back or purchased under the Life Cover Purchase Option. The exclusion applies only to the amount of Life Cover bought back or purchased.

This exclusion does not apply to any part of the Life Cover amount insured which replaces similar insurance under another policy issued by us or another insurer, as long as all the following apply:

- the insurance under the policy to be replaced was in force for at least 13 consecutive months immediately before the **Cover start date** for Life Cover
- the policy to be replaced is cancelled immediately after the **Cover start date** for Life Cover
- all similar exclusions under the policy to be replaced have expired. This includes exclusions which were applied to that policy after it started due to, for example, reinstatements or increases
- no claim is payable or pending under the policy to be replaced.

Where the amount insured for Life Cover under this policy exceeds that of the policy to be replaced, this exclusion still applies to the excess.

We will not pay the Extended Terminal Medical Condition benefit if the **illness** or **injury** giving rise to a claim is caused or arises, directly or indirectly, from the life insured's intentional self-inflicted act.

TPD Cover

We will not pay any benefit under TPD Cover for **TPD** or **specific loss** which arises as a result of the life insured's intentional self-inflicted act.

We will not pay any benefit under the Limited Death benefit if, as a result of the life insured's intentional self-inflicted act, the life insured dies during the first 13 months from the **Cover start date** for TPD Cover.

Under the Business TPD definition, we will not pay any benefit for **TPD** arising directly or indirectly, wholly or partly, as a result of:

- stress, anxiety, depression, fatigue (including chronic fatigue syndrome, fibromyalgia), physical symptoms of a psychiatric illness or condition, or psychosis
- personality disorders or emotional or behavioural disorders related to substance abuse or dependency (including alcohol, drug or chemical abuse or dependency).

Trauma Cover

1. We will not pay any benefit under Trauma Cover for a trauma condition which arises as a result of the life insured's intentional self-inflicted act.
2. We will not provide, or pay any benefit under, Trauma Cover for **HIV** (**occupationally acquired**) or **HIV** (**medically acquired**) if a medical 'cure' is found for AIDS or the effects of HIV. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.
3. We will also not provide, or pay any benefit under, Trauma Cover for **HIV** (**occupationally acquired**) or **HIV** (**medically acquired**) if a medical treatment is developed that prevents AIDS occurring.
4. We will not pay any benefit under the Limited Death benefit if, as a result of the life insured's intentional self-inflicted act, the life insured dies during the first 13 months from the **Cover start date** for Trauma Cover.
5. We will not pay any benefit under Severity Trauma Cover that arises directly or indirectly from the life insured's **illicit drug use**.
6. We will not pay for a condition under Severity Trauma Cover if the life insured is not **following the advice of a medical practitioner** in relation to that condition.

Income Secure Cover

1. We cannot reimburse any expenses which:
   - the law does not permit us to reimburse
   - are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).
2. We will not pay a benefit under Income Secure Cover if the claim is caused either directly or indirectly by any of the following:
   - anything happening to the life insured in war. This exclusion does not apply to the Basic Death Benefit/Death Benefit or the Enhanced Death Benefit
   - the life insured's intentional self-inflicted act
   - the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, we will pay benefits if the life insured is **totally disabled** for more than three months from the date their pregnancy ends, and continues to be **totally disabled**.

     Under Professional Cover, we will pay benefits if the life insured is either **totally** or **partially disabled** for more than three months from the date their pregnancy ends, and continues to be **totally** or **partially disabled**.

     We will pay from the end of the three months or from the end of the waiting period, if greater.
3. We will not pay a benefit under Basic Cover if the life insured is **unemployed** when **illness** or **injury** occurs, unless they are **unemployed** because of an **illness** or **injury** for which they are **on claim**.
4. We will not provide cover for or pay a Trauma Recovery Benefit under Income Secure Cover for **HIV (occupationally acquired)** or **HIV (medically acquired)** if a medical 'cure' is found for AIDS or the effects of HIV. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.
5. We will not provide cover for or pay a benefit under Income Secure Cover for **HIV (occupationally acquired)** or **HIV (medically acquired)** if a medical treatment is developed that prevents AIDS occurring.
6. We will not provide cover for or pay any benefit under Income Secure Cover for **Hepatitis B or C (occupationally acquired)** if any Australian Government approved medical treatment is developed for Hepatitis B or C (as applicable), which renders Hepatitis B or C (as applicable) inactive and non-infectious.
7. We will not provide cover for or pay any benefit under Income Secure SuperLink or Essentials Cover that arises directly or indirectly from the insured's **illicit drug use**.
8. Accidental Injury only – we will not pay benefits if the claim arises directly or indirectly, wholly or partly as a result of:
   - stress, anxiety, depression or fatigue (including chronic fatigue syndrome and fibromyalgia), physical symptoms of a psychiatric illness or condition, or psychosis
   - disorders or emotional or behavioural disorders related to substance abuse or dependency. This includes alcohol, drug or chemical abuse or dependency.

Business Expense Cover

1. We will not pay any benefit under Business Expense Cover if the claim is caused either directly or indirectly, by any of the following:
   - anything happening to the life insured in war. However, this exclusion does not apply to the Death Benefit
   - the life insured's intentional self-inflicted act
   - the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured is **totally disabled** for more than three months from the date their pregnancy ends and continues to be **totally disabled,** we will pay benefits from the end of that three month period.
2. We will not pay benefits under Business Expense Cover if the life insured ceases to own or operate a **business** prior to when the **illness** or **injury** causes the **disability** to occur.

Living Expense Cover

We will not pay any benefit under Living Expense Cover if the claim is caused either directly or indirectly by any of the following:

- anything happening to the life insured in war. However, this exclusion does not apply to the Death Benefit
- the life insured's intentional self-inflicted act
- the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months **significantly disabled** from the date their pregnancy ends and continues to be **significantly disabled**, we will pay benefits. We will pay from the end of that three month period or if greater, from the end of the duration of the waiting period.

Child Cover

We will not pay any benefit under Child Cover for death or a trauma condition which arises, directly or indirectly, as a result of an intentional self-inflicted act of the insured child, or the intentional act of the policy owner, a parent or guardian of the child, or someone who lives with or supervises the child.

Extra Care Cover

1. We will not pay any benefit under the Extended Needle Stick Benefit if the life insured suffers **HIV** (**occupationally acquired**) or **Hepatitis B or C** (**occupationally acquired**) as a result of their intentional self-inflicted act.
2. We will not pay any benefit under the Extended Needle Stick Benefit for **Hepatitis B or C (occupationally acquired)** if any Australian Government approved medical treatment is developed for Hepatitis B or C (as applicable), which renders Hepatitis B or C (as applicable) inactive and non-infectious.
3. We will not pay any benefit under the Extended Needle Stick Benefit for **HIV** (**occupationally acquired**) if a medical 'cure' is found for AIDS or the effects of HIV. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.
4. We will not pay any benefit under the Extended Needle Stick Benefit for **HIV** (**occupationally acquired**) if a medical treatment is developed that prevents AIDS occurring.

We will not pay an Extra Care Accidental Death Benefit if, as a result of the life insured's intentional self-inflicted act, they die during the first 13 months from the:

- Cover start date
- date we increase this Cover at the request of the life insured (for OneCare Super) or the policy owner, not including any indexation increases. The exclusion applies only to the amount of the increase to Extra Care Accidental Death Benefit
- date we reinstate the Cover after it has been cancelled.

Replacement insurance

We may issue this policy, or a Cover, on the condition that it replaces existing insurance issued by another insurer. If we do so, but the insurance being replaced is not cancelled, we will reduce the amount of any benefit we pay under this policy by any benefit payable under the insurance being replaced.

Anti-money laundering and counter-terrorism legislation

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the AML/CTF Act) requires us to identify you and verify your identity before we can provide you with certain prescribed services such as paying your claim.

We will require certified copies of your identification and the certification must not have taken place more than three months prior to when the identification and verification procedure is being undertaken.

If you do not provide identifying documents, we will not be able to process your transaction.

We may also request further information from you. You must provide all information to us, which we reasonably require in order to manage our money-laundering, terrorism-financing or economic and trade sanctions risk, or to comply with any laws or regulations in Australia or any other country.

We may disclose information to any law enforcement, regulatory agency or court, as required by applicable laws and regulations.

We may delay, block or refuse to process any transaction without incurring any liability if we suspect that either:

a. the transaction may breach any laws or regulations in Australia or any other country
b. the transaction involves any person (natural, corporate or governmental) that is itself sanctioned or is connected, directly or indirectly, to any person that is sanctioned under economic and trade sanctions imposed by the United States, the European Union or any country
c. the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, conduct which is unlawful in Australia or any other country.

We may delay or withhold paying a benefit if that payment may breach any law or regulation, including any sanctions regulations.

Claim requirements

We will not pay any benefit under any Cover unless you meet our claim requirements.

If you claim under Income Secure, Business Expense or Living Expense Cover and do not provide us with the information we require while we pay benefits, we may reduce or cease paying benefits.

DIFFERENT WAYS WE CAN PAY BENEFITS

Lump sum Covers provide for a lump sum benefit to be paid on a successful claim.

However, the receipt of a lump sum benefit may not suit your needs or personal circumstances. Therefore, you can choose to receive your benefit in monthly instalments if you hold your Cover outside super.

Lump sum paid as an instalment

Under the instalment benefit payment type, we do not pay your benefit as a single lump sum.

Instead, we pay the instalment amount insured for the instalment term you choose.

We pay the instalment benefit amount monthly. You can choose whether the instalment benefit amount will be payable for a fixed term of 3, 5, 10 or 15 years.

The instalment amount will not increase while we pay a benefit unless you select the Value Protector Option. Please see page 63.

We may agree to change the benefit payment type upon request. However, you cannot change the benefit payment type at claim time or once you are entitled to claim.

The instalment benefit payment type is not available for:

- Extra Care Cover, Child Cover and the Business Guarantee Option
- Life Cover and TPD Cover purchased through super
- Life Cover, TPD and Trauma Cover that is part of a SuperLink arrangement
- Severity Trauma Cover and Trauma Premier Cover.

Under Trauma Cover we will only pay benefits for the trauma conditions, **angioplasty – single or double vessel** and **heart surgery (less invasive)**, in the form of a lump sum. Where this instalment option applies, and we pay a lump sum benefit for either of these trauma conditions, we will adjust your monthly instalment amount to allow for this lump sum payment.

Example – how instalment benefit amount works

	Life Cover fixed term without Value Protector	Life Cover fixed term with Value Protector
Fixed term	**5 years**	**5 years**
Monthly Instalment at the start of the benefit	$3,000	$3,000
Monthly Instalment at the start of the **2nd** year of the benefit	$3,000	$3, 090
Monthly Instalment at the start of the **3rd** year of the benefit	$3,000	$3,182.70
Monthly Instalment at the start of the **4th** year of the benefit	$3,000	$3,278.18
Monthly Instalment at the start of the **5th** year of the benefit	$3,000	$3,376.53
Total benefit paid	$180,000*	$191,128.92*

* In both of the above examples, the total benefit paid amount represents the lump sum equivalent of the total of all monthly instalment payments over a five year period. It is the equivalent of obtaining a $180,000 or $191,129 lump sum policy and simply being paid in monthly instalments.

HOW TO CLAIM

We understand that when you need to claim it can be a very difficult and emotional time. We aim to make the claims process as straightforward as possible.

If an event occurs which could lead to a claim, contact your **financial adviser** or call our Claims Helpline on 1300 555 250 as soon as possible.

You should lodge your claim as soon as practicable after the insured event to enable a complete assessment of your claim. Otherwise, it may make your claim more difficult to establish. If we are not notified of a claim event, or you fail to seek or follow medical advice on your condition, within a reasonable period of time, we may reduce or refuse to pay a benefit to the extent that our liability is prejudiced.

Within 24 hours of being informed by your **financial adviser** or receiving your call, we will send you a claim form and a covering letter detailing our specific requirements. We will also send a brochure to guide you through the claims process and answer commonly asked questions.

Claiming under a super policy

If your insurance Cover is held through super, the trustee of your fund will manage your claim. You should notify the trustee as soon as possible after any event that could lead to a claim. The trustee will provide you with information about claim requirements and collate the information we need to assess your claim.

Information we require

When claiming a benefit under this PDS, you must provide us with all the information and details that we reasonably require to assess your claim.

This generally includes:

- information we require to verify the event that caused the claim
- proof of the policy owner's entitlement
- proof of the life insured's age, by provision of a birth certificate
- undergoing any medical examinations we require. This is at our expense unless the costs can be recovered from another source.

If the life insured's age has been misstated, we may reduce the benefit payable. It will be reduced in proportion to the premiums paid to the premiums that should have been paid if the misstatement had not occurred.

If the life insured's age has been overstated, we will refund any overpaid premium.

For a claim under Income Secure Cover, Business Expense Cover or Living Expense Cover, you must also:

- tell us in writing immediately if the life insured is **disabled** for more than seven days
- lodge completed claim forms with us within 30 days of the life insured's **illness** or **injury**
- provide any medical reports from people who have treated the life insured for the **illness** or **injury**
- ensure the life insured seeks medical advice and treatment from a **medical practitioner**, and is **following the advice of a medical practitioner,** for as long as the life insured is **on claim**
- while we pay benefits, provide proof on request of the life insured's **disability** and the policy owner's entitlement to receive benefits.

If we do not receive any of the above information or details, we may reduce or cease paying benefits.

You must also provide all information relating to your claim that we reasonably require to manage our money-laundering, terrorism-financing or economic and trade sanctions regulatory requirements.

Claim payments

We pay all benefits and amounts payable under your policy in Australian currency in Australia.

If we pay your benefit to the trustee of your super fund, the trustee cannot pay the benefit to you unless you satisfy a condition of release under superannuation law. Please see page 133.

We may delay or withhold paying a benefit where this would breach Australian law or regulation, including sanctions regulations.

If we are required to pay any tax, duty or government charge or levy in respect of any payment to you or a nominated beneficiary under this policy, we may reduce the amount paid to you or the nominated beneficiary by the amount of the tax, duty or government charge or levy.

If, for any reason, a benefit we paid was not actually payable under the terms of the policy, that benefit must be repaid to us.

LIFE COVER

Loans and outstanding financial commitments will continue even after an untimely death or terminal illness.

Our Life Cover is designed to provide a benefit on death or terminal illness.

Choosing the right Cover

This section explains the benefits, features and options of the Life Cover we offer.

You can have Life Cover held through super or held outside super. You can also tailor your Cover by choosing the amount of Cover, whether to attach or link other Covers and any extra cost options you need.

Your premium will depend on your choices.

It's important to choose Cover that's right for you, considering your individual circumstances such as your debts and assets and your family's goals for the future.

Benefits and features snapshot

We offer Life Cover with the following benefits, features and options, which we explain in the following sections of this PDS:

Key benefits

Policy ownership	Benefit	Page
Non Super, Super	Death Benefit	23
Non Super, Super	Terminal Illness Benefit	24

Additional benefits

Policy ownership	Benefit	Page
Non Super	Advance Assistance Benefit	24
Non Super	Orphan Benefit	24
Non Super	Financial Advice Benefit	24
Non Super	Accommodation Benefit	25

Standard features

Policy ownership	Features	Page
Non Super, Super	Extended Terminal Medical Condition	25
Non Super, Super	Serious Disability Premium Waiver	26
Non Super, Super	Future Insurability	53
Non Super, Super	Indexation	57
Non Super, Super	Premium Freeze	58

Options available at extra cost

Policy ownership	Benefit	Page
Non Super, Super	Business Guarantee Option	59
Non Super, Super	Premium Waiver Disability Option	63
Non Super	Value Protector Option	63

Important features of Life Cover

You can have Cover held outside or through super

You can have Life Cover under a policy held outside super or held through super.

However, not all benefits are available if you have Life Cover held through super.

This PDS will tell you if a benefit, option or feature is not available to Cover held through super.

When Cover starts

The Life Cover for a life insured starts on the **Cover start date** for Life Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages for a life insured under Life Cover.

Limits on the amount of Cover apply

Please see page 14 for details of the minimum and maximum amounts of Life Cover that can be applied for.

Your Cover continues during unemployment

Your Life Cover does not cease if the life insured becomes **unemployed**.

How we can pay your benefit

We will pay your Death Benefit or Terminal Illness Benefit as:

Non Super	A single lump sum or monthly instalments.
Super	A single lump sum.

For further details about having your benefit paid in monthly instalments, please see page 20.

You can attach other Covers under the same policy

You can attach TPD Cover to your Life Cover under the same policy.

You can also attach Trauma Cover to your Life Cover under the same policy except for Cover held through super.

You can link Life Cover held through super with TPD Cover and/or Trauma Cover held outside super

You can link Life Cover held through super with Trauma Cover under a separate policy held outside super. This is called a SuperLink Trauma arrangement. Please see page 47 for full details.

Under a SuperLink arrangement you can also link Life Cover held through super with TPD Cover under a separate policy held outside super. Please see page 32 for more details.

> **We do not pay in some circumstances**
>
> Despite anything else in this PDS, we do not pay a benefit under Life Cover in some circumstances. Please see page 17.

The Policy Schedule shows the Cover you have

The Policy Schedule will show if Life Cover applies to a life insured and if so:

- the Life Cover amount insured
- the Life Cover benefit payment type, and if the instalment benefit payment type applies, the instalment term
- whether Life Cover is attached to any other Cover under the same policy
- whether Life Cover is linked to other Cover under a different policy
- any extra cost options selected.

Key benefits — Death and Terminal Illness Benefit

This section explains the key benefits under Life Cover.

Death Benefit

When we pay

We pay the Death Benefit if the life insured dies while their Life Cover is in force.

We will pay either the Death Benefit or the Terminal Illness Benefit (whichever we pay first) but not both. On payment of the Death Benefit, the Terminal Illness Benefit ceases, and vice versa.

The amount we pay

The amount of the Death Benefit we pay is your Life Cover amount insured on the date of the life insured's death.

We pay the Death Benefit by the applicable benefit payment type. Please see the following page for further detail.

Terminal Illness Benefit

When we pay

We pay the Terminal Illness Benefit if the life insured is diagnosed with a **terminal illness** while their Life Cover is in force.

We will pay either the Death Benefit or the Terminal Illness Benefit (whichever we pay first) but not both. On payment of the Terminal Illness Benefit, the Death Benefit ceases, and vice versa.

The amount we pay

The amount of the Terminal Illness Benefit we pay is your Life Cover amount insured on the date the entitlement to the Terminal Illness Benefit arises.

We pay the Terminal Illness Benefit by the applicable benefit payment type. Please see below for more details.

The amount insured and benefit payment type

If the lump sum benefit type applies, the Life Cover amount insured is the amount for which we agreed to cover the life insured, reduced by certain payments. Please see below for more details. On a successful claim, we pay this amount as a single lump sum payment.

If an instalment benefit type applies, the Life Cover amount insured is the instalment amount for which we agreed to cover the life insured, reduced by certain payments. Please see below for more details. On a successful claim, we pay this amount monthly in arrears from the date the entitlement to the relevant benefit arises, until the chosen instalment term ends. The instalment term is set out in the Policy Schedule.

Your amount insured can decrease

The Life Cover amount insured decreases by any amount we pay or begin to pay for:

- the Advance Assistance Benefit under this policy
- TPD Cover and/or Trauma Cover attached to Life Cover under this policy
- TPD Cover and/or Trauma Cover under another **linked policy**.

Additional benefits (Built-in benefits)

This section explains the additional benefits automatically included with Life Cover in a policy held outside super.

These additional benefits do not apply if your Life Cover is under a policy held through super.

Advance Assistance Benefit

We pay the Advance Assistance Benefit if the life insured dies with a Life Cover lump sum amount insured greater than $25,000.

The amount we pay is $25,000 as an advance payment of the Life Cover amount insured.

If an instalment benefit payment type applies, you can ask us to pay an advance lump sum of three times the instalment amount subject to a maximum of $25,000.

Before we pay this benefit we must receive the life insured's full Australian death certificate or a certified copy, or other evidence that is legible and unaltered, showing the cause of death. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided. We will not pay this benefit if the life insured died as a result of anything we exclude from Life Cover. Please see page 17.

You may be entitled to both this benefit and an equivalent benefit in respect of the life insured under other policies we issued. If so, despite the above, the total maximum we pay for all those benefits under all those policies is $25,000.

In paying this benefit, we do not admit any liability under the Life Cover claim on the life insured's life. We will continue to assess the claim and reserve the right to recover any amount of this benefit already paid if we subsequently reject the claim.

Orphan Benefit

The Orphan Benefit is only available from the third anniversary of the **Cover start date** of the Life Cover.

We pay the Orphan Benefit if the life insured and their **spouse** suffer an **accidental death** because of the same accident.

The amount we pay is $10,000 for each **dependant child** that survives the life insured, up to $30,000 for any one family.

Financial Advice Benefit

If we pay the Life Cover amount insured for death or **terminal illness**, we will also reimburse up to $2,000 of the adviser service fee for a financial plan for the person who received the Life Cover amount insured.

We pay the Financial Advice Benefit if all the following apply:

- we have paid or begun to pay, the Life Cover amount insured in respect of the life insured. We do not pay if we have only paid the Advance Assistance Benefit
- the financial plan was prepared by an Australian Financial Services Licensee or the Authorised Representative of such a licensee
- the person to whom we paid the Life Cover amount insured is the recipient of the advice
- the person to whom we paid the Life Cover amount insured paid the adviser service fee
- we receive acceptable evidence of the financial plan within 12 months of the date we paid, or began to pay, the Life Cover amount insured
- we have not already paid the Financial Advice Benefit under TPD Cover or Trauma Cover for the life insured
- we have not already paid a similar benefit under any other policy we issued in respect of the life insured.

We will not reimburse any commission paid to the **financial adviser** when the financial plan is implemented, nor any portion of the adviser service fee that is a commission.

If we paid the Life Cover amount insured to more than one person, we will divide the amount of this benefit between them in the same proportions as we paid the Life Cover amount insured.

Accommodation Benefit

We pay the Accommodation Benefit if all the following apply:

- we have paid, or are paying, a Terminal Illness Benefit for the life insured
- a **medical practitioner** certifies that the life insured must remain confined to bed due to the **terminal illness** for which we paid the Terminal Illness Benefit
- either:
  - the life insured is more than 100 kilometres from their **home** and an **immediate family member** must travel from their **home** to be with the life insured
  - an **immediate family member** must travel more than 100 kilometres from their **home** to be with the life insured.

Under this benefit we reimburse the accommodation costs of the **immediate family member** up to $500 per day. We pay for each day the life insured is confined to bed and the **immediate family member** is away from their **home**, up to 30 days.

You must claim this benefit within six weeks of the Terminal Illness Benefit being paid. We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

Standard features

Life Cover includes these standard features:

- Extended Terminal Medical Condition
- Serious Disability Premium Waiver
- Future Insurability
- Indexation
- Premium Freeze.

The Extended Terminal Medical Condition and Serious Disability Premium Waiver features are explained below.

The other standard features are explained on pages 53 to 58.

Extended Terminal Medical Condition

When we pay

We pay the Extended Terminal Medical Condition benefit if the life insured suffers an Extended Terminal Medical Condition.

We will pay either the Extended Terminal Medical Condition benefit or the Terminal Illness Benefit (whichever we pay first) but not both. On payment of the Extended Terminal Medical Condition benefit, the Terminal Illness Benefit ceases, and vice versa.

Extended Terminal Medical Condition means two registered **medical practitioners** with at least one being an **appropriate specialist,** have certified, jointly or separately, by providing supporting medical evidence, that the life insured suffers from an **illness,** or has incurred an **injury,** that:

- is likely to result in the life insured's death within 24 months of the date of certification, and
- the **illness** or **injury** has progressed to a point where the standard medical treatment protocols for that condition are not expected to extend the life insured's life expectancy beyond 24 months from the date of certification.

For each of the certificates, the certification period for the terminal medical condition has not ended.

The amount we pay

The amount of the Extended Terminal Medical Condition Benefit we pay is your Life Cover amount insured on the date the entitlement to the Extended Terminal Medical Condition Benefit arises.

We pay the Extended Terminal Medical Condition Benefit by the applicable benefit payment type. Please see below for more details.

The amount insured and benefit payment type

If the lump sum benefit type applies, the Life Cover amount insured is the amount for which we agreed to cover the life insured, reduced by certain payments. Please see the following page for more details. On a successful claim, we pay this amount as a single lump sum payment.

If an instalment benefit type applies, the Life Cover amount insured is the instalment amount for which we agreed to cover the life insured, reduced by certain payments. Please see the following page for more details.

On a successful claim, we pay this amount monthly in arrears from the date the entitlement to the relevant benefit arises, until the chosen instalment term ends. The instalment term is set out in the Policy Schedule.

Your amount insured can decrease

The Life Cover amount insured will decrease by any amount we pay or begin to pay for:

- the Advance Assistance Benefit under this policy
- TPD Cover and/or Trauma Cover attached to Life Cover under this policy
- TPD Cover and/or Trauma Cover under another **linked policy.**

Serious Disability Premium Waiver

We will waive the premiums for Life Cover if the life insured:

- suffers an **illness** or **injury** that results in their permanent inability to perform at least two of the **activities of daily living** without physical help from another adult; and
- suffered the relevant **illness** or **injury** before the policy anniversary when they are age 65.

We will waive two year's premiums, or less if the Life Cover ends earlier.

Where the Life Cover is reduced by the payment of a benefit under a SuperLink arrangement and you also met the above definition, the premium waiver will apply to the premium on the reduced Life Cover.

Indexation increases will continue to apply to the Life Cover for which we waive premiums.

However, we will not waive premiums under this feature for Life Cover provided under the Life Cover Buy Back feature or the Life Cover Purchase Option. Please see pages 58 and 59 for details of Life Cover Buy Back and page 62 for details of Life Cover Purchase.

Extra cost options

Life Cover offers the following extra cost options:

- Business Guarantee Option
- Premium Waiver Disability Option
- Value Protector Option.

Not all options are available if your Cover is held through super.

Please see from page 59 for a detailed explanation of the options and when they are available.

When Life Cover ends

Life Cover for a life insured will end and your eligibility for any benefit under Life Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 130
- **Cover expiry date** shown on the Policy Schedule for the life insured's Life Cover, if applicable
- date we pay or begin to pay the full Life Cover lump sum that reduces the Life Cover amount insured under this policy to zero
- date we pay or begin to pay the Life Cover instalment amount insured that reduces the Life Cover amount insured under this policy to zero
- date we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premiums
- date we pay or begin to pay a benefit under TPD Cover under this policy or a **linked policy** that reduces the Life Cover amount insured under this policy to zero
- date we pay or begin to pay a benefit under Trauma Cover under this policy or a **linked policy** that reduces the Life Cover amount insured under this policy to zero
- date the Life Cover amount insured is reduced to zero
- date the life insured ceases to be a member of the external master trust – if the policy is held through an external master trust
- for OneCare Super, and subject to the option to continue Life Cover outside of super as explained below, the date the life insured:
  - ceases to be a member of the Fund, or
  - is no longer able to make super contributions, or roll over or transfer existing super amounts from other OnePath superannuation products or external superannuation products
- date the life insured dies.

You can continue your Cover outside super

You can apply, without further underwriting, to continue Life Cover outside super if your Life Cover held through super ceases because either:

- you are no longer able to make super contributions, or roll over or transfer existing super amounts, into OneCare Super
- you cease to be a member of an external master trust, or OneCare Super.

You must exercise this option within 30 days after your Life Cover ends.

The new Life Cover will be on the same or equivalent terms available at the time that apply under this policy.

Please note that you will not have any Life Cover under this policy from the date your Life Cover ends. If your new Life Cover starts after this date, you may be without cover for a period of time.

TOTAL AND PERMANENT DISABILITY COVER

Some setbacks can impact the rest of your life. They can mean you are unlikely to be able to ever work again.

TPD Cover is designed to provide financial support if an **illness** or **injury** stops you from returning to work or normal domestic duties.

Choosing the right Cover

This section explains the benefits, features and options of the TPD Cover we offer.

You can tailor your TPD Cover by choosing:

- the structure of your Cover, that is whether to:
  - hold TPD Cover within or outside super
  - attach TPD Cover to Life or Trauma Cover, or both in the same policy
  - link TPD Cover under a policy held through super to TPD Cover under a policy held outside super through a SuperLink TPD arrangement
  - link TPD Cover under a policy held through super with Trauma Cover held outside super through SuperLink Trauma
  - link TPD Cover held outside super with Life Cover held under super through a SuperLink arrangement
- the TPD definition to apply
- the amount of your TPD Cover
- how your benefit will be paid
- any extra cost options you need.

Your premium will depend on your choices.

It is important to choose Cover and options that are right for you, considering your individual circumstances such as your debts and assets, your requirements for quality care and your lifestyle goals.

Benefits and features snapshot

We offer TPD Cover with the following benefits, features and options, which we explain in the following sections of this PDS:

Key benefits

Policy ownership	Benefit	Page
Non Super, Super	TPD Benefit	29
Non Super	Partial TPD Benefit	31

Additional benefits

Policy ownership	Benefit	Page
Non Super, Super	Limited Death Benefit	36
Non Super	Spouse Retraining Benefit	37
Non Super	Financial Advice Benefit	37
Non Super	Accommodation Benefit	37

Standard features

Policy ownership	Benefit	Page
Non Super, Super	Future Insurability	53
Non Super, Super	Indexation	57
Non Super, Super	Premium Freeze	58
Non Super, Super	Life Cover Buy Back	58

Options available at extra cost

Policy ownership	Benefit	Page
Non Super, Super	Business Guarantee	59
Non Super, Super	Double TPD	61
Non Super, Super	Life Cover Purchase	62
Non Super, Super	Premium Waiver Disability	63
Non Super	Value Protector	63

Important features of TPD Cover

You can have Cover held outside or through super

You can have TPD Cover under a policy held outside super or held through super.

However, not all TPD definitions and benefits are available if you have TPD Cover held through super.

This PDS will tell you if a benefit, feature or option is not available to Cover held through super.

When Cover starts

TPD Cover for a life insured starts on the **Cover start date** for TPD Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages for a life insured under TPD Cover.

Limits on the amount of Cover apply

Please see page 14 for details of the minimum and maximum amounts of TPD Cover that can be applied for.

How we can pay your benefit

We will pay your **TPD Benefit** as:

Non Super	A single lump sum or monthly instalments.
Super	A single lump sum.

For further details about having your benefit paid in monthly instalments, please see page 20.

You can attach other Covers under the same policy

You can choose Stand-Alone TPD Cover or you can attach TPD Cover to other Cover as follows:

Non Super	You can attach TPD Cover to: • Life Cover • Trauma Cover.
Super	You can attach TPD Cover to Life Cover.

You can link TPD Cover under a policy held through super with a policy held outside super

You can link TPD Cover under a policy held through super with TPD Cover under a policy held outside super. This is called a SuperLink TPD arrangement. Please see page 32.

You can also link TPD Cover held through super with Trauma Cover under a policy held outside super. This is called a SuperLink Trauma arrangement. Please see page 47.

You can link TPD Cover under a policy held outside super with Life Cover held through super

You can link TPD Cover under a policy held outside super to Life Cover under a policy held through super under a SuperLink arrangement. Please see page 33.

Your Cover continues if you are unemployed

TPD Cover does not cease if the life insured becomes **unemployed**.

However, if you are covered for the Business TPD definition, and the life insured's occupation changes from that disclosed in your application for Cover, the TPD definition the life insured must meet may change. Please see page 35 for more details.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under TPD Cover in some circumstances. Please see page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if TPD Cover applies to a life insured and if so:

- the TPD Cover structure, that is whether you have:
  - stand-alone TPD Cover
  - TPD Cover attached to Life Cover
  - TPD Cover attached to Trauma Cover
  - SuperLink TPD
  - SuperLink Trauma
  - SuperLink arrangement of Life held through super linked to TPD Cover held outside super
- the TPD Cover amount insured
- the TPD Cover benefit payment type, and if the instalment benefit payment type applies, the instalment term
- the TPD definitions which apply before the policy anniversary when the life insured is age 65
- any extra cost options selected.

Key benefits — TPD Benefit and Partial TPD Benefit

This section explains the key benefits under TPD Cover.

TPD Benefit

When we pay

We pay the **TPD Benefit** if the life insured meets a TPD definition for which they are covered, while their TPD Cover is in force.

However, if you have stand-alone TPD Cover or TPD Cover attached to Trauma Cover, the life insured must meet the required survival period.

Survival period

The life insured must meet the survival period if they are claiming under the parts of the TPD definitions listed in the table below:

TPD definition	Part of the TPD definition from page 33 to which the survival period applies
Any Occupation Own Occupation Home-maker SuperLink SIS Own Occupation	2, 3, and 4
Non-working Super Non-working	1 and 2
Business TPD Definition One and Two	2 and 3
Business TPD Definition Three	1 and 2

The life insured meets the survival period if they survive without life support for at least eight days after the date they satisfy the TPD definition.

If the life insured dies before the end of the survival period, we will not pay a **TPD Benefit**. However, we may pay a Limited Death Benefit. Please see page 36.

TPD definitions

We offer the following TPD definitions, depending on whether your Cover is held outside or through super:

Non Super	Any Occupation Own Occupation Business Home-maker Non-working SuperLink SIS Own Occupation
Super	Super Any Occupation Super Home-maker Super Non-working SuperLink SIS Any Occupation

The full definitions are set out on pages 33 to 36.

Your **financial adviser** can let you know the TPD definitions available for the life insured's occupation.

The TPD definitions that apply to your Cover will depend on your selection that we have accepted, and the life insured's age. The Policy Schedule will set out the TPD definitions that apply before the policy anniversary when the life insured is age 65.

Only the Non-working definition applies if you are over 60 when applying for Cover

If the life insured is over age 60 when Cover is applied for only the:

- 'Non-working' TPD definition applies for Cover held outside super
- 'Super Non-working' TPD definition is available for Cover held through super.

The applicable Business TPD definition depends on the life insured's occupation

We issue Business TPD Cover based on the life insured's occupation, as disclosed in the application for Cover.

If the life insured suffers an **illness** or **injury** while **gainfully employed** and their occupation then is the same as the occupation disclosed in the application for Cover, Business TPD Definition One will apply.

You must tell us of occupation changes for Business TPD

The policy owner must tell us if the life insured changes their occupation within 30 days of the policy anniversary immediately after the change.

The policy owner must do this by completing our standard form.

If the new occupation does not qualify the life insured for Business TPD Definition One, we will notify the policy owner and will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while **gainfully employed**.

Business TPD Definition Two applies if we are not notified of occupation changes as required above

If you do not notify us of a change to the life insured's occupation as required above, we will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while **gainfully employed**.

Business TPD Definition Three applies if the life insured is not gainfully employed

If the life insured is not **gainfully employed** when they suffer an **illness** or **injury**, we will apply Business TPD Definition Three.

At age 65 your TPD definition may change

This section does not apply to the SuperLink SIS Own Occupation, Non-working or Super Non-working TPD definition.

Unless we agree otherwise (see 'If we classify the life insured's occupation as white collar, you can apply for the TPD definition to continue'), on the policy anniversary when the life insured is age 65 their TPD definition will change as follows:

Policy structure	TPD definition that applies to the life insured on and from the policy anniversary when age 65
Your policy is not part of a SuperLink arrangement	The TPD definition will automatically convert to the Non-working TPD definition if Cover is held outside super, or automatically convert to the Super Non-working TPD definition if Cover is held through super.
Your policy is part of a SuperLink TPD arrangement	The SuperLink arrangement will end on the policy anniversary when the life insured is age 65. TPD Cover under the **linked policy** held through super continues, but the SuperLink SIS Any Occupation TPD definition will automatically convert to the Super Non-working TPD definition. TPD Cover under the **linked policy** held outside super will end.
Your policy is part of a SuperLink Trauma arrangement	Any TPD Cover amount insured equal to the SuperLink Trauma Cover amount insured will end. The TPD definition applicable to any portion of the TPD Cover amount insured that is greater than the SuperLink Trauma Cover amount insured will automatically convert to the Super Non-working TPD definition.
Your policy is part of a Superlink arrangement with Life Cover held through super linked to TPD Cover held outside super	The TPD definition will automatically convert to the Non-working TPD definition.

We will remind you in each annual review pack in the five years leading up to the change of TPD definition.

If we classify the life insured's occupation as white collar, you can apply for the TPD definition to continue

If we classify the life insured's occupation as white collar, you can ask us to continue to apply their Any Occupation, Super Any Occupation or Own Occupation TPD definition.

If we classify the life insured's occupation as white collar, and you have a SuperLink TPD arrangement, you can ask us to continue the Super Any Occupation TPD definition but all TPD Cover under the **linked policy** held outside super will cease.

We must receive the written application within 30 days of the policy anniversary when the life insured is age 65. The application must confirm the life insured's then current occupation.

If we accept the application, we will confirm it in writing. The relevant Any Occupation, Own Occupation or Super Any Occupation TPD definition will apply:

- until the policy anniversary when the life insured is age 70
- to the life insured's TPD Cover amount insured up to $1 million, or if an instalment benefit applies, an **equivalent instalment amount**.

The Non-working TPD definition and the Super Non-working TPD definition, as applicable, will apply to TPD Cover amounts insured greater than $1 million from the policy anniversary when the life insured is age 65. We will remind you in each annual review pack in the five years leading up to the change of TPD definition.

At age 70 only the Non-working definition applies

On the policy anniversary when the life insured is age 70, any Own Occupation or Any Occupation TPD definition that applies will automatically convert to the Non-working TPD definition. Any Super Any Occupation TPD definition will convert to the Super Non-working TPD definition.

The amount we pay

The amount of the **TPD Benefit** we pay for a life insured is the full TPD Cover amount insured for the life insured on the date of disablement. Please see below for details of the date of disablement.

We pay the **TPD Benefit** by the applicable benefit payment type.

If the lump sum benefit payment type applies, the TPD Cover amount insured is the amount we agreed to cover the life insured for, adjusted as explained below. On a successful claim, we pay this amount as a single lump sum payment.

If an instalment benefit payment type applies, the TPD Cover amount insured is the instalment amount we agreed to cover the life insured for, adjusted as explained below. On a successful claim we pay this amount monthly in arrears. We pay from the date the **TPD Benefit** entitlement arises until the selected instalment term ends. The instalment term is shown on the Policy Schedule.

In some cases, we may increase the **TPD Benefit** we pay. Please see below for more details.

The date of disablement is the date the TPD definition is first satisfied

The date of disablement for a life insured is the date the life insured first satisfies every element of the applicable TPD definition.

We increase the TPD Benefit for certain TPD definitions

If a **TPD Benefit** is payable for a life insured, we will increase the amount we pay if the life insured satisfies all the following:

- has a TPD Cover amount insured on the date of disablement that is less than $5 million
- satisfies the 'Any Occupation', 'Super Any Occupation', 'SuperLink SIS Any Occupation', 'Own Occupation' or 'SuperLink SIS Own Occupation' TPD definition that applies to their Cover
- satisfies the definition of '**Loss of limbs and/or sight**', '**Loss of independent existence**' or '**Cognitive loss**'. Please see 'General TPD definitions' on page 33.

The amount of the increase will be the following applicable percentage of the TPD Cover amount insured on the date of disablement:

- 5% after the 2nd policy anniversary
- 7.5% after the 3rd policy anniversary
- 10% after the 5th policy anniversary.

We may adjust the amount insured

We may adjust your TPD Cover amount insured in the following circumstances:

1. The TPD Cover amount insured decreases after we pay benefits

Your TPD Cover amount insured will decrease by the amount of any of the following we pay, or commence to pay instalments, for the life insured:

- the **TPD Benefit**
- the **Partial TPD Benefit**
- the Terminal Illness Benefit under Life Cover, where TPD Cover is attached to Life Cover
- the Extended Terminal Medical Condition Benefit under Life Cover, where TPD Cover is attached to Life Cover
- the Trauma Benefit under Trauma Cover, where TPD Cover is attached to Trauma Cover, or both TPD Cover and Trauma Cover are attached to Life Cover.

If a SuperLink arrangement applies for the life insured, the TPD Cover amount insured under this policy decreases by any benefit amount we pay, or commence to pay instalments, for the life insured under the **linked policy**. This includes payment of:

- the **TPD Benefit** with the SuperLink SIS Any Occupation definition in the **linked policy**, if applicable
- the **TPD Benefit** with the SuperLink SIS Own Occupation definition in the **linked policy**, if applicable
- the **Partial TPD Benefit** under the other **linked policy**, if applicable
- the Terminal Illness Benefit under Life Cover in the **linked policy**, if applicable
- the Extended Terminal Medical Condition Benefit under Life Cover in the **linked policy,** if applicable
- a Trauma Benefit under the SuperLink Trauma arrangement in the **linked policy** if attached to TPD Cover, if applicable.

2. Business TPD Cover capped at $10 million

The maximum amount we pay under Business TPD Cover is $10 million, including where indexation applies.

If the life insured commences to be covered for **total and permanent disability** under another policy after your policy starts, we may reduce the Business TPD insured amount under this policy. The other policy may be issued by us or another insurer and may be held outside or through super or through a group arrangement.

We will reduce the Business TPD insured amount by the amount required to ensure the combined total of TPD Cover in respect of the life insured on the date of disablement from all policies does not exceed $10 million.

If we reduce the **TPD Benefit** we pay under a Business TPD definition, we will refund premiums paid for the reduced portion of Cover from the last policy anniversary date before the date of disablement.

3. TPD amount insured may decrease at age 65

This section does not apply to a policy containing the SuperLink SIS Own Occupation TPD definition.

The maximum we pay under TPD Cover for a life insured on or after the policy anniversary when they are age 65 is $3 million across all policies we issue.

Accordingly, on the policy anniversary when the life insured is age 65, the TPD Cover amount insured under this policy will decrease, if required. It will decrease so the total amount of TPD Cover for the life insured under all policies we have issued is $3 million, or if an instalment benefit applies, an **equivalent instalment amount**.

However, if TPD Cover is attached to Trauma Cover, we will only decrease your TPD amount insured until it is equal to the Trauma Cover amount insured.

4. Indexation

We will increase the TPD Cover amount insured by indexation if applicable. Please see page 57.

Partial TPD Benefit

Not available under the Business TPD Definition or for TPD Cover held through super.

When we pay

We pay the **Partial TPD Benefit** if the life insured suffers a '**specific loss**' while TPD Cover for the life insured is in force.

'**Specific loss**' means that, due to **illness** or **injury**, the life insured suffers the total and permanent loss of the use of either:

- one limb, where 'limb' is defined as the whole hand or the whole foot
- the sight in one eye.

We pay the **Partial TPD Benefit** by the chosen benefit payment type.

Amount we pay

The amount of the **Partial TPD Benefit** we pay for a life insured is 25% of their TPD Cover amount insured on the date the '**specific loss**' occurs. This is subject to a minimum of $10,000 and a maximum of $500,000.

If the instalment benefit payment type applies, we will pay an **equivalent instalment amount**.

We explain how we calculate the TPD Cover amount insured on page 30.

Partial TPD reduces the amount insured

Your TPD Cover insured amount will decrease by the amount of any **Partial TPD Benefit** we pay.

The amount insured of any linked or attached Cover will also decrease by the amount of any **Partial TPD Benefit** we pay (and if this is part of a SuperLink arrangement, the amount insured under that **linked policy**).

We do not pay in some circumstances

We do not pay the **Partial TPD Benefit** in any of the following circumstances:

- the life insured's TPD Cover is held through super
- the life insured is covered solely for the Business TPD definition
- your policy is part of a transfer from another OnePath product, unless we have fully underwritten your TPD Cover
- we issued your policy as part of a continuation option, unless we have fully underwritten your TPD Cover.

SuperLink TPD Cover

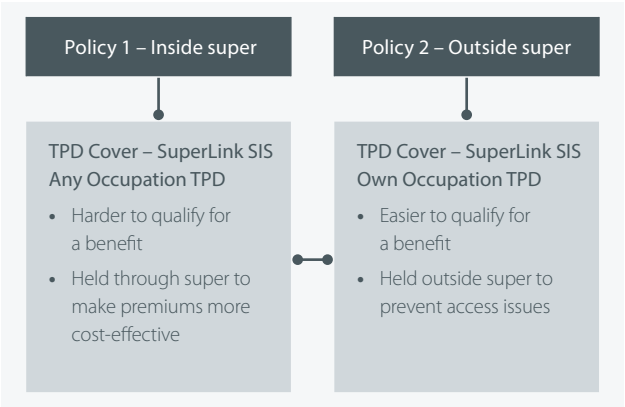
You can 'link' a life insured's TPD Cover under a policy held outside super with TPD Cover under a separate policy held through super.

This is called a SuperLink TPD arrangement.

We will issue each policy separately, as well as two Policy Schedules. We will also issue two annual review packs each year.

However, because the policies are linked, a benefit payment under one policy reduces the TPD Cover insured amount on both policies.

A SuperLink arrangement splits Cover over two policies which allows part of the premiums to be funded through the super fund.



We determine if you are TPD under the linked super policy first

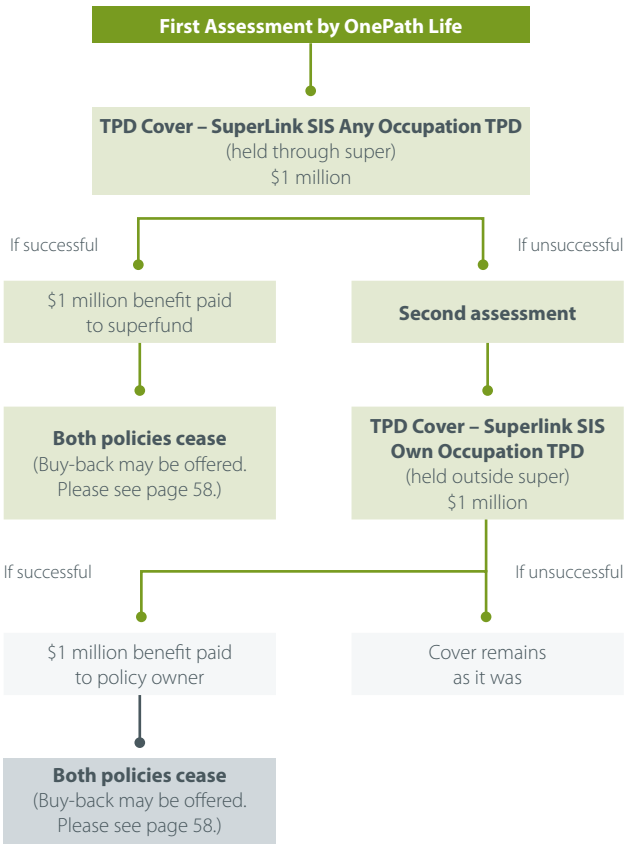
Each policy will have a different TPD definition. The policy held outside super will have the SuperLink SIS Own Occupation TPD definition and the **linked policy** held through super will have the SuperLink SIS Any Occupation TPD definition.

To determine entitlement to a **TPD Benefit** under a SuperLink arrangement, we first assess whether the life insured meets the SuperLink SIS Any Occupation TPD definition and the requirements of the policy held through super.

If so, payment under that policy will reduce the TPD Cover amount insured under both policies.

If no benefit is payable under the policy held through super, we assess whether the life insured meets the SuperLink SIS Own Occupation TPD definition and requirements of the **linked policy** held outside super.

The following diagram provides an example of the claims assessment procedure for SuperLink TPD for a customer who has chosen a TPD amount insured of $1 million.



Certain features of both policies must be the same

Under a SuperLink TPD arrangement, the following must be the same under both policies:

- the TPD Cover amount insured
- the life insured
- changes to the amount insured. For example, if the amount insured under one policy decreases because we pay the **Partial TPD Benefit**, the amount insured in the **linked policy** decreases by the same amount. Similarly any increases in the insured amount under one policy, for example through indexation, will be applied to the **linked policy**
- any selected extra cost options.

However, the policies can have different payment frequency and premium type, that is stepped or level.

When a SuperLink TPD arrangement ends

A SuperLink TPD arrangement ends on the policy anniversary when the life insured is age 65. On that anniversary, TPD Cover under the **linked policy** held outside super ends.

TPD Cover under the **linked policy** held through super continues, but the life insured is covered for the Super

Non-working TPD definition unless you apply for the Super Any Occupation TPD definition to continue. Please see page 30 for more details.

Cessation of Cover under one linked policy will end Cover under the other linked policy

The TPD Cover for the life insured, and your eligibility for any benefit under either **linked policy**, ends on the earlier of the date:

- of any circumstance set out under 'When TPD Cover ends' on page 38
- we cancel the TPD Cover or Cover under any **linked policy** because the premium for the policy that is cancelled has not been paid when due. The TPD Cover under both policies will be cancelled or avoided (any applicable premium refund will be paid to the policy owner)
- we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel both or either of the SuperLink TPD Covers. The TPD Cover under both policies will be cancelled.

For example, if your SuperLink policy held outside super is cancelled because the premium is overdue, cover under your SuperLink policy held through super will end, even if you have paid all premiums for that Cover. This is because the policies are linked.

SuperLink arrangement of Life Cover held through super linked to TPD Cover held outside super

You can 'link' a life insured's TPD Cover under a policy held outside super with Life Cover under a separate policy held through super.

We will issue each policy separately. This means that each year, two annual review packs and two Policy Schedules will be issued.

However, because the policies are linked, a benefit payment under TPD Cover under the policy held outside super reduces the Life Cover amount insured on the policy held through super.

A SuperLink arrangement of Life Cover held through super linked to TPD Cover held outside super splits the Covers over two policies which allows the Life Cover premium to be funded through the super fund.

Certain features of both policies must be the same

Under a SuperLink arrangement of Life Cover held through super linked to TPD Cover held outside super, the life insured must be the same under both policies.

However, each policy can have different:

- methods of payment
- payment frequency
- amounts insured, however TPD Cover amount insured cannot exceed the Life Cover amount insured
- increases in Cover, including indexation
- premium type, i.e. stepped or level
- extra cost options.

When a SuperLink arrangement of Life Cover held through super linked to TPD Cover held outside super ends

A SuperLink arrangement of Life Cover through super linked to TPD Cover held outside super ends on the earlier of the date:

- of any circumstance set out under 'When TPD Cover ends' on page 38
- the **linked policy** is cancelled or avoided (any applicable premium refund will be paid to the policy owner)
- we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel both or either of the Covers under the SuperLink arrangement.

Unless we agree otherwise, the TPD definition will automatically convert to the Non-working TPD definition on the policy anniversary when the life insured is age 65. However, if we classify the life insured's occupation as white collar, you can ask us to continue to apply their Any Occupation TPD or Own Occupation TPD definition. Please see page 30 for more details.

TPD definitions

General TPD definitions

'**Loss of limbs and/or sight**' means the total and permanent loss of the use of:

- two limbs, where 'limb' is defined as the whole hand or the whole foot; or
- the sight in both eyes; or
- one limb and the sight in one eye.

'**Loss of independent existence**' means the life insured is totally and irreversibly unable to perform at least two of the following five '**activities of daily living**' without another adult person assisting:

- bathing and/or showering
- dressing and undressing
- eating and drinking
- using a toilet to maintain personal hygiene
- mobility.

'**Cognitive loss**' means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the **activities of daily living**.

Non-working TPD

Non-working TPD means that, as a result of **illness** or **injury**, the life insured:

1. suffers '**loss of limbs and/or sight**';

or

2. suffers '**loss of independent existence**';

or

3. suffers '**cognitive loss**'.

Super Non-working TPD

Super Non-working TPD means that, as a result of **illness** or **injury**, the life insured:

1. suffers '**loss of limbs and/or sight**' and is disabled to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience;

or

2. suffers '**loss of independent existence**' and is disabled to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience;

or

3. suffers '**cognitive loss**' and is disabled at the end of the period of six consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience.

Any Occupation TPD

Any Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from, and unable to, work for three consecutive months; and

   b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation:

   - for which they are reasonably suited by their education, training or experience; and
   - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months before claim;

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and

   b. is disabled to such an extent that, as a result, they are unlikely ever again to be able to engage in any occupation:

   - for which they are reasonably suited by their education, training or experience; and
   - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months before claim;

or

3. suffers '**loss of limbs and/or sight**';

or

4. suffers '**loss of independent existence**';

or

5. suffers '**cognitive loss**'.

Super Any Occupation TPD

Super Any Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from, and unable to, work for three consecutive months; and

   b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience.

SuperLink SIS Any Occupation TPD

SuperLink SIS Any Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from, and unable to, work for three consecutive months; and

   b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience.

Own Occupation TPD

'Own Occupation' relates to the most recent occupation in which the life insured was engaged before the date of disability.

Own Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1 a. has been absent from, and unable to engage in, their 'Own Occupation' for three consecutive months; and

   b. is disabled at the end of the period of three consecutive months to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation';

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and

   b. is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their 'Own Occupation';

or

3. suffers '**loss of limbs and/or sight**';

or

4. suffers '**loss of independent existence**';

or

5. suffers '**cognitive loss**'.

SuperLink SIS Own Occupation TPD

'Own Occupation' relates to the most recent occupation in which the life insured was engaged before the date of **disability**.

SuperLink SIS Own Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from, and unable to engage in, their 'Own Occupation' for three consecutive months; and

   b. is disabled at the end of the period of three consecutive months to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation';

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and

   b. is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their 'Own Occupation';

or

3. suffers '**loss of limbs and/or sight**';

or

4. suffers '**loss of independent existence**';

or

5. suffers '**cognitive loss**'.

Business TPD

'Own Occupation' relates to the most recent occupation in which the life insured was engaged before the date of disability.

Business TPD Definition One

Business TPD means that, solely as a result of **illness** or **injury** the life insured:

1. a. has been absent from, and unable to, work for nine consecutive months; and

   b. is disabled at the end of the period of nine consecutive months, to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation';

or

2. suffers '**loss of limbs and/or sight**';

or

3. suffers '**loss of independent existence**';

or

4. suffers 'cognitive loss', where 'cognitive loss' means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the life insured to be under continuous care and supervision by another adult person for at least nine consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the nine month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the **activities of daily living**.

Business TPD Definition Two

Business TPD means that, solely as a result of **illness** or **injury** the life insured:

1. a. has been absent from, and unable to, work for nine consecutive months; and

   b. is disabled at the end of the period of nine consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education training or experience;

or

2. suffers '**loss of limbs and/or sight**';

or

3. suffers '**loss of independent existence**';

or

4. suffers 'cognitive loss', where 'cognitive loss' means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the life insured to be under continuous care and supervision by another adult person for at least nine consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the nine month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the **activities of daily living**.

Business TPD Definition Three

Business TPD means that, solely as a result of **illness** or **injury** the life insured:

1. suffers '**loss of limbs and/or sight**';

or

2. suffers '**loss of independent existence**';

or

3. suffers 'cognitive loss', where 'cognitive loss' means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the life insured to be under continuous care and supervision by another adult person for at least nine consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the nine month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the **activities of daily living**.

Home-maker TPD

'**Normal domestic duties**' means the following tasks, whether or not the life insured performed these duties prior to the **injury** or **illness**:

- Cleaning – use domestic appliances and equipment to clean and maintain the **home**
- Cooking – use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for the family
- Laundry – wash, dry and iron family's clothes or linens to basic standards
- Shopping – purchasing and unpacking everyday household provisions for the family.

Home-maker TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. is unable, for three consecutive months, to:
   - perform all of the '**normal domestic duties**' without another adult person assisting and leave their **home** unaided; or
   - be engaged in any occupation; and

   b. has been, for the period of three consecutive months, **following the advice of a medical practitioner** and engaging in appropriate treatment for the **illness** or **injury**; and

   c. is disabled at the end of the period of three consecutive months to such an extent they require ongoing medical care and:
   - are unlikely ever again to be able to perform all of the `**normal domestic duties**' without another adult person assisting; or
   - are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience.

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication `Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and

   b. is disabled to such an extent that, as a result of this impairment, they are unlikely ever again to be able to perform all of the `**normal domestic duties**' without another adult person assisting or be engaged in any occupation for which they are reasonably suited by their education, training or experience;

or

3. suffers '**loss of limbs and/or sight**';

or

4. suffers '**loss of independent existence**';

or

5. suffers '**cognitive loss**'.

Super Home-maker TPD

'**Normal domestic duties**' means the following tasks, whether or not the life insured performed these duties prior to the **injury** or **illness**:

- Cleaning – use domestic appliances and equipment to clean and maintain the **home**
- Cooking – use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for the family
- Laundry – wash, dry and iron family's clothes or linens to basic standards
- Shopping – purchasing and unpacking everyday household provisions for the family.

Super Home-maker TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. is unable, for three consecutive months, to:
   - perform all of the '**normal domestic duties**' without another adult person assisting and leave their **home** unaided; or
   - be engaged in any occupation; and

   b. has been, for the period of three consecutive months, **following the advice of a medical practitioner** and engaging in appropriate treatment for the **illness** or **injury**; and

   c. at the end of the period of three months, is disabled to such an extent that they require ongoing medical care and:
   - are unlikely ever again to be able to perform all of the **'normal domestic duties'** without another adult person assisting; and
   - are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience.

Additional benefits

This section explains the additional benefits automatically included with TPD Cover.

Some of these benefits are only included with certain types of Cover, as explained below.

Limited Death Benefit

Does not apply if TPD Cover is attached or linked to Life Cover or under the SuperLink SIS Own Occupation TPD definition.

The Limited Death Benefit only applies if you have:

- Stand-Alone TPD Cover, but not under the SuperLink SIS Own Occupation TPD definition
- TPD Cover attached to Trauma Cover.

We pay the Limited Death Benefit if the life insured dies while their TPD Cover is in force, and a **TPD Benefit** is not payable.

The amount we pay is $10,000.

We only pay this benefit once across all policies under which we cover the life insured.

Spouse Retraining Benefit

If we pay a **TPD Benefit** for a life insured, we will reimburse up to $10,000 of the cost of training or retraining the life insured's **spouse** to either:

- obtain **gainful employment**
- improve their **employment** prospects
- improve the care they can provide the life insured.

The **spouse** must be under 65 years when the training starts and must incur the costs within 24 months from the date the life insured became **TPD**. An institution awarding Australian-recognised qualifications must provide the training.

The Spouse Retraining Benefit is only available for disablements that occur after the TPD Benefit has been held for three years.

Financial Advice Benefit

If we pay a **TPD Benefit** for a life insured, we will also reimburse up to $2,000 of the adviser service fee for a financial plan for the person who received the **TPD Benefit**.

We pay the Financial Advice Benefit if all the following apply:

- we have paid, or begun to pay, the full **TPD Benefit** in respect of the life insured. We do not pay if we have only paid the Limited Death Benefit or **Partial TPD Benefit**
- the financial plan was prepared by an Australian Financial Services Licensee or the Authorised Representative of such a licensee
- the person to whom we paid the **TPD Benefit** amount insured is the recipient of the advice
- the person to whom we paid the TPD Cover amount insured paid the adviser service fee
- we receive evidence that is legible and unaltered of the financial plan within 12 months of the date we paid, or began to pay, the **TPD Benefit.** If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.
- we have not already paid a Financial Advice Benefit under Life Cover or Trauma Cover for the life insured
- we have not already paid a similar benefit under any other policy we issued in respect of the life insured.

We will not reimburse any commission paid when the financial plan is implemented, nor any portion of the adviser service fee that is a commission.

If we paid the **TPD Benefit** to more than one person, we will divide the amount of this benefit between them in the same proportions as we paid the **TPD Benefit**.

Accommodation Benefit

We pay the Accommodation Benefit if all the following apply:

- we have paid, or are paying, a **TPD Benefit** for a life insured
- a **medical practitioner** certifies that the life insured must remain confined to bed due to the **disability** for which we paid, or are paying, the **TPD Benefit**
- either:
  - the life insured is more than 100 kilometres from their **home** and an **immediate family member** must travel from their **home** to be with the life insured
  - an **immediate family member** must travel more than 100 kilometres from their **home** to be with the life insured.

Under this benefit we will reimburse the accommodation costs of the **immediate family member** up to $500 per day. We pay for each day the life insured is confined to bed and the **immediate family member** is away from their **home**, up to 30 days.

You must claim this benefit within six weeks of the **TPD Benefit** being paid or commencing to be paid. We must receive evidence acceptable to us of the life insured's confinement and payment of the accommodation costs.

Standard features and extra cost options

TPD Cover includes several standard features, as well as options available at extra cost.

Standard features

- Life Cover Buy Back
- Indexation
- Future Insurability
- Premium Freeze.

Options available at extra cost

- Double TPD
- Life Cover Purchase
- Premium Waiver Disability
- Business Guarantee
- Value Protector.

Not every feature and option is available with every Cover type.

Please see from page 53 for a detailed explanation of these features and options.

When TPD Cover ends

TPD Cover for a life insured will end and your eligibility for any benefit under TPD Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 65 – if the policy is part of a SuperLink arrangement (unless the SuperLink arrangement is Life Cover held through super linked to TPD Cover held outside super, in which case, Cover expires at age 100)
- policy anniversary when the life insured is age 100 – if the policy is not part of a SuperLink arrangement
- **Cover expiry date** for the life insured's TPD Cover shown on the Policy Schedule
- date we pay the full TPD Cover lump sum or begin to pay the instalment amount insured
- date we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date that Cover in respect of the life insured under a **linked policy** ends if the Cover is part of a TPD SuperLink arrangement. However, this only applies if this policy is held outside super, or if this policy is held through super and Cover under the **linked policy** ends for any reason other than reaching the policy anniversary when the life insured is age 65
- date we pay or begin to pay a benefit under Life Cover under this policy or a **linked policy** that reduces the TPD Cover amount insured under this policy to zero
- date we pay or begin to pay a benefit under TPD Cover under this policy or a **linked policy** that reduces the TPD Cover amount insured under this policy to zero
- date we pay or begin to pay a benefit under Trauma Cover under this policy or a **linked policy** that reduces the TPD Cover amount insured under this policy to zero
- date the TPD Cover amount insured is reduced to zero
- date the life insured ceases to be a member of the master trust – if the policy is held through an external super master trust
- for OneCare Super, and subject to the option to continue TPD Cover outside of super as explained in the adjacent column, the date the life insured:
  - ceases to be a member of the Fund, or
  - is no longer able to make super contributions, or roll over or transfer existing super amounts from other OnePath superannuation products or external superannuation products
- date the life insured dies.

You can continue Cover outside super

Super

You can apply, without further underwriting, to continue TPD Cover held outside super if your TPD Cover held through super ceases because either you:

- are no longer able to make super contributions, or roll over or transfer existing super amounts, into OneCare Super
- cease to be a member of an external master trust, or OneCare Super.

You must exercise this option within 30 days after your TPD Cover ceases.

The new TPD Cover will be on the same or equivalent terms available at the time that apply under this policy.

TRAUMA COVER

The diagnosis of a serious illness like a heart attack can make you feel like your world is out of control. Financially, the feeling is only accelerated when expenses are coming at you from all directions.

Trauma Cover pays a benefit that can help you pay out debt, and cover the costs of lifestyle changes and medical expenses.

Choosing the right Cover

This section explains the benefits, features and options of the Trauma Cover we offer.

You can tailor your Trauma Cover by choosing:

- the structure of your Cover, that is whether to:
  - attach Trauma Cover to other Cover
  - link Trauma Cover with Life or TPD Cover held through super. This is a SuperLink Trauma arrangement.
- the Cover type you need. We offer Severity, Comprehensive and Premier Cover
- the amount of your Trauma Cover
- how your benefit will be paid
- any extra cost options you need.

Your premium will depend on your choices.

It is important to choose Cover and options that are right for you, considering your individual circumstances such as your debts and assets, your requirements for quality care and your lifestyle goals.

Available Cover types

OneCare offers three types of Trauma Cover:

- **Severity** – Pays a full benefit on 33 trauma conditions and two tiers for which we pay a partial benefit on 38 trauma conditions based on the severity of the condition.
- **Comprehensive** – Covers 46 trauma conditions, including two conditions for which we pay a partial benefit.
- **Premier** – Pays a full benefit on 44 trauma conditions, and a partial benefit on 16 trauma conditions. This Cover offers Premier Maximiser as an extra cost option that is not available under Severity or Comprehensive Cover.

Benefits and features snapshot

We offer Trauma Cover with the following benefits, features and options, which we explain in the following sections of this PDS:

Key benefit	Refer to Page	Severity	Comprehensive	Premier
100% benefit payment for a defined trauma condition	42		✓	✓
	45	✓		
50% of the sum insured for a defined trauma condition	45	✓	N/A	N/A
20% of the sum insured (to a maximum of $100k benefit payment) for a defined trauma condition	43	N/A	N/A	✓
10% of the sum insured (to a maximum of $50k benefit payment) for a defined trauma condition	44	✓	N/A	N/A
10% of the sum insured (to a maximum of $20k benefit payment) for **angioplasty – single or double vessel** or **heart surgery (less invasive)**	43	✓	✓	✓

Additional benefits	Refer to Page	Severity	Comprehensive	Premier
Limited Death Benefit	46	✓	✓	✓
Financial Advice Benefit	46	✓	✓	✓
Accommodation Benefit	46	✓	✓	✓

Standard features	Refer to Page	Severity	Comprehensive	Premier
Future Insurability	53	✓	✓	✓
Indexation	57	✓	✓	✓
Premium Freeze	58	✓	✓	✓
Life Cover Buy Back	59	N/A	✓	✓
Pregnancy Premium Waiver	59	✓	N/A	N/A

Options available at extra cost	Refer to Page	Severity	Comprehensive	Premier
Business Guarantee Option	59	N/A	✓	✓
Double Trauma Option	61	N/A	✓	✓
Life Cover Purchase Option	62	N/A	✓	✓
Premium Waiver Disability	63	N/A	✓	✓
Value Protector	63	N/A	✓	N/A
Trauma Cover Reinstatement	63	N/A	✓	✓
Premier Maximiser	65	N/A	N/A	✓

Important features of Trauma Cover

Available only outside super

You can only hold Trauma Cover under a policy held outside super.

When Cover starts

Trauma Cover for a life insured starts on the **Cover start date** for Trauma Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages for a life insured under Trauma Cover.

Limits on the amount of Cover apply

Please see page 14 for details of the minimum and maximum amounts of Trauma Cover you can apply for.

We pay the full amount once only

We pay the full Trauma Cover amount insured for a life insured once only, even if the life insured satisfies the definition of more than one trauma condition. Your Cover ceases on the date we pay the full Trauma Cover amount insured or begin to pay the instalment amount insured. Please see page 47.

We pay for the highest condition

If you meet the definition of more than one trauma condition at the same time, we will pay once only for the condition with the highest benefit.

Severity of the Trauma condition

We only pay for a condition where the life insured satisfies the definition of severity. Please see the listed conditions under each cover type and the definition under the 'Glossary of trauma conditions'.

Medical advances

If the method for diagnosing one of the events in the 'Glossary of trauma conditions' has been superseded due to medical advances, we will consider other appropriate and medically recognised methods or tests that unequivocally diagnose the event to at least the same severity.

If a medical cure is found or a medical treatment is developed that prevents the condition occurring, we will give the policy owner, or life insured under OneCare Super notice as soon as practicable and will let you know what that means for your Cover.

How we can pay your benefit

We pay your Trauma Benefit as a single lump sum or, if you have Comprehensive Cover, you can select to have your Trauma Benefit paid in monthly instalments.

For further details about having your benefit paid in monthly instalments, please see page 20.

You can attach other Covers under the same policy

You can choose stand-alone Trauma Cover or you can attach Trauma Cover to Life Cover and/or to TPD Cover.

You can link Trauma Cover with Life and/or TPD Cover held through super or TPD Cover held outside super

You can link Trauma Cover held outside super to Life Cover and/or TPD Cover under a policy held through super. This is called a SuperLink Trauma arrangement. Please see page 47 for more details.

You can also link Trauma Cover with TPD Cover held outside super to Life Cover under a policy held through super. This is a SuperLink arrangement with Life Cover held through super linked to TPD Cover held outside super. Please see page 33 for more details.

Your Cover continues during unemployment

Your Trauma Cover does not cease if the life insured becomes **unemployed**.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Trauma Cover in some circumstances. Please see page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if Trauma Cover applies to a life insured and if so:

- the Trauma Cover structure. That is, whether you have:
  - stand-alone Trauma Cover
  - Trauma Cover attached to Life Cover
  - Trauma Cover attached to TPD Cover
  - SuperLink Trauma
- the Trauma Cover type. This will be either Severity, Comprehensive or Premier Cover
- the Trauma Cover amount insured
- the Trauma Cover benefit payment type, and if the instalment benefit payment type applies under Comprehensive Cover, the instalment term
- any extra cost options selected.

Key benefit — Trauma Benefit

This section explains the key benefit under Trauma Cover.

When we pay

We pay the Trauma Benefit if all the following are satisfied:

- one of the trauma conditions listed on pages 42 to 45 first occurs or is first diagnosed for a life insured while their Trauma Cover is in force
- the symptoms leading to the trauma condition occurring, or being diagnosed for the life insured, only first become **reasonably apparent** while their Trauma Cover is in force
- a **medical practitioner** diagnoses and certifies the trauma condition and we agree with that diagnosis and certification. If we do not agree, we will let you know why that is and will discuss with you what your options are

- for Severity Trauma Cover, the life insured is **following the advice of a medical practitioner** in relation to that trauma condition
- for any trauma condition marked with a '†' in the lists on pages 42 to 45 – the **medical practitioner** referred to on the previous page is an **appropriate specialist**
- for any trauma condition marked with a '*' in the lists on pages 42 to 45 – the 90 day qualifying period has been satisfied. The 90 day qualifying period is explained below
- if the life insured has stand-alone Trauma Cover, Trauma Cover attached to TPD Cover or SuperLink Trauma with TPD – the life insured survives without life support for eight days after the date the trauma condition occurs or is diagnosed. The life insured must meet both the survival period and any time requirement of the trauma condition definition.

90 day qualifying period

The '90 day qualifying period' applies to each trauma condition marked with a '*' in the lists on pages 42 to 45.

We will not cover or pay any benefit for any such trauma condition if the condition first occurs or is first diagnosed during the first 90 days after we receive certain applications. These applications are a:

- complete application for Trauma Cover
- request to reinstate Trauma Cover
- complete application for an increase to the Trauma Cover amount insured, regarding the increased portion only.

We will also not pay any benefit for any such trauma condition if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** during the 90 days explained above. We refer to this as the '90 day qualifying period'.

Further, we will not pay any benefit for a trauma condition that is directly or indirectly related to a condition for which we do not cover due to the 90 day qualifying period explained above.

If the life insured suffers any of the following trauma conditions during the 90 day qualifying period, we will not pay for that trauma condition at any time over the life of the policy:

- heart attack (diagnosed)
- heart attack – permanent LVEF less than 50%
- heart attack – permanent LVEF less than 40%
- stroke (diagnosed)
- stroke (residual impairment)
- stroke (severe impairment)

If the life insured suffers any of the following trauma conditions (or any conditions related to them) during the 90 day qualifying period, we will not pay for that trauma condition at any time over the life of the policy:

- cancer (excluding less advanced cases)
- pre-invasive or in-situ cancer (of limited sites)
- invasive cancer (early stage)
- invasive cancer (of stage 2)
- invasive cancer (of stage 3 or 4)
- leukaemia, lymphoma and blood related cancers (early stage)
- leukaemia, lymphoma and blood related cancers (of stage 2)
- leukaemia, lymphoma and blood related cancers (of stage 3 or 4).

90 day qualifying period does not apply to replacement insurance

However, the qualifying period will not apply to any part of the Trauma Cover amount insured which replaces similar insurance if all the following apply:

- any similar qualifying period has expired for the same conditions or events in the policy to be replaced. This includes qualifying periods which were applied to that policy after it commenced due to, for example, reinstatements or increases
- the policy to be replaced is cancelled immediately after we issue this policy
- no claim is payable or pending under the policy to be replaced.

The policy to be replaced can be a policy issued by us or by another insurer. However, the qualifying period applies if Severity Trauma Cover is being replaced with Trauma Comprehensive or Trauma Premier Cover.

If the Trauma Cover amount insured under this policy exceeds that of the policy to be replaced, the 90 day qualifying period will still apply to the excess amount.

The amount we pay

For many trauma conditions, the amount of the Trauma Benefit we pay for a life insured is the full Trauma Cover amount insured that applies on the date that entitlement to the Trauma Benefit arises.

However, we only pay a partial amount of the Trauma Cover amount insured for some trauma conditions.

Please see page 42 for a list of the trauma conditions for which we pay the full Trauma Cover amount insured.

Please see page 43 for a list of the trauma conditions for which we pay only a partial amount of the Trauma Cover amount insured.

Please see page 44 and 45 for a list of the trauma conditions for which we pay a tiered based amount of the Severity Trauma Cover amount insured.

We pay the Trauma Benefit by the applicable benefit payment type. The instalment benefit payment type is only available under Comprehensive Cover.

If the lump sum benefit payment type applies, the Trauma Cover amount insured is the amount for which we agreed to cover the life insured, adjusted as explained on the following page. In a successful claim, we pay this amount as a single lump sum payment.

If an instalment benefit payment type applies, the Trauma Cover amount insured is the instalment amount for which we agreed to cover the life insured, adjusted as explained on the following page. In a successful claim, we pay this amount monthly in arrears. We pay from the date the entitlement to the Trauma Benefit arises until the selected instalment term ends. The instalment term is shown in the Policy Schedule.

We will adjust the amount insured

We will adjust your Trauma Cover amount insured in the following circumstances.

1. The Trauma Cover amount insured decreases when we pay benefits

The Trauma Cover amount insured will decrease by any of the following we pay or begin to pay for the life insured:

- if the life insured has stand-alone Trauma Cover – any amount we pay or begin to pay for the life insured under the Trauma Benefit
- if the life insured has Trauma Cover attached to Life Cover only – any amount we pay or begin to pay for the life insured for the:
  - Terminal Illness Benefit under Life Cover
  - Extended Terminal Medical Condition Benefit under Life Cover
  - Trauma Benefit under Trauma Cover.
- if the life insured has Trauma Cover attached to TPD Cover only – any amount we pay or begin to pay for the life insured for the:
  - **TPD Benefit** under TPD Cover
  - Trauma Benefit under Trauma Cover.
- if the life insured has both TPD Cover and Trauma Cover attached to Life Cover – any amount we pay or begin to pay for that life insured for the:
  - Terminal Illness Benefit under Life Cover
  - Extended Terminal Medical Condition Benefit under Life Cover
  - **TPD Benefit** under TPD Cover
  - Trauma Benefit under Trauma Cover.

Further, if SuperLink Trauma applies, any benefit amount paid in respect of the life insured under the **linked policy** will reduce the Trauma amount insured under this policy by the same amount. This includes:

- a partial payment of the SuperLink TPD Cover amount insured under the other **linked policy** (if applicable)
- payment of the **TPD Benefit** with the SuperLink SIS Own Occupation, SuperLink SIS Any Occupation, Super Any Occupation or Super Home-maker TPD definition in the other **linked policy**, if applicable
- payment of the Terminal Illness Benefit under Life Cover, if applicable
- payment of the Extended Terminal Medical Condition Benefit under Life Cover, if applicable.

Please see page 47 for details of SuperLink Trauma.

2. Indexation

We will increase the Trauma Cover amount insured under indexation, if applicable. Please see page 57.

Trauma conditions for which we pay a full Trauma Benefit under Comprehensive and Premier Cover

Under both Comprehensive and Premier Cover, we pay the full Trauma Cover amount insured for the 44 trauma conditions listed in the table below. Pages 111 to 118 set out the full definition for each trauma condition.

Table: Trauma conditions for which we pay a full Trauma Benefit under Comprehensive and Premier Cover

Heart conditions	Brain conditions	Mobility conditions	Body organ conditions
• Angioplasty – triple vessel* • Aortic surgery* • Cardiac arrest (out of hospital)*† • Cardiomyopathy (permanent and irreversible) • Coronary artery by-pass surgery*† • Heart attack (diagnosed)*† • Heart valve surgery* • Open heart surgery* • Primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)	• Alzheimer's disease (diagnosed)† • Cognitive loss (permanent) • Dementia (diagnosed)† • Head trauma (permanent and irreversible)† • Parkinson's disease (diagnosed)† • Stroke (diagnosed)*†	• Loss of independent existence (permanent) • Loss or paralysis of limb (permanent) • Motor neurone disease (diagnosed)† • Multiple sclerosis (diagnosed)*† • Muscular dystrophy (diagnosed)† • Osteoporosis (before age 50)*† • Rheumatoid arthritis (severe)*†	• Kidney failure (end stage) • Liver disease (end stage) • Lung disease (end stage)† • Organ transplant (major) • Pneumonectomy† • Systemic sclerosis (permanent and irreversible)*
	Cancers and tumours	**Blood disorders**	**Other events**
	• Benign brain tumour (permanent impairment or requiring surgical intervention)† • Benign spinal tumour (permanent impairment or requiring surgical intervention)† • Cancer (excluding less advanced cases)*†	• Aplastic anaemia (requiring treatment) • HIV (medically acquired) • HIV (occupationally acquired)	• Burns (severe) • Coma (of specified severity) • Diabetes (severe)*† • Intensive care (prolonged) • Loss of speech (permanent) • Terminal illness†
	Nervous system disorders	**Sensory conditions**	
	• Encephalitis (permanent and irreversible) • Meningitis and/or meningococcal disease (permanent and irreversible)	• Blindness (permanent in both eyes) • Deafness (permanent in both ears)	

Trauma conditions marked with a:
* are subject to a 90 day qualifying period. Please see page 41.
† must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

Trauma conditions for which we pay a partial Trauma Benefit under Comprehensive and Premier Cover

Under Comprehensive and Premier Cover, we pay a partial amount only for some trauma conditions. Two of those conditions are covered under both Comprehensive and Premier Cover. An additional 14 conditions are covered under Premier Cover only.

The full definition for each trauma condition is set out on pages 111 to 118.

Trauma conditions marked with a:

- '*' are subject to a 90 day qualifying period. Please see page 41
- '†' must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

We pay 10% for two conditions under Comprehensive and Premier Cover

We make a partial payment under Comprehensive and Premier Cover for the following trauma conditions:

- **angioplasty – single or double vessel***†
- **heart surgery (less invasive)***†.

The amount we pay for the above conditions is 10% of the Trauma Cover amount insured when the **angioplasty – single or double vessel** or **heart surgery (less invasive)** procedure occurs. This is subject to a maximum of $20,000 across all Trauma Comprehensive and Premier Cover policies held in respect of the life insured or $40,000 if you have the Premier Maximiser option and a minimum of $10,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

We pay 20% for trauma conditions under Premier Cover only

Under Premier Cover, we make a partial payment for the 14 additional trauma conditions listed in the table below.

The amount we pay for any of these trauma conditions is 20% of the Trauma Cover amount insured at the time the condition is diagnosed or occurs. This is subject to a maximum of $100,000 across all Trauma Premier Cover policies held in respect of the life insured or $200,000 if you have the Premier Maximiser option and a minimum of $10,000.

Partial payment reduces Trauma Cover amount insured

The amount payable for any trauma condition decreases the Trauma Cover amount insured.

Multiple claims on partial payments

We will pay a partial payment for multiple trauma conditions, provided the sum of all claims paid does not exceed the Trauma Cover amount insured. However, we will only ever pay one claim for each trauma condition, except:

- **carcinoma in situ (of limited sites),** for which we will pay once for each site
- **angioplasty – single or double vessel**, for which we will pay for multiple occurrences if both:
  - the first **angioplasty – single or double vessel** procedure occurs, and the symptoms leading to the first **angioplasty – single or double vessel** procedure only first become **reasonably apparent**, after the end of the 90 day qualifying period
  - each subsequent **angioplasty – single or double vessel** procedure occurs at least six months after the previous **angioplasty – single or double vessel** procedure.

No more than $100,000 is payable for the same partial trauma condition across all Trauma Comprehensive and Premier Cover policies held in respect of the life insured or $200,000 if you have the Premier Maximiser option. Please see page 65.

Table: Trauma conditions for which we pay 20% of the Trauma Benefit under Premier Cover only

Cancers and tumours	Other events	Body organ conditions	Brain disorder conditions	Sensory conditions
• Benign tumour (diagnosed)† • Brain surgery (of pituitary gland)† • Carcinoma in situ (of limited sites)*† • Chronic lymphocytic leukaemia (diagnosed)*† • Melanoma (early stage)*†	• Burns (of limited extent) • Critical care (requiring intubation) • Diabetes mellitus – adult, insulin dependent diagnosed after age 30*† • Systemic lupus erythematosus (SLE) with lupus nephritis (diagnosed)*	• Colostomy and/or ileostomy* • Endometriosis (severe requiring surgical intervention)*	• Hydrocephalus (requiring surgical intervention)*	• Blindness (permanent of specified severity)* • Deafness (permanent in one ear)*

Trauma conditions marked with a:
* are subject to a 90 day qualifying period. Please see page 41.
† must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

Trauma conditions for which we pay under Severity Trauma Cover

Under Severity Trauma Cover, the amount we pay for the trauma condition is based on the following three tiers:

- tier one we pay the 10% of the Trauma Benefit, subject to a maximum of $50,000 across all Severity Trauma Cover policies held in respect of the life insured and a minimum of $10,000. However, **angioplasty – single or double vessel** and **heart surgery (less invasive)** are subject to a maximum of $20,000 across all Severity Trauma Cover policies held in respect of the life insured
- tier two we pay 50% of the Trauma Benefit
- tier three we pay 100% of the Trauma Benefit.

The amount we pay is based on the tier you satisfy at time of claim. For example, if the claim is related to cancer and you satisfy the definition for **invasive cancer (of stage 2)** under tier 2, then you will be paid 50% of the Trauma Benefit.

Partial payment reduces Severity Trauma Cover amount insured

The amount payable for any trauma condition decreases the Trauma Cover amount insured.

Subsequent claims on partial payment under Severity Trauma Cover

We will pay based on the remaining amount insured for subsequent claims under Severity Trauma Cover as follows:

- **pre-invasive or in-situ cancer (of limited sites), invasive cancer (early stage)** and **invasive cancer (of stage 2)**, of different sites
- **angioplasty – single or double vessel** and **angioplasty – triple vessel**, for multiple occurrences if both:
  - the first procedure occurs, and the symptoms leading to the first procedure only first become **reasonably apparent**, after the end of the 90 day qualifying period
  - each subsequent procedure occurs at least six months after the previous procedure
- a progressive claim. Please see 'Progressive conditions under Severity Trauma Cover' below
- an unrelated claim, where the trauma condition being subsequently claimed on is totally unrelated to the prior claim.

We will not pay any subsequent claims within six months of a prior claim if it is related (directly or indirectly) to that claim, except where it is a progressive claim.

Progressive conditions under Severity Trauma Cover

There are a number of trauma conditions that we will treat as a progression of a prior claim and will pay based on the remaining amount insured. A progressive condition is any trauma condition that is related to the same underlying condition, medical cause or pathology as the prior claim. If the life insured meets more than one trauma condition at the same time, we will pay once only for the condition with the highest benefit. The full definition for each trauma condition is set out on pages 111 to 118.

Example

Phillip took out a policy with $500,000 Severity Trauma Cover.

After one year, Phillip suffers a heart condition and meets the defined **heart attack (diagnosed)** condition. Phillip receives $50,000 (10% of the amount insured) which reduces his Severity Trauma Cover to $450,000.

Three months after having ongoing optimal therapy for the heart condition, Phillip is left with a permanent impairment and meets the defined **heart attack – permanent LVEF less than 50%** condition. Because the condition is a progression of the prior claim, Phillip receives $225,000 (50% of the remaining amount insured) which reduces his Severity Trauma Cover to $225,000.

Table: Tier one Trauma conditions for which we pay 10% of the Trauma Benefit, subject to a maximum of $50,000 and a minimum of $10,000 under Severity Trauma Cover

Heart conditions	Brain conditions	Mobility conditions	
• Angioplasty – single or double vessel*†^ • Cardiac arrest (out of hospital)*† • Cardiomyopathy (diagnosed)† • Heart attack (diagnosed)*† • Heart surgery (less invasive)*†^	• Alzheimer's disease (diagnosed)† • Dementia (diagnosed)† • Parkinson's disease (diagnosed)† • Stroke (diagnosed)*†	• Motor neurone disease (diagnosed)† • Multiple sclerosis (diagnosed)*† • Muscular dystrophy (diagnosed)*† • Osteoporosis (before age 50)*†	
	Cancers and tumours	**Sensory conditions**	**Other events**
	• Benign tumour (diagnosed)† • Invasive cancer (early stage)*† • Leukaemia, lymphoma and blood related cancers (early stage)*† • Pre-invasive or in-situ cancer (of limited sites)*†	• Blindness (permanent of specified severity)* • Deafness (permanent in one ear)*	• Critical care (requiring intubation) • Diabetes mellitus – adult, insulin dependent diagnosed after age 30*†

Trauma conditions marked with a:

* are subject to a 90 day qualifying period. Please see page 41.

† must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

^are subject to a maximum of $20,000 across all Severity Trauma Cover policies held in respect of the life insured.

Table: Tier two Trauma conditions for which we pay 50% of the Trauma Benefit under Severity Trauma Cover

Heart conditions	Brain conditions	Body organ conditions	
• Angioplasty – triple vessel* • Aortic surgery* • Cardiomyopathy – permanent LVEF less than 50%† • Coronary artery by-pass surgery*† • Heart attack – permanent LVEF less than 50%*† • Heart valve surgery* • Open heart surgery*	• Hydrocephalus (requiring surgical intervention)* • Stroke (residual impairment)*†	• Colostomy and/or ileostomy*	
	Cancers and tumours	**Blood disorders**	**Other events**
	• Invasive cancer (of stage 2)*† • Leukaemia, lymphoma and blood related cancers (of stage 2)*†	• HIV (medically acquired) • HIV (occupationally acquired)	• Burns (of limited extent) • Coma (of specified severity) • Intensive care (prolonged)

Trauma conditions marked with a:

* are subject to a 90 day qualifying period. Please see page 41.

† must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

Table: Tier three Trauma conditions for which we pay 100% of the Trauma Benefit under Severity Trauma Cover

Heart conditions	Brain conditions	Mobility conditions	Body organ conditions
• Cardiomyopathy – permanent LVEF less than 40%† • Heart attack – permanent LVEF less than 40%*† • Primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)	• Cognitive loss (permanent) • Head trauma (permanent and irreversible)† • Parkinson's disease (permanent impairment)† • Stroke (severe impairment)*†	• Loss of independent existence (permanent) • Loss or paralysis of limb (permanent) • Motor neurone disease (permanent impairment)† • Multiple sclerosis (permanent impairment)*† • Muscular dystrophy (permanent impairment)† • Rheumatoid arthritis (severe)*†	• Inflammatory bowel disease (requiring surgical intervention)† • Kidney failure (end stage) • Liver disease (end stage) • Lung disease (end stage)† • Organ transplant (major) • Pneumonectomy† • Systemic sclerosis (permanent and irreversible)*
	Cancers and tumours	**Blood disorders**	**Other events**
	• Benign brain tumour (permanent impairment or requiring surgical intervention)† • Benign spinal tumour (permanent impairment or requiring surgical intervention)† • Invasive cancer (of stage 3 or 4)*† • Leukaemia, lymphoma and blood related cancers (of stage 3 or 4)*†	• Aplastic anaemia (requiring treatment)	• Burns (severe) • Diabetes (severe)*† • Loss of speech (permanent) • Terminal illness†
	Nervous system disorders	**Sensory conditions**	
	• Encephalitis (permanent and irreversible) • Meningitis and/or meningococcal disease (permanent and irreversible)	• Blindness (permanent in both eyes) • Deafness (permanent in both ears)	

Trauma conditions marked with a:

* are subject to a 90 day qualifying period. Please see page 41.

† must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

Additional benefits

This section explains the additional benefits automatically included with Trauma Cover.

Some of the benefits are only included with certain types of Cover, as explained below.

Limited Death Benefit

Not available with Trauma Cover attached to Life Cover or if Trauma Cover is in a SuperLink arrangement with TPD.

We pay the Limited Death Benefit if the life insured dies while their Trauma Cover is in force and a Trauma Benefit is not payable.

The Limited Death Benefit only applies if the life insured is covered for either:

- Stand-Alone Trauma Cover
- Trauma Cover attached to TPD Cover.

The amount we pay is $10,000.

We only pay this benefit once across all policies under which we cover the life insured.

Financial Advice Benefit

If we pay the full Trauma Cover amount insured, we will also reimburse up to $2,000 of the adviser service fee for a financial plan for the person who received the Trauma Benefit.

We pay the Financial Advice Benefit if:

- we have paid or begun to pay the full Trauma Cover amount insured in respect of the life insured. We do not pay if we have only made a partial payment of the Trauma Cover amount insured or paid the Limited Death Benefit
- the financial plan was prepared by an Australian Financial Services Licensee or the Authorised Representative of such a licensee
- the person to whom we paid the Trauma Cover amount insured is the recipient of the advice
- the person to whom we paid the Trauma Cover amount insured paid the adviser service fee
- we receive evidence that is legible and unaltered of the financial plan within 12 months of the date we paid or began to pay the Trauma Cover amount insured. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided
- we have not already paid the Financial Advice Benefit under Life Cover or TPD Cover for the life insured
- we have not already paid a similar benefit under any other policy we issued in respect of the life insured.

We will not reimburse any commission paid to the **financial adviser** when the financial plan is implemented, nor any portion of the adviser service fee that is a commission.

If we paid the Trauma Cover amount insured to more than one person, we will divide the amount of this benefit between them in the same proportions as we paid the Trauma Cover amount insured.

Accommodation Benefit

Under this benefit, we reimburse accommodation costs of an **immediate family member** up to $500 per day. We pay for each day the life insured is confined to bed and the **immediate family member** is away from their **home**, up to 30 days.

We pay the Accommodation Benefit if all the following apply:

- we have paid or are paying the full Trauma Cover amount insured for the life insured
- a **medical practitioner** certifies that the life insured must remain confined to bed due to the trauma condition for which we paid the Trauma Benefit
- either:
  - the life insured is more than 100 kilometres from their **home** and an **immediate family member** must travel from their **home** to be with the life insured
  - an **immediate family member** must travel more than 100 kilometres from their **home** to be with the life insured.

You must claim this benefit within six weeks of the Trauma Benefit being paid. We must receive evidence acceptable to us of the life insured's confinement to bed and payment of the accommodation costs.

Standard features and extra cost options

Trauma Cover includes several standard features, as well as options available at extra cost.

Standard features

- Future Insurability
- Indexation
- Premium Freeze
- Life Cover Buy Back*
- Pregnancy Premium Waiver.^

Standard features marked with a '*' are not available for Severity Trauma Cover.

Standard features marked with a '^' are not available for Comprehensive or Premier Cover.

Options available at extra cost

No extra cost options are available for Severity Trauma Cover.

- Double Trauma
- Life Cover Purchase
- Trauma Cover Reinstatement
- Premier Maximiser
- Business Guarantee
- Premium Waiver Disability
- Value Protector.

Not all options and features are available with all types of Cover. Please see from page 53 for a detailed explanation of these features and options.

SuperLink Trauma

You can 'link' a life insured's Trauma Cover with Life Cover and/or TPD Cover under a separate OneCare policy held through super.

This is called SuperLink Trauma.

We will issue each policy separately, as well as two Policy Schedules. We will also issue two annual review packs each year.

However, because the policies are linked, a benefit payment under one Cover reduces the amount insured of every other linked Cover.

SuperLink Trauma allows premiums for the Life Cover and/or TPD Cover to be funded through super. It also results in lower premiums for Trauma Cover than stand-alone Trauma Cover.

The Policy Schedule will show if the policy in respect of a life insured is linked to another policy under a SuperLink Trauma arrangement.

Non-working TPD definitions held through super and outside super cannot be linked

Severity, Comprehensive and Premier Covers can be linked in a SuperLink Trauma arrangement.

However, you cannot link Trauma Cover under a SuperLink arrangement with TPD Cover that has the 'Super Non-working TPD' or 'Non-working TPD' definitions. You can link Trauma Cover to TPD Cover that has any other TPD definitions available.

Certain features of both policies must be the same

Under SuperLink Trauma, the following must be the same under both policies:

- the life insured

However, under each policy you can have different:

- methods of payment
- payment frequency
- amounts insured, however if Trauma Cover is linked to Life Cover the Trauma Cover amount insured cannot exceed the Life Cover amount insured
- increases in Cover, including indexation
- premium type, for example stepped or level
- extra cost options.

When SuperLink Trauma ends

A SuperLink Trauma arrangement ends on the earlier of the date:

- of any circumstance set out under 'When Trauma Cover ends' on the adjacent column
- the **linked policy** is cancelled or avoided (any applicable premium refund will be paid to the policy owner)
- we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the SuperLink Trauma Cover arrangement.

When Trauma Cover ends

Trauma Cover for a life insured will end and your eligibility for any benefit under Trauma Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 70
- **Cover expiry date** for the life insured's Trauma Cover shown on the Policy Schedule
- date we pay the full Trauma Cover lump sum or begin to pay the instalment amount insured
- date we receive written notification from you to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date we pay or begin to pay a benefit under Life Cover under this policy or a **linked policy** that reduces the Trauma Cover amount insured under this policy to zero
- date we pay or begin to pay a benefit under TPD Cover under this policy or a **linked policy** that reduces the Trauma Cover amount insured under this policy to zero
- date the life insured dies.

CHILD COVER

Child Cover is designed with the whole family in mind.

It is a way of insuring children for various trauma events, such as cancer, terminal illness and death.

This Cover converts at age 21 to Life Cover with attached Trauma Comprehensive Cover or Severity Trauma Cover without the need for further medical underwriting.

Choosing the right Cover

This section explains the benefits and features of Child Cover.

Child Cover can be owned by the child's parents, grandparents or other full time carers with prior approval.

There is no limit to the number of children who can be insured under the one policy.

Benefits and features snapshot

We offer Child Cover with the following benefits and features, which we explain below:

Key benefit

Policy ownership	Benefit	Page
Non Super	Child Cover Benefit	49

Additional benefit

Policy ownership	Benefit	Page
Non Super	Accommodation Benefit	50

Standard features

Policy ownership	Feature	Page
Non Super	Continuation of Child Cover	50
Non Super	Conversion of Child Cover	50
Non Super	Indexation	57

Important features of Child Cover

Available only outside super

Child Cover is only available under a policy held outside super.

Only available with other Cover

Child Cover is only available if the policy owner has another OneCare Cover under the same policy.

When Cover starts

Child Cover for an insured child starts on the **Cover start date** for Child Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages for a life insured under Child Cover.

Limits on the amount of Cover apply

Please see page 14 for details of the minimum and maximum amounts of Child Cover you can apply for.

Stepped premiums only

Child Cover is only available with stepped premiums.

Lump sum benefits only

We pay a Child Cover Benefit as a single lump sum only.

The instalment benefit payment type is not available for Child Cover benefits.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Child Cover in some circumstances. Please see from page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if Child Cover applies, and the:

- names of the insured child or children
- Child Cover amount insured for each insured child.

Key benefit — Child Cover Benefit

This section explains the key benefit under Child Cover.

When we pay

We pay the Child Cover Benefit if the insured child dies while Child Cover for the insured child is in force.

We also pay the Child Cover Benefit if all the following are satisfied:

- one of the trauma conditions listed below first occurs or is first diagnosed for an insured child while the Child Cover for the insured child is in force
- the symptoms leading to the trauma condition mentioned above occurring or being diagnosed, only first become **reasonably apparent** while the Child Cover for the insured child is in force
- a **medical practitioner** diagnoses and certifies the trauma condition and we agree with that diagnosis and certification. If we do not agree, we will let you know why that is and will discuss with you what your options are
- for those trauma conditions marked with a '†' in the list below, the **medical practitioner** referred to above is an **appropriate specialist**
- for those trauma conditions marked with a '*' in the list below, the 90 day qualifying period has been satisfied.

Trauma conditions

The insured child is covered for the trauma conditions listed below. These conditions are defined on pages 111 to 118:

- Aplastic anaemia (requiring treatment)
- Blindness (permanent in both eyes)
- Benign brain tumour (permanent impairment or requiring surgical intervention)†
- Benign spinal tumour (permanent impairment or requiring surgical intervention)†
- Brain damage (permanent impairment)†
- Burns (severe)
- Cancer (excluding less advanced cases)*†
- Cardiomyopathy (permanent and irreversible)
- Deafness (permanent in both ears)
- Encephalitis (permanent and irreversible)
- Head trauma (permanent and irreversible)†
- Kidney failure (end stage)
- Loss of speech (permanent)
- Loss or paralysis of limb (permanent)
- Meningitis and/or meningococcal disease (permanent and irreversible)
- Organ transplant (major)
- Stroke (diagnosed)*†
- Terminal illness†.

90 day qualifying period

The 90 day qualifying period applies to each trauma condition marked with a '*' in the list in the adjacent column.

We will not cover or pay any benefit for any such trauma condition if the condition first occurs or is first diagnosed during the first 90 days after we receive certain applications. These applications are a:

- complete application for Child Cover
- request to reinstate Child Cover
- complete application for an increase to the Child Cover amount insured, regarding the increased portion only.

We will also not pay any benefit for any such trauma condition if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** during the 90 day qualifying period explained above.

If the insured child suffers **cancer (excluding less advanced cases)** during the 90 day qualifying period, we will not pay a Child Cover Benefit for any other related occurrences of **cancer (excluding less advanced cases)** or trauma conditions which result from that **cancer (excluding less advanced cases)**.

However, the qualifying period will not apply to any part of the Child Cover amount insured which replaces similar insurance if all the following apply:

- any similar qualifying period has expired for the same conditions or events in the policy to be replaced. This includes qualifying periods which were applied to the policy after it commenced due to, for example, reinstatements or increases
- the policy to be replaced is cancelled immediately after we issue this policy
- no claim is payable or pending under the policy to be replaced.

The policy to be replaced can be a policy issued by us or by another insurer.

If the Child Cover amount insured under this policy exceeds that of the policy to be replaced, the 90 day qualifying period will still apply to the excess amount.

The amount we pay

The amount we pay is the Child Cover amount insured for the insured child as at the date the entitlement to the Child Cover Benefit arises.

This is the amount insured shown on the Policy Schedule, adjusted by increases under the indexation option, if applicable.

We pay the Child Cover Benefit as a lump sum.

Additional benefit

The section explains the additional benefit automatically included with Child Cover.

Accommodation Benefit

We pay the Accommodation Benefit if all the following apply:

- we have paid the Child Cover amount insured for an insured child
- a **medical practitioner** certifies that the insured child must remain confined to bed due to the trauma condition for which we paid the Child Cover Benefit
- either:
  - the insured child is more than 100 kilometres away from their **home** and an **immediate family member** must travel from their **home** to be with the insured child
  - an **immediate family member** must travel more than 100 kilometres from their **home** to be with the insured child.

Under this benefit we will reimburse the accommodation costs of the **immediate family member** up to $500 per day. We pay for each day the insured child is confined to bed and their **immediate family member** is away from their **home**, up to 30 days.

You must claim this benefit within six weeks of the Child Cover Benefit being paid. We must receive evidence that is legible and unaltered of the insured child's confinement to bed and payment of the accommodation costs. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

Standard features

Child Cover includes these standard features:

- Continuation of Child Cover
- Conversion of Child Cover
- Indexation.

Continuation of Cover and Conversion of Child Cover are explained below. Indexation is explained on page 57.

Continuation of Child Cover

If the policy owner dies, or a claim is paid leaving Child Cover as the only Cover under the policy, the insured child can continue Child Cover through a new policy. The insured child will be the policy owner of the new policy.

The insured child must be at least 10 years old, and parent or guardian consent is required if the child is under 16 years.

If this option is exercised, we will provide Child Cover under the new policy even if there is no other Cover under the new policy.

Conversion of Child Cover

On the policy anniversary when the insured child is age 21, we will offer the policy owner the opportunity to apply for Life Cover and attached Trauma Comprehensive Cover or Severity Trauma Cover for the insured child. The amount of new Cover can be up to the Child Cover amount insured immediately before the Child Cover ceasing. The policy owner will not need to provide medical or other evidence.

If neither Severity Trauma or Trauma Comprehensive Covers are available when the conversion occurs, we will offer the attached Trauma Cover that we consider to be the most like Severity Trauma or Trauma Comprehensive Cover.

We must receive the policy owner's written acceptance of the offer within 30 days of the offer being made. If we do, the new Life and Trauma Cover in respect of the insured child will commence immediately after the Child Cover ceases.

The policy owner can choose the new Cover to be issued under their existing OneCare policy, or under a new policy with the insured child as the policy owner.

We will calculate the premium for the new Cover based on the premium rates applying when this option is exercised. We will also consider the life insured's then current occupation and smoking status.

We will also apply to the new Cover any exclusions, or medical or hazardous pursuits loadings, that applied to the original Child Cover.

When Child Cover ends

Child Cover for an insured child will end and your eligibility for any benefit under Child Cover will cease automatically on the earliest of the:

- policy anniversary when the insured child is age 21
- **Cover expiry date** for the insured child's Child Cover shown on the Policy Schedule
- date we pay the full Child Cover amount insured
- date there ceases to be any other Cover type under the policy except Child Cover (unless Continuation of Child Cover is exercised)
- date we receive your written notification to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date the insured child dies.

EXTRA CARE COVER

Extra Care Cover provides a way of topping up your OneCare Cover with individual elements of:

- Accidental Death Cover
- Terminal illness Cover
- Extended Needle Stick Cover.

Choosing the right Cover

This section explains the benefits, features and option of the Extra Care Cover we offer.

Extra Care Cover is designed to complement your other OneCare Cover. Extra Care Cover is only available if you purchase another OneCare Cover under the same policy. Further, Extra Care Cover is not a built-in feature of your other Cover. To have Extra Care Cover, you must select it.

Benefits and features snapshot

We offer Extra Care Cover with the following benefits, features and option, which we explain below in the following sections of this PDS:

Key benefits

Policy ownership	Benefit	Page
Non Super, Super	Extra Care Accidental Death Benefit	52
Non Super, Super	Extra Care Terminal Illness Benefit	52
Non Super	Extra Care Extended Needle Stick Benefit	52

Standard features

Policy ownership	Feature	Page
Non Super, Super	Future Insurability	53
Non Super, Super	Indexation	57

Option available at extra cost

Policy ownership	PDS section	Page
Non Super, Super	Premium Waiver Disability	63

Important features of Extra Care Cover

You can have Cover held outside or through super

You can hold Extra Care Cover under a policy held outside super or held through super.

However, not all benefits are available if your Cover is held through super.

This PDS will tell you if a benefit, option or feature is not available to Cover held through super.

Only available with other Cover

Extra Care Cover is only available if you hold another Cover under the same policy.

When Cover starts

Extra Care Cover for a life insured starts on the **Cover start date** for Extra Care Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages for a life insured under Extra Care Cover.

Limits on the amount of Cover apply

Please see page 14 for details of the minimum and maximum amounts of Extra Care Cover that can be applied for.

Stepped premiums only

Extra Care Cover is only available with stepped premiums.

We pay one benefit at a time

We will only make one Extra Care Cover benefit payment for a life insured within any 12 month period, even if the life insured suffers from or is diagnosed with more than one of the insured events under this Cover.

However, payment of one Extra Care Cover benefit will not reduce any other Extra Care Cover benefit amount insured or any other Cover under the policy.

Lump sum benefits only

We pay an Extra Care Cover benefit as a single lump sum only.

The instalment benefit payment type is not available for Extra Care Cover benefits.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Extra Care Cover in some circumstances. Please see from page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if Extra Care Cover applies to the life insured, and if so:

- the Extra Care Cover benefit which applies. This can be the Extra Care Accidental Death Benefit, Extra Care Terminal Illness Benefit, and/or Extra Care Extended Needle Stick Benefit
- the amount insured for each Extra Care Cover benefit.

Extra Care Cover benefits

This section explains the Extra Care Cover benefits we offer.

The Extended Needle Stick Benefit is not available for Cover held through super.

The benefits that apply to your Cover are set out in the Policy Schedule. An Extra Care Cover benefit does not apply to your Cover unless it is set out in your Policy Schedule.

Extra Care Accidental Death Benefit

This benefit only applies to Cover for a life insured if shown on the Policy Schedule.

We pay the Extra Care Accidental Death Benefit if the life insured suffers an **accidental death** while Extra Care Accidental Death Benefit Cover for the life insured is in force.

The amount we pay is the Extra Care Accidental Death Benefit amount insured on the date the life insured dies.

On payment of the Extra Care Accidental Death Benefit, the Extra Care Accidental Death Benefit Cover ceases.

Extra Care Terminal Illness Benefit

This benefit only applies to Cover for a life insured if it is shown on the Policy Schedule.

We pay the Extra Care Terminal Illness Benefit if the life insured both:

- is diagnosed with a **terminal illness** while the Extra Care Terminal Illness Benefit Cover for the life insured is in force
- survives without life support for eight days after either:
  - an **appropriate specialist** diagnoses that the life insured is **terminally ill**, if the policy is held outside super
  - two registered **medical practitioners,** with at least one being an **appropriate specialist,** diagnose that the life insured is **terminally ill**, where the policy is held through super. At least one of the **medical practitioners** must be a specialist in the area related to the **illness**.

The amount we pay is the Extra Care Terminal Illness Benefit amount insured as at the date the entitlement to this benefit arises.

On payment of the Extra Care Terminal Illness Benefit, the Extra Care Terminal Illness Benefit Cover ceases.

Extra Care Extended Needle Stick Benefit

This benefit only applies to Cover for a life insured if shown on the Policy Schedule.

We pay the Extra Care Extended Needle Stick Benefit if the life insured suffers either **HIV (occupationally acquired)** or **Hepatitis B or C (occupationally acquired)** while the Extra Care Extended Needle Stick Benefit Cover for the life insured is in force.

The **HIV (occupationally acquired)** or **Hepatitis B or C (occupationally acquired)** infection may be acquired through needlestick or in other ways such as through airborne particles like bone dust, sprays and splashes.

The amount we pay is the Extra Care Extended Needle Stick Benefit amount insured as at the date the entitlement to the benefit arises.

On payment of the Extra Care Extended Needle Stick Benefit, the Extra Care Extended Needle Stick Benefit Cover ceases.

Your current occupation will determine if the Extended Needle Stick Benefit is available for you. Your **financial adviser** will be able to determine this for you.

Indexation

We increase the Extra Care Accidental Death Benefit amount insured, Extra Care Terminal Illness Benefit amount insured and Extra Care Extended Needle Stick Benefit amount insured under indexation, if applicable. Please see page 57.

Standard features and extra cost option

Extra Care Cover includes several standard features as well as an option available at extra cost.

Standard features

- Future Insurability
- Indexation.

Option available at extra cost

- Premium Waiver Disability

Please see pages 53 to 63 for a detailed explanation of these features and options.

When Extra Care Cover ends

All Extra Care Cover for a life insured will end and your eligibility for any benefit under Extra Care Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 65
- **Cover expiry date** for the relevant Extra Care Cover of the life insured shown on the Policy Schedule
- full payment of the amount insured for each Extra Care benefit, as applicable
- date there ceases to be any other Cover types on the policy except Extra Care Cover
- date we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date the life insured ceases to be a member of the master trust – if the policy is held through an external super master trust
- for OneCare Super, the date the life insured:
  - ceases to be a member of the Fund, or
  - is no longer able to make super contributions, or roll over or transfer existing super amounts from other OnePath superannuation products or external superannuation products
- date the life insured dies.

STANDARD FEATURES OF LUMP SUM COVERS

As your life changes, your life insurance may need to change with it.

Your OneCare policy includes many features that help ensure your Cover adapts to future needs. Most of the features explained below come standard at no extra cost to Life, TPD and Trauma Cover.

Not all features are available under Extra Care and Child Covers. Some features are only available to certain types of Life, TPD or Trauma Cover. The section below will explain if a feature is not available to a particular Cover.

Future Insurability

Does not apply to Child Cover.

Under Future Insurability, if a specified event occurs, the policy owner (or the life insured under OneCare Super) can apply to increase the Life, TPD, Trauma and/or Extra Care Cover amount insured. We will not require further medical evidence, but may require financial evidence.

The specified event referred to above must be one of the personal, business or policy events described in the tables on pages 54 to 57.

An application can be made for one increase for one personal, business or policy event only once in any 12 month period across all policies we have issued covering the life insured.

The relevant amount insured will not increase unless and until we accept the application.

Future Insurability increases are only available if all the following conditions are met:

- the life insured is under age 55
- the life insured was age 50 or under when the policy started
- the total to which an amount insured can be increased under this option cannot exceed the maximum amount of Cover available for that Cover type
- we did not apply a medical loading greater than 50% on the original Cover, as shown on the Policy Schedule
- on the application date, neither the life insured, the policy owner nor anyone else has claimed or is entitled to claim in respect of the life insured under this policy or another policy we issued
- each proposed increase to an amount insured is for a minimum lump sum amount of $10,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**
- the amounts increased for a particular event under future insurability rights under all policies we issued for the life insured cannot, in total, exceed the limit stated in the tables on page 14. We will limit an individual increase under this policy for an event so the applicable limit is not exceeded
- for each Cover type, the sum of the increases across all policies we have issued in respect of the life insured do not exceed the lesser of:
  - a lump sum amount of $1 million, or if an instalment benefit payment type applies, an **equivalent instalment amount**
  - the amount insured for each Cover type at the **Cover start date**.
- for personal events, the application to increase the relevant amount insured is made within 30 days of either the:
  - occurrence of the personal event
  - policy anniversary following the personal event.
- for business events and policy events, the application to increase the relevant amount insured is made within 30 days of the policy anniversary following the business or policy event, as applicable
- all conditions set out for the relevant personal, business or policy event in the tables on pages 54 to 57 are met
- if the Business Guarantee Option applies, it has not been exercised for the same event.

Any exclusions, loadings or special conditions that apply to the existing Cover will apply to the increased amount.

Future Insurability is not available under the Business TPD definition.

Limits to benefits in the first six months

Limits on increases for various personal and policy events

We limit benefits during the first six months after we increase the Life, TPD and/or Trauma and/or Extra Care Accidental Death Cover amount insured for a life insured under Future Insurability.

We limit benefits if the increase under Future Insurability was made in respect of the life insured's:

- mortgage
- marriage
- **dependant child** starting secondary school
- salary package increase
- obtaining of an undergraduate degree
- **spouse** dying
- divorce
- third policy anniversary
- becoming a carer
- change in tax dependency status.

In particular, we will pay the increased portion of the Life Cover amount insured only if the life insured suffers an **accidental death**.

We will pay the increased portion of the TPD Cover amount insured only if the life insured suffers **accidental total and permanent disablement**.

We will pay the increased portion of the Trauma Cover amount insured only if the life insured suffers an **accidental trauma condition**.

Limits on increases for business events

We also limit benefits during the first six months after increasing the TPD and/or Trauma amount insured for a life insured if the increase was because of the:

- increased value of the life insured's financial interest in their business
- increased value of the life insured, as a key person, to the business.

In particular, we will pay the increased portion of the TPD Cover amount insured only if the life insured suffers **accidental total and permanent disablement**.

We will pay the increased portion of the Trauma Cover amount insured only if the life insured suffers an **accidental trauma condition**.

Limits on increases for birth or adoption

We limit benefits during the first six months after increasing a life insured's TPD Cover and/or Trauma Cover amount insured if the increase was because of the birth or adoption of the life insured's child.

We will pay the increased portion of the TPD Cover amount insured which exceeds $50,000 only if the life insured suffers **accidental total and permanent disablement**. If an instalment benefit payment type applies, the reference to $50,000 is to an **equivalent instalment amount**.

We will pay the increased portion of Trauma Cover amount insured which exceeds $50,000 only if the life insured suffers an **accidental trauma condition**. If an instalment benefit payment type applies, the reference to $50,000 is to an **equivalent instalment amount**.

Table: Conditions for Future Insurability

In all cases, a completed Future Insurability Increase Application Form must be provided.

Personal events (Must occur after the Cover start date)	Evidence required (All must be provided)	Type and amount of Cover that may be increased
The life insured either: • takes out a new mortgage • increases an existing mortgage, excluding re-draw and refinancing. This increase may be with an existing or different mortgage provider. The mortgage must be on the life insured's principal place of residence and must be with an **accredited mortgage provider**.	Written confirmation from the life insured's **accredited mortgage provider** of either the: • amount and effective date of the mortgage, where the life insured takes out a new mortgage • amount of the mortgage immediately preceding the increase, the effective date of the increase and the current balance of the increased mortgage, where the life insured increases their mortgage.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 50% of the Life Cover amount insured or 25% of the TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • the amount of the mortgage, where the life insured takes out a new mortgage, or if an instalment benefit payment type applies, we will convert the amount of the mortgage to an **equivalent instalment amount** • the amount of the increase to the current mortgage balance, where the life insured increases an existing mortgage, or if an instalment benefit payment type applies, we will convert the amount of the increase to the current mortgage balance to an **equivalent instalment amount** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
The life insured or their **spouse** gives birth to or adopts a child.	A copy of the birth certificate for the child or the adoption documentation.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
The life insured's marriage.	A copy of the marriage certificate for a marriage recognised under the *Marriage Act 1961*.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
A **dependant child** of the life insured starts secondary school.	• Written confirmation of enrolment from the secondary school. • A copy of the birth certificate for the child or the adoption documentation.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

Personal events (Must occur after the Cover start date)	Evidence required (All must be provided)	Type and amount of Cover that may be increased
The life insured's annual salary package increases by 15% or more.	Written confirmation from the life insured's employer of their salary package before and after the increase.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • 10 times the amount of the salary package increase, or if an instalment benefit payment type applies, we will convert this amount to an **equivalent instalment amount** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount** An increase in the Life, TPD, Trauma or Extra Care Cover amount insured because of an annual salary package increase cannot occur if the life insured either: – is self-employed – is a controlling director of the employer or a holding company of the employer – can decide or control a decision on the amount of their own salary package. Salary package does not include any irregular payments such as bonuses that may not continue to be made in the future.
The life insured completes an undergraduate degree at a government recognised Australian university.	A copy of the certified transcript or degree obtained from the university.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
The life insured's **spouse** dies.	• A copy of the death certificate of the **spouse**. • Either: – a copy of the marriage certificate of the life insured and their **spouse** – a statutory declaration attesting to the existence of the relationship on a permanent and bona fide domestic basis that lasted at least six months, plus a personal document that is legible and unaltered indicating the relationship. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
The life insured's divorce.	A copy of the divorce certificate.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

Personal events (Must occur after the Cover start date)	Evidence required (All must be provided)	Type and amount of Cover that may be increased
The life insured becomes a carer for the first time and is financially responsible for care being provided and/or is physically providing the care.	A signed and dated letter from a **medical practitioner** confirming all the following: • that care is both necessary for medical reasons and likely to be required for at least six months continuously • that care was previously not required • the nature of the life insured's relationship with the person requiring care is that of an **immediate family member**.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.
The life insured ceases to have any tax dependants as defined by current law. **This event is not available if the life insured's Cover is under a policy held outside super.**	Statutory declaration that the life insured no longer has any tax dependants, and that this change in circumstance occurred within the previous 12 months.	The Life and Extra Care Accidental Death Cover amount insured may be increased by up to the lesser of: • 25% of the Life or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000. We will increase the amount insured under Future Insurability for this event only once during the period of the policy.

Business events (Must occur after the Cover start date)	Evidence required	Benefit
The life insured is a partner, shareholder, unit holder or similar principal in a **business** and this policy supports a written 'buy/sell' share purchase or business succession agreement, and the value of the life insured's financial interest in the **business** increases. We will measure the life insured's financial interest in the **business**, considering their share of the net value of the **business** after allowing for business liabilities. This will be determined by a professionally qualified and practising accountant or an appropriately qualified business valuer. Your submitted document should be legible, unaltered and include evidence that supports your request. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided. **This event is not available if the life insured's Cover is under a policy held through super.**	• A completed Future Insurability Increase Application Form which may require you to provide information about various matters including both: – the net value, assets and liabilities of the **business** and the life insured's financial interest in the **business** for the last three years – details of the **business** results for the last three years. • We may require additional information. This may include copies of the audited business results or business accounts if available. It may also include other documents substantiating the life insured's increased financial interest in the **business** and the method chosen to value the **business**.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • the increase in the value of the life insured's financial interest in the **business**, or if an instalment benefit payment type applies, we will convert this amount to an **equivalent instalment amount** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

Business events (Must occur after the Cover start date)	Evidence required	Benefit
The life insured is a 'key person' in a **business** and their value to the **business** increases. The life insured is a key person if they are crucial to the operation of the **business** and it can be reasonably demonstrated to us that the **business** would suffer a financial loss if the life insured died or suffered **disability**. We will measure the life insured's increased value to the **business** considering their gross remuneration package, including their share of any distributed net profit of the **business**. This will be determined by a professionally qualified and practising accountant. **This event is not available if the life insured's Cover is under a policy held through super.**	• A completed Future Insurability Increase Application Form which may require you to provide information about various matters including: – the life insured's gross remuneration package for the last three years – the proportion of the net profits of the **business** that we determine can fairly be attributed to the life insured – details of the **business** results for the last three years. • We may require additional information. This information may include copies of the audited business results or business accounts if available, tax returns, or other documents substantiating the life insured's increased value to the **business**.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • five times the average of the last three consecutive annual increases in the life insured's gross remuneration package, or if an instalment benefit payment type applies, we will convert this amount to an **equivalent instalment amount** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

Policy events (Must occur after the Cover start date)	Evidence required	Benefit
The life insured has not increased their Life, TPD, Trauma or Extra Care Cover amount insured under Future Insurability both: • during the first three years since the **Cover start date** • every three year period afterwards.	A completed Future Insurability Increase Application Form.	The Life, TPD, Trauma and Extra Care Cover amount insured may be increased by up to the lesser of: • 25% of the Life, TPD, Trauma or Extra Care Cover amount insured (as applicable) at the **Cover start date** • $200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

Indexation

Applies to your Cover only if it is shown in the Policy Schedule.

If indexation applies, at each policy anniversary the amount insured for Life Cover, TPD Cover, Trauma Cover, Child Cover and Extra Care Cover will automatically increase by the greater of:

- the '**indexation factor**'
- a percentage amount we choose to offer from time to time
- 5%.

As the sum insured increases, the premium may also increase. Payment of the premium will constitute your acceptance of the increase in Cover due to indexation.

The policy owner under OneCare, or the life insured under OneCare Super, can decline the increase in any year by notifying us within 30 days of the policy anniversary.

The policy owner under OneCare, or the life insured under OneCare Super can also tell us to stop indexation permanently. However, we may ask for medical information if you later wish to reinstate indexation.

If a TPD SuperLink arrangement exists, we will apply any changes to the amount insured in one policy to the other **linked policy**.

When indexation ends

We will cease to offer indexation for a Cover on the earlier of:

- the **Cover expiry date** shown on the Policy Schedule
- for Life Cover, TPD Cover and Trauma Cover, when the Premium Freeze is exercised. Please see page 58.

Indexation factor

We determine the '**indexation factor**' each year based on the percentage increase in the Consumer Price Index (CPI). We use the CPI weighted average of eight capital cities combined, as published by the Australian Bureau of Statistics or its successor, for the 12 month period ending on 31 December each year. We apply the **indexation factor** from 1 May in the following year.

If the CPI reduces over the relevant period, the **indexation factor** will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next **indexation factor**.

If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.

Premium Freeze

Only available for Life Cover, TPD Cover and Trauma Cover with stepped premiums. Not available for Extra Care Cover or Child Cover, Cover under SuperLink arrangements or Cover with level premiums.

If Premium Freeze is activated for a Cover, at each policy anniversary date we:

- fix the premium for the Cover at the level that applied before the policy anniversary
- recalculate the amount insured for the Cover, so the amount insured generally reduces to the amount which can be purchased by the fixed premium based on the premium rates that apply at the time
- continue to adjust the Policy Fee by the **indexation factor**.

While Premium Freeze is activated for a Cover:

- the amount insured for the Cover cannot be less than $10,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**. If the amount insured reduces below this minimum level, the Premium Freeze will end. We will then recalculate the premium for the Cover so the amount insured does not reduce below this minimum level
- Indexation and Future Insurability increases to the Cover amount insured are not available.

The policy owner under OneCare, or the life insured under OneCare Super, may activate Premium Freeze for a Cover. They can do so by applying in writing to us within 30 days of the policy anniversary.

The Policy Schedule will show if Premium Freeze is activated for a Cover.

The policy owner under OneCare, or the life insured under OneCare Super, may cancel Premium Freeze for a Cover by applying in writing to us within 30 days of the policy anniversary. However, Premium Freeze cannot be cancelled while we are waiving premiums for the Cover under the Premium Waiver Disability Option. The cancellation of Premium Freeze is subject to our approval.

If Premium Freeze is cancelled, the policy owner under OneCare, or the life insured under OneCare Super, may also apply to recommence indexation increases. The recommencement of indexation increases is subject to our approval.

Life Cover Buy Back (TPD)

Only available if TPD Cover is attached to Life Cover, as shown in the Policy Schedule. Not available under the Business TPD definition. Not available for stand-alone TPD Cover or TPD Cover attached to Trauma Cover only.

If we pay or begin to pay the full TPD Cover insured for a life insured, the policy owner (or the life insured under OneCare Super) can buy back Life Cover for the life insured.

Life Cover can be bought back up to the amount of the **TPD Benefit** we paid or are paying.

We will make the offer 12 months after the later of the date we receive the completed claim form and the date the life insured satisfied the TPD definition.

We must receive written acceptance of our offer within 30 days of the offer being made.

Life Cover Buy Back cannot be exercised if either:

- we have previously paid a Terminal Illness Benefit for the life insured
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- the Double TPD Option applies for the life insured. Please see page 61
- we have paid or begun to pay less than 100% of the TPD Cover amount insured or instalment amount insured, including a **Partial TPD Benefit**.

  If we subsequently pay or begin to pay 100% of the TPD Cover amount insured or instalment amount insured, Life Cover Buy Back can be exercised for the total **TPD Benefits** paid.

The premium for the new Life Cover will be based on the premium rates applying at the time Life Cover is bought back.

Any loadings and exclusions under the original Life Cover will apply to the new Life Cover. The new Life Cover will also have the same benefit payment type as the original Cover.

Future Insurability, Premium Waiver Disability Option, Serious Disability Premium Waiver and the Business Guarantee Option are not available to the new Life Cover.

Life Cover Buy Back (Trauma)

Only available if Trauma Cover is attached to Life Cover as shown on the Policy Schedule. Not available for Severity Trauma Cover, stand-alone Trauma Cover or Trauma Cover attached to TPD Cover only.

If we pay or begin to pay the full trauma amount insured for a life insured, we will offer you the opportunity to buy back Life Cover for the life insured.

You can buy back Life Cover up to the amount of the Trauma Benefit we paid or are paying.

We will offer Life Cover Buy Back either:

- six months after the later of the date we receive the completed claim form and the date the life insured first satisfies any of the following trauma conditions:
  - Alzheimer's disease (diagnosed)
  - blindness (permanent in both eyes)
  - deafness (permanent in both ears)
  - dementia (diagnosed)
  - loss or paralysis of limb (permanent)
  - multiple sclerosis (diagnosed)
  - Parkinson's disease (diagnosed).
- 12 months after the later of the date we receive your completed claim form and the date the life insured first satisfies any other trauma condition not listed above.

We must receive your written acceptance of our offer within 30 days of the offer being made.

Life Cover Buy Back cannot be exercised if either:

- we have previously paid a Terminal Illness Benefit for the life insured
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- the Double Trauma Option applies to the life insured. Please see page 61
- we have paid or began to pay less than 100% of the Trauma Cover lump sum or instalment amount insured.

  If we subsequently pay or begin to pay 100% of the Trauma Cover amount insured or instalment amount insured for another trauma condition, you can exercise Life Cover Buy Back for the total Trauma Cover amount paid.

The premium for the new Life Cover will be based on the premium rates applying at the time Life Cover is bought back.

Any loadings and exclusions under the original Life Cover will apply to the new Life Cover. The new Life Cover will also have the same benefit payment type as the original Cover.

Future Insurability, Serious Disability Premium Waiver, Premium Waiver Disability Option and the Business Guarantee Option are not available to the new Life Cover.

Pregnancy Premium Waiver

Only available for Severity Trauma Cover.

If the life insured becomes pregnant while this Cover is in force, we will waive the premiums under Severity Trauma Cover for up to a maximum of six months over the life of the policy.

Premiums may be waived during any period that:

- begins no earlier than the start of the life insured's second trimester, and
- finishes no later than six months from the date of birth of the life insured's child.

This benefit will only apply if the Cover under this policy has been continually in force for at least six months prior to the date the life insured becomes pregnant and at the time of the application to waive premiums they are not working in a gainful occupation.

You must notify us in writing when you wish to apply to waive premiums under this benefit and provide us with a certificate of the life insured's pregnancy from a **medical practitioner**.

The Pregnancy Premium Waiver will end if the life insured returns to work (whether in their **regular occupation** or any other occupation) or when a total of six months of premiums have been waived over the life of the policy.

If Severity Trauma Cover is the only Cover in force for the life insured, we will also waive the Policy Fee payable in respect of the life insured during the period that premiums are being waived under the Pregnancy Premium Waiver. If other Cover is in force for the life insured, we will continue to charge the Policy Fee and the premiums for the other Cover.

Extra cost options for lump sum Covers

OneCare offers extra cost options so you can further tailor your Cover to your requirements.

These extra cost options are not available for Child Cover.

Some of the options are not available for some types of Cover. This PDS will explain where an option is not available.

Business Guarantee Option

This option only applies to a Cover for a life insured if it is shown on the Policy Schedule.

This option is not available under Severity Trauma Cover, Extra Care Cover, Child Cover or under TPD Cover with the Business TPD definition.

The Business Guarantee Option applies for Cover taken out for a 'business insurance purpose' we approve.

This option allows the policy owner, or the life insured under OneCare Super, to apply to increase the amount insured for that Cover without supplying medical evidence. This can be done when the value associated with the business insurance purpose increases and if all conditions set out on the following page are met.

A 'business insurance purpose' includes key person insurance, loan guarantee insurance and insurance which supports a written business succession agreement, including buy/sell or share purchase agreements. A business insurance purpose also includes any other business insurance purpose we approve.

To apply for this option, the life insured must be within the required entry ages for each of the Covers for stepped premiums or aged between 15 and 60 for level premiums. Please see page 16.

Limits on increase in Cover

Each of the following limits and conditions will apply to a proposed increase under this option.

1. An application to increase can only be made once in any 12 month period.
2. The reason for each proposed increase must concern the business insurance purpose we originally approved. The proposed increase must not exceed the increase in value associated with that purpose.

   We will calculate the value associated with the business insurance purpose when the application is made under this Option. We will use the same methodology we used to calculate that value under the original application for Cover.
3. The total to which an amount insured can be increased over the life of the policy cannot exceed the lesser of:
   - three times the original amount insured
   - the following lump sum amounts:
     - Life Cover – $15 million
     - TPD Cover – $5 million. Except for white collar occupations, amounts greater than $3 million are to be purchased as Non-working TPD, or Super Non-working TPD under Cover held through super
     - Trauma Cover – $2 million.
   - the maximum amount of Cover available for that Cover type. Please see page 14.
4. If more than three years have passed since this option started and no Cover has increased under this option in the previous three years, we limit the maximum individual increase available. The limit will be the lesser of:
   - the increase in value associated with the business insurance purpose
   - three times the original amount insured
   - the following lump sum amounts:
     - Life Cover – $2 million
     - TPD Cover – $2 million
     - Trauma Cover – $2 million.
5. We will limit any future increase if the amount insured at the **Cover start date** is less than the value associated with the business insurance purpose. We limit an increase so the proportion the increased amount insured bears to the value associated with the business insurance purpose does not exceed the proportion that applied at the **Cover start date**.

Evidence required

An application under this option must include:

1. for 'buy/sell', share purchase or business succession purposes – a current valuation of the **business** by a qualified accountant or business valuer.

   The accountant or valuer can be the same person or firm who provided us with financial evidence of the value associated with the business insurance purpose under the original application for this option. They can also be any other person or firm we agree to, using the same methodology
2. for loan guarantee insurance purposes – a current loan statement or agreement detailing the loan balance and terms of the loan when the increase is applied for
3. for key person insurance purposes – current business financial statements and income tax returns for the most recent financial years and a calculation of how key person Cover need has been determined.

The application must also include confirmation the life insured is actively at work in their usual occupation when the increase is applied for.

We may also request further information to assess the application, except medical evidence.

When you cannot exercise this option

This option cannot be exercised if any of the following apply:

- an application has been submitted for an increase under Future Insurability for the same event. Please see page 53 for details of Future Insurability
- the policy owner, the life insured or another person has claimed, or is entitled to claim, in respect of the life insured under any policy we issued covering death, **terminal illness**, **TPD** or trauma. This includes this policy or any other policy we issued in respect of the life insured.

When you can remove this option

The policy owner, or the life insured under OneCare Super, can remove this option from a Cover, but only if we have never increased any Cover amount insured under this option.

Meaning of 'value associated with the business insurance purpose'

A life insured is a 'key person' to a business if they are crucial to the business operations and the business would suffer financial loss if the life insured died or became **disabled**. This must be able to be reasonably demonstrated to us.

In the context of key person insurance 'the value associated with the business insurance purpose' means the value of the life insured to the **business.**

In the context of 'loan guarantee insurance', 'the value associated with the business insurance purpose' means the amount of the business loan for which the life insured is personally responsible.

'Business succession agreement' means a legally binding agreement between business partners under which the life insured's share of the **business** is to be purchased by another partner when defined events occur. In this context 'the value associated with the business insurance purpose' means the value of the life insured's financial interest in the **business**.

Double TPD Option

Only available if TPD Cover is attached to Life Cover, as shown on the Policy Schedule. Not available under the Business TPD definition. Not available for stand-alone TPD Cover or TPD Cover attached to Trauma Cover only.

If the Double TPD Option is selected, it replaces the Life Cover Buy Back standard feature. Please see page 58.

Under this option, if we pay or begin to pay the full TPD Cover amount insured for a life insured, we will reinstate once only the Life Cover amount insured reduced by the **TPD Benefit** payment. The life insured must survive without life support for at least eight days after the date they satisfy the parts of the TPD definitions listed in the table below:

TPD definition	Parts of the TPD definition from page 33 to which the survival period applies
Any Occupation Own Occupation Home-maker SuperLink SIS Own Occupation	2, 3 and 4
Non-working Super Non-working	1 and 2

However, we will not reinstate Life Cover under this option if any of the following apply:

- we have previously paid a Terminal Illness Benefit for the life insured or the life insured is **terminally ill**
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- the life insured does not satisfy the survival period
- we pay or begin to pay only a part of the TPD Cover lump sum or instalment amount insured, including a **Partial TPD Benefit**.

  If we subsequently pay or begin to pay the full balance of the TPD Cover amount insured, we will reinstate Life Cover up to the TPD Cover amount insured.

We will waive premiums for the reinstated Life Cover from the date we pay the full TPD Cover amount insured or begin to pay the instalment amount insured. We waive premiums until the life insured dies.

Any exclusions under the original Life Cover will apply to the new Life Cover.

Indexation, Future Insurability and the Business Guarantee Option are not available under the reinstated Life Cover.

This option expires at the policy anniversary when the life insured is age 65.

Double Trauma Option

Only available where Trauma Cover is attached to Life Cover as shown on the Policy Schedule. Not available for Severity Trauma Cover, stand-alone Trauma Cover or Trauma Cover attached to TPD Cover only.

If the Double Trauma Option is selected, it replaces the Life Cover Buy Back standard feature. Please see page 59.

Under this option, if we pay or begin paying the full Trauma Cover amount insured for a life insured, we will reinstate once only the Life Cover amount insured that was reduced when we paid the Trauma Cover amount insured.

The life insured must survive for eight days without life support after the date of diagnosis of the condition, or the date of the procedure, for which we paid the Trauma Benefit.

The life insured must meet this survival period as well as any time requirement under the relevant trauma condition definition.

However, we will not reinstate Life Cover under this option if any of the following apply:

- we have previously paid a Terminal Illness Benefit for the life insured or the life insured is **terminally ill**
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- we pay or begin to pay less than 100% of the Trauma Cover amount insured or instalment amount insured.

  However, if we subsequently pay or begin to pay 100% of the Trauma Cover amount insured or instalment amount insured for another trauma condition, we will reinstate Life Cover up to the Trauma Cover amount insured.

We will waive premiums for the reinstated Life Cover from the date we pay or begin to pay the full Trauma Cover amount insured. We waive premiums until the life insured dies.

Any exclusions under the original Life Cover will apply to the new Life Cover.

Indexation, Future Insurability and the Business Guarantee Option are not available under the reinstated Life Cover.

This option ends at the policy anniversary when the life insured is age 65.

Example

Terry took out a policy with:

- Life Cover – $750,000
- Attached TPD Cover – $750,000
- Attached Trauma Cover – $400,000
- Extra cost option – Double Trauma.

The Covers are attached Covers meaning that any benefit paid under one Cover would reduce all Covers by the amount of the benefit paid.

After a successful claim under Trauma Cover, Terry received the Trauma Cover benefit of $400,000.

This reduced all his attached Covers by $400,000. However, the Double Trauma extra cost option immediately reinstated the reduced portion of his Life Cover.

Accordingly, Terry's policy now consists of:

- Life Cover = $750,000 ($400,000 of which has premiums waived)
- TPD Cover = $350,000
- Trauma Cover = $0.

Life Cover Purchase Option (TPD)

Only available with stand-alone TPD Cover or TPD Cover attached to Trauma Cover, if shown on the Policy Schedule. Not available under the Business TPD definition. Not available for TPD Cover attached to Life Cover.

If we pay or begin paying the full TPD Cover amount insured for a life insured, the policy owner (or the life insured under OneCare Super) can choose to purchase Life Cover for the life insured. Life Cover can be purchased up to the amount of the **TPD Benefit** we paid or are paying.

We will make the offer 12 months after the later of the date we received the completed claim form and the date the life insured satisfied the TPD definition.

We must receive written acceptance of the offer within 30 days of the offer being made.

This option can only be exercised once.

The Life Cover Purchase Option cannot be exercised if either:

- we have previously paid a Terminal Illness Benefit for the life insured
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- we have paid or begun to pay less than 100% of the TPD Cover amount insured or instalment amount insured, including a **Partial TPD Benefit**.

  However, if we subsequently pay or begin to pay 100% of the TPD Cover amount insured or instalment amount insured, this option can be exercised for the total **TPD Benefits** paid.

The premium for the new Life Cover will be based on the premium rates applying when the option is exercised.

Where relevent, any loadings, exclusions and benefit payment type under the original TPD Cover will apply to the new Life Cover.

Future Insurability, Serious Disability Premium Waiver, Premium Waiver Disability Option and the Business Guarantee Option are not available under the new Life Cover.

Life Cover Purchase Option (Trauma)

Only available with stand-alone Trauma Cover and Trauma Cover with attached TPD Cover, if shown on the Policy Schedule. Not available for Severity Trauma Cover or Trauma Cover attached to Life Cover.

If we pay or begin paying the full Trauma Cover amount insured for a life insured, we will offer you the opportunity to purchase Life Cover for the life insured. You can purchase Life Cover up to the amount of the Trauma Benefit we paid or are paying.

We will offer Life Cover Purchase either:

- six months after the later of the date we received your completed claim form and the date the life insured first satisfied any of the following trauma conditions:
  - Alzheimer's disease (diagnosed)
  - blindness (permanent in both eyes)
  - deafness (permanent in both ears)
  - dementia (diagnosed)
  - loss or paralysis of limb (permanent)
  - multiple sclerosis (diagnosed)
  - Parkinson's disease (diagnosed).
- 12 months after the later of the date we received your completed claim form and the date the life insured first satisfied any other trauma condition not listed above.

We must receive your written acceptance of the offer within 30 days of the offer being made.

You can only exercise this option once.

You cannot exercise the Life Cover Purchase Option if either:

- we have previously paid a Terminal Illness Benefit for the life insured
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- we have paid or begun to pay less than 100% of the Trauma Cover amount insured or instalment amount insured.

  However, if we subsequently pay or begin to pay 100% of the Trauma Cover amount insured or instalment amount insured for another trauma condition, you can exercise this option for the total Trauma Benefit paid.

The premium for the new Life Cover will be based on the premium rates applying when you exercise this option.

Where relevent, any loadings and exclusions under the original Trauma Cover will apply to the new Life Cover. The new Life Cover will also have the same benefit payment type that applied to the original Trauma Cover.

Future Insurability, Serious Disability Premium Waiver, Premium Waiver Disability Option and the Business Guarantee Option are not available under the new Life Cover.

Premium Waiver Disability Option

This option only applies to a Cover for a life insured if it is shown on the Policy Schedule. It is not available under Severity Trauma Cover or Child Cover.

Under the Premium Waiver Disability Option, we will waive premiums for Life Cover, TPD Cover, Trauma Cover and/or Extra Care Cover, as applicable from the date the life insured becomes 'disabled'. We waive premiums while the life insured is either:

- **on claim** under Income Secure Cover, Business Expense Cover or Living Expense Cover up until the policy anniversary when they are age 65
- 'disabled', after having been 'disabled' for six consecutive months, up until the policy anniversary when the life insured is age 65.

If we waive a premium under this option we will also refund any premiums for Cover during the:

- waiting period under Income Secure, Business Expense or Living Expense Cover
- first six consecutive months of the life insured's 'disability'.

Indexation increases will continue to apply to Covers for which premiums are being waived, and premiums which relate to any indexation increases will be waived.

If we are waiving premiums for all Covers under a policy for the life insured, we will also waive premiums for any Child Cover under the same policy.

Before we will waive premiums, you must pay any premium owing for any period before the entitlement to the Premium Waiver commences.

We will not waive premiums for:

- Life Cover provided under Life Cover Buy Back or the Life Cover Purchase Option
- Trauma Cover provided under the Trauma Cover Reinstatement Option.

The Premium Waiver Disability Option expires on the policy anniversary when the life insured is age 65, whether the life insured is **on claim** or not.

The following definitions apply in this section only:

'Disabled/disability' means that, as a result of **illness** or **injury**, the life insured either has been:

- unable to engage in any occupation for which they are reasonably suited by their education, training or experience – if the life insured was engaged in paid **employment** before disablement, or
- under the care of a **medical practitioner** and has been unable to perform 'normal domestic duties', leave their **home** unaided, or engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not engaged in paid **employment** prior to disablement)
- if you have Cover held through super – under the care of a **medical practitioner** and has been unable to perform 'normal domestic duties' and leave their **home** unaided and engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not engaged in paid **employment** before disablement).

'Normal domestic duties' means the tasks performed by a person whose sole occupation is to maintain their **home**. These tasks include unassisted cleaning of the **home**, cooking of meals for their family, doing their family's laundry, shopping for their family's food and taking care of **dependant children** (where applicable). 'Normal domestic duties' does not include duties performed outside the life insured's **home** for salary, reward or profit.

Value Protector Option

This option only applies to a Cover if it is shown on the Policy Schedule.

This option is only available if you have chosen a fixed term instalment benefit payment type. It is not available under Severity Trauma Cover, Trauma Premier, Extra Care Cover, Child Cover or Cover held through super.

Under the Value Protector Option, while the life insured is **on claim**, we will increase the monthly instalment amount by 3% at every claim anniversary.

This option is only available under Death, TPD and Trauma Cover held outside super.

Trauma Cover Reinstatement Option

This option only applies to Trauma Cover for a life insured if shown on the Policy Schedule. It is not available under Severity Trauma Cover.

We offer Trauma Cover Reinstatement if we pay or begin paying the full Trauma or TPD Cover amount insured where the life insured's TPD Cover is attached to Trauma Cover. The TPD Cover may also be attached to both Trauma and Life Cover. We will offer you the opportunity to reinstate the full Trauma Cover amount insured that we paid, are paying or that applied before reduction, for the life insured.

The condition causing the TPD Cover claim must satisfy one of the Trauma Cover condition definitions.

We will offer Trauma Cover Reinstatement either:

- six months after the later of the date we receive your completed claim form and the date the life insured first satisfies any of the following trauma conditions:
  - **Alzheimer's disease (diagnosed)**
  - **blindness (permanent in both eyes)**
  - **deafness (permanent in both ears)**
  - **dementia (diagnosed)**
  - **loss or paralysis of limb (permanent)**
  - **multiple sclerosis (diagnosed)**
  - **Parkinson's disease (diagnosed).**
- 12 months after the later of the date we received your completed claim form and the date the life insured first satisfied any other trauma condition not listed above.

We must receive your written acceptance of our offer within 30 days of the offer being made.

You cannot exercise the Trauma Cover Reinstatement Option if we have either:

- previously paid a Terminal Illness Benefit in respect of the life insured
- we have previously paid an Extended Terminal Medical Condition Benefit for the life insured
- paid or begun to pay less than 100% of the Trauma Cover amount insured or instalment amount insured.

  However, if we subsequently pay or begin paying 100% of the Trauma Cover amount insured or instalment amount insured for another trauma condition, you can exercise this option for the total Trauma Cover amount paid
- previously paid a benefit under TPD Cover in respect of a life insured that did not relate to a defined trauma condition under this policy.

The premium for the reinstated Trauma Cover will be based on the premium rates applying when you exercise this option.

We will apply any loadings and exclusions that applied to the original and subsequent Trauma Covers to the reinstated Trauma Cover. The reinstated Trauma Cover will also have the same benefit payment type as the original and subsequent Trauma Covers.

Indexation, Future Insurability, Premium Waiver Disability Option, Business Guarantee Option, Value Protector Option and the Double Trauma Option are not available under the reinstated Trauma Cover.

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

- the same trauma condition for which we paid a claim under the original or subsequent Trauma Cover(s)
- the trauma condition for which we paid a claim under the TPD Cover which resulted in the Trauma Reinstatement Option being triggered
- **angioplasty – triple vessel, aortic surgery, cardiac arrest (out of hospital), cardiomyopathy (permanent and irreversible), coronary artery by-pass surgery, heart attack (diagnosed), kidney failure (end stage), open heart surgery** or **primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)** – if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s)
- **loss or paralysis of limb (permanent)** or **blindness (permanent in both eyes)** (where either of these trauma conditions are caused by a cerebrovascular accident) or **stroke (diagnosed)** – if we paid a claim for **angioplasty – triple vessel, aortic surgery, cardiac arrest (out of hospital), cardiomyopathy (permanent and irreversible), coronary artery by-pass surgery, heart attack (diagnosed), kidney failure (end stage), open heart surgery** or **primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)** under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **cancer (excluding less advanced cases), carcinoma in situ (of limited sites), chronic lymphocytic leukaemia (diagnosed)** or **melanoma (early stage)** – if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **angioplasty – single or double vessel, angioplasty – triple vessel, aortic surgery, cardiac arrest (out of hospital), cardiomyopathy (permanent and irreversible), coronary artery by-pass surgery, heart attack (diagnosed), heart surgery (less invasive), heart valve surgery, kidney failure (end stage), liver disease (end stage), open heart surgery, primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)** or **stroke (diagnosed)** – if we paid a claim for **diabetes (severe)** under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **diabetes (severe)** – if we paid a claim for **angioplasty – single or double vessel, angioplasty – triple vessel, aortic surgery, cardiac arrest (out of hospital), cardiomyopathy (permanent and irreversible), coronary artery bypass surgery, heart attack (diagnosed), heart valve surgery, heart surgery (less invasive), kidney failure (end stage), liver disease (end stage), open heart surgery, primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)** or **stroke (diagnosed)** under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **kidney failure (end stage), liver disease (end stage), lung disease (end stage)** or **primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)** – if we paid a claim for **systemic sclerosis (permanent and irreversible)** under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **loss of independent existence (permanent)** – if the cause is any trauma condition which we have already paid a claim for under the original or subsequent Trauma Cover(s) or the original TPD Cover(s)
- **Alzheimer's disease (diagnosed)** or **dementia (diagnosed)** – if we paid a claim for either of these trauma conditions under the original or subsequent Trauma Cover(s) or the original TPD Cover(s).

We do not cover and do not pay any benefit under the reinstated Trauma Cover for any trauma condition:

- that first occurs or is first diagnosed before the date we reinstated the Trauma Cover
- that is directly or indirectly related to a trauma condition for which we have paid, or are paying
- if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** before the date we reinstated the Trauma Cover.

Premier Maximiser Option

This option only applies to Trauma Premier Cover and only applies for a life insured if shown on the Policy Schedule.

This option doubles the amount we pay for any partial payment condition under Trauma Premier Cover.

If a Trauma Benefit is payable for **angioplasty – single or double vessel** or **heart surgery (less invasive)**, we will double the partial benefit payable to 20% of the Trauma Cover amount insured. However, this is subject to a maximum of $40,000 across all policies held in respect of the life insured.

If a Trauma Benefit is payable for any of the following listed trauma conditions, we will double the partial benefit payable to 40% of the Trauma Cover amount insured. However, this is subject to a maximum of $200,000 across all policies held in respect of the life insured:

- benign tumour (diagnosed)
- blindness (permanent of specified severity)
- brain surgery (of pituitary gland)
- burns (of limited extent)
- carcinoma in situ (of limited sites)
- chronic lymphocytic leukaemia (diagnosed)
- colostomy and/or ileostomy
- critical care (requiring intubation)
- deafness (permanent in one ear)
- diabetes mellitus – adult, insulin dependent diagnosed after age 30
- endometriosis (severe requiring surgical intervention)
- hydrocephalus (requiring surgical intervention)
- melanoma (early stage)
- systemic lupus erythematosus (SLE) with lupus nephritis (diagnosed).

INCOME SECURE COVER

The ability to earn an income is an important asset. An **injury** or **illness** that prevents you from working can have a significant financial impact, both short term and long term.

Income Secure Cover can replace up to 80% of your monthly income if you cannot work because of **illness** or **injury**. You can use this money to pay the bills and stay on top of day-to-day living expenses while you recover.

Cover is available for a broad range of occupations. However, some options and features are only available to certain occupations. Your **financial adviser** can explain whether an option or feature is available for the life insured's occupation.

Choosing the right Cover

This section explains the benefits, features and options of the Income Secure Cover we offer.

You can tailor your Income Secure Cover by choosing:

- whether to hold Income Secure Cover within or outside super
- the Cover type you need. We offer Basic, Basic SuperLink, Essentials, Standard, SuperLink, Comprehensive and Professional
- the amount of your Cover
- the waiting period
- the benefit period
- any extra cost options you need.

Your premium will depend on your choices.

It is important to choose Cover and options that are right for you, considering your individual circumstances such as your income, daily expenses and lifestyle goals.

The type of Cover, and the features within that Cover, suitable for you will be determined by your personal circumstances. Your **financial adviser** can help you determine what Cover and features are suited to your circumstances.

Available Cover types

OneCare offers various types of Income Secure Cover, which provide varying degrees of protection at varying premiums.

The types of Cover available to you will depend on your occupation and whether your Cover is held outside or through super, as follows:

Policy ownership	Income Secure Cover type	Available to the following occupation categories
Super	**Basic** Core protection for those who want Cover held through super.	All occupation categories
BL Non Super	**Basic SuperLink** Links to your Income Secure Basic Cover.	All occupation categories except 'R'
Non Super	**Essentials** Protection for all occupation categories.	All occupation categories
Non Super	**Standard** Core income protection.	All occupation categories except 'R'
SL Non Super SL Super	**SuperLink (SL)** Cover held through super whilst linking to Cover held outside super providing additional benefits.	All occupation categories except 'R'
Non Super	**Comprehensive** Extends on the Standard Cover by providing added benefits.	All occupation categories except 'R'
Non Super	**Professional** Cover designed for certain professional white collar occupations. Includes a wide range of built-in benefits and features.	A, C, D, E, F, I, P

Your **financial adviser** will tell you what occupation category the life insured is.

Accidental Injury Only Cover

After assessing an application for Income Secure Cover, in some cases we decide that we can only offer Accidental Injury Only Cover.

This means that a claim can only be made for **accidental injury**. For details, please see page 82.

Benefits and features snapshot

The following table provides a snapshot of the benefits and features offered under the various Income Secure Cover types. Please refer to the specified pages of this PDS for details.

	Refer to page	Basic	Basic SuperLink (Non Super)	Essentials	Standard	Comprehensive	Professional	Income Secure SuperLink (Super)	Income Secure SuperLink (Non Super)
Key benefits									
Total Disability Benefit	70	✓	✓	✓	✓	✓	✓	✓	✓
Partial Disability Benefit	77	✓	✓	✓	✓	✓	✓	✓	✓
Additional benefits									
Basic Death Benefit/Death Benefit	82	✓	✓	✓	✓	N/A	N/A	N/A	N/A
Enhanced Death Benefit	83	N/A	N/A	N/A	N/A	✓	✓	✓	✓
Rehabilitation and Retraining Expenses Benefit	83	N/A	✓	✓	✓	✓	✓	N/A	✓
Rehabilitation and Retraining Incentive Benefit	83	N/A	N/A	✓	N/A	✓	✓	N/A	✓
Return to Health Benefit	83	N/A	N/A	✓^	N/A	N/A	N/A	N/A	N/A
No Claim Benefit	84	✓*	N/A	✓*	✓	✓	✓	✓	N/A
Meal Allowance Benefit	84	N/A	N/A	N/A	✓	✓	✓	N/A	✓
Specific Injury Benefit	84	N/A	✓	N/A	✓	✓	✓	N/A	✓
Trauma Recovery Benefit	85	N/A	N/A	N/A	N/A	✓	✓	N/A	✓
Accommodation Benefit	87	N/A	N/A	N/A	N/A	✓	✓	N/A	✓
Special Care Benefit	87	N/A	N/A	N/A	N/A	✓	✓	N/A	✓
Immediate Family Member Benefit	87	N/A	✓	N/A	N/A	✓	✓	N/A	✓
Nursing Care Benefit	88	N/A	✓	N/A	N/A	✓	✓	N/A	✓
Relocation Benefit	88	N/A	N/A	N/A	N/A	✓	✓	N/A	✓
Childcare Assistance Benefit	88	N/A	N/A	N/A	N/A	✓	✓	N/A	✓
Emergency Domestic Travel Benefit	89	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A
Commuter Benefit	89	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A
Premium and Cover Suspension	89	N/A	N/A	✓	N/A	N/A	N/A	✓	✓
Severity Booster Benefit	89	N/A	N/A	✓^	N/A	N/A	N/A	N/A	N/A
Standard features									
Waiver of Premium	90	✓	✓	✓	✓	✓	✓	✓	✓
Conversion to Living Expense Cover	90	✓^	✓^	✓^	✓^	✓^	✓^	✓^	✓^
Unemployment Premium Waiver	90	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A
Pregnancy Premium Waiver	91	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A
Conversion to Non-Super Cover	91	✓	N/A	N/A	N/A	N/A	N/A	✓	N/A
Increasing Income	91	✓*	✓	✓*	✓	✓	✓	✓	✓
Family Cover Pause	92	✓	✓	✓	✓	✓	✓	✓	✓
Premium Pause	92	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A
Cover Continuation	93	N/A	N/A	N/A	N/A	N/A	✓^	N/A	N/A
Waiting Period Conversion	93	✓^	N/A	✓^	✓^	✓	✓	✓	✓
Indexation	93	✓	✓	✓	✓	✓	✓	✓	✓
Options at extra cost									
Accident Option	94	✓*^	✓^	N/A	✓^	✓^	✓^	✓^	✓^
Premier Accident Option	94	✓*	✓	N/A	✓	✓	✓	✓	✓
Increasing Claim Option	95	✓	✓	✓	✓	✓	✓	✓	✓
Priority Income Option	95	✓*	✓	N/A	✓	✓	✓	✓	✓
Booster Option	96	N/A	N/A	N/A	✓^	✓^	✓^	N/A	N/A

* Not available if the occupation category shown on your Policy Schedule is R.
^ Not available with Accidental Injury Only Cover.

Important features of Income Secure Cover

You can have Cover held outside or through super

You can have Income Secure Cover under a policy held outside super or through super.

However, not all features and options are available if you have Income Secure Cover held through super or with all Cover types.

This PDS will tell you if a benefit, feature or option is not available.

When Cover starts

Income Secure Cover for a life insured starts on the **Cover start date** for Income Secure Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages and other eligibility conditions for a life insured under Income Secure Cover.

Limits on the amount of Cover apply

Please see page 15 for details of the minimum and maximum amount of Income Secure Cover that can be applied for.

Stepped premiums only

Income Secure Cover is only available with stepped premiums.

We pay one benefit at a time

We only pay one **monthly amount insured payable**, including the Priority Income Option, at a time for a life insured under Income Secure Cover. This is so even if the life insured suffers more than one **illness** or **injury** that causes **total disability** or **partial disability**.

This applies to the **Total Disability Benefit**, **Partial Disability Benefit**, Specific Injury Benefit, Trauma Recovery Benefit, Nursing Care Benefit and benefits under the Accident Option and the Premier Accident Option. Details of these benefits, and about the **monthly amount insured payable** are set out in the following sections of this PDS.

A separate waiting period applies for each **illness** or **injury** for which you can claim under Income Secure Cover, unless it is a **recurring claim**. Please see page 75.

A life insured may be covered under more than one in-force Income Secure Cover, intending that when the benefit period on one Cover expires, the benefit period on another Cover will commence. In this case, we will pay only one **monthly amount insured payable** even if the benefit periods of such Covers overlap at any time. If the Covers have a different **monthly amount insured payable** we will pay the highest **monthly amount insured payable** while the benefit periods overlap.

Reasonable retraining

While **on claim**, we may ask that you participate in retraining or rehabilitation to assist your return to gainful employment. We are committed to assisting you to return to either your previous occupation or other suitable employment.

Under Essentials Cover, we may cease, suspend or reduce benefits if the life insured fails to commit to and undertake **reasonable retraining**.

You can link Income Secure Cover held through super with Cover held outside super

You can link Income Secure Cover under a policy held through super with Income Secure Cover under a policy held outside super.

We offer two types of Income Secure SuperLink:

- Income Secure Basic SuperLink – links Basic Cover to a non-super policy that will pay a **Total** or **Partial Disability Benefit** only if the life insured is **unemployed** at the time of **injury** or **illness**. Please see page 81 for details.
- Income Secure SuperLink – links Income Secure Cover held through super with an Income Secure policy held outside super that offers a wider variety of benefits than the non super policy under Basic SuperLink. Please page 80 for details.

Blood borne diseases

If the life insured is a health care professional and contracts a blood borne disease such as HIV, Hepatitis B or C, factors other than physical inability due to **illness** can affect their ability to work.

The following is our approach to claims

Three situations could affect the life insured. In all situations, the life insured must notify the relevant governing body of their medical condition:

- the life insured discloses their condition to their patients. This may lead some patients to seek medical treatment elsewhere. It could also be difficult for the life insured to attract new patients
- the life insured chooses to cease performing 'exposure prone' procedures, as defined by the relevant governing body
- the life insured's governing body advises the life insured to cease performing 'exposure prone' procedures, as defined by the relevant governing body.

In every situation it is likely the life insured's income will reduce. This is especially so for those professionals who generate a high percentage of their income from 'exposure prone' procedures.

In every case we will assess whether the life insured is **disabled** under the terms and conditions in this PDS.

Unemployment under Basic Cover

Super

We will not pay a benefit under Basic Cover if you are **unemployed** when your **illness** or **injury** occurs, unless you are **unemployed** because of an **illness** or **injury** for which you are **on claim**.

If you cease **employment** for reasons other than **illness** or **injury**, you may wish to stop your Basic Cover. Otherwise, we will continue to charge you the premium for a benefit you may not be able to claim.

If you have selected Basic SuperLink and you suffer an **illness** or **injury** whilst **unemployed**, we may pay the benefit under the non-super policy. Please see below.

Unemployment under non-super Cover

Non Super

Your Income Secure Cover held outside super continues if the life insured becomes **unemployed**.

However, after 12 months of **unemployment** of the life insured, the life insured's **regular occupation** for determining **total** or **partial disability** will change, unless the life insured is **unemployed** because of an **illness** or **injury** for which they are **on claim**. Please see the definition of **regular occupation** on page 122.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Income Secure Cover in some circumstances. Please see from page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if Income Secure Cover applies to a life insured and if so:

- the Cover type. This could be Basic, Basic SuperLink, Essentials, Standard, SuperLink, Comprehensive and Professional
- the **monthly amount insured**
- the Income Secure Cover structure, that is whether you have:
  - stand-alone Income Secure Cover
  - Income Secure SuperLink
- the benefit payment type
- the waiting period chosen
- the benefit period chosen
- the life insured's occupation category
- any extra cost options chosen.

Some terms depend on the life insured's occupation category

Some of the terms of Income Secure Cover vary according to the occupation category of the life insured, as indicated throughout this section of this PDS. The following table provides a general description of the types of occupations we classify under each occupation category and is a guide only. Your financial adviser can tell you how we may classify the occupation of each proposed life insured, and we will confirm the classification when we assess your application. The occupation category for each life insured will also be shown on your Policy Schedule. If the life insured's occupation changes after we issue the Policy Schedule, you may apply to change the occupation category. A new occupation category will only apply if we accept the application for the change, and issue a new Policy Schedule.

Occupation category	Description
A	**Legal industry** (e.g. lawyer, solicitor). Qualified legal professionals who require membership of a professional or government body in order to practise their occupation.
C	**Community professionals** (e.g. school teacher, qualified social worker). Non-manual workers who are employed by 'not for profit' organisations.
D	**Medical/dental** (e.g. doctor, dentist). Qualified medical professionals who require membership of a professional or government body in order to practise their occupation.
E	**Executive** Senior white collar workers with salary packages in excess of $100,000 p.a. who do not perform any manual work.
F	**Finance industry consultants** (e.g. insurance adviser/broker, investment adviser). Qualified financial professionals who require membership of a professional or government body to practise their occupation.
H	**Heavy trades** (e.g. qualified wall/floor tiler, glazier). Skilled or semi-skilled manual workers and heavy machinery operators who are not exposed to high risk via accidents or health hazards.
HH	**Heavy duties** (e.g. bulldozer driver, forklift driver). Skilled or semi-skilled manual workers and heavy machinery operators who may be exposed to high risk via accidents or health hazards.
I	**Indoor sedentary** (e.g. administrative worker, travel consultant). Clerical or administrative white collar workers who do not perform any manual work, or salespeople not involved with deliveries.
L	**Light trade** (e.g. qualified printer, hairdresser). Certain skilled technicians involved in light manual work and proprietors in some non-hazardous industries.
M	**Mobile professionals** (e.g. advertising sales representative, cafe proprietor, beautician). Occupations particularly associated with the service sector, travelling or significant 'standing' but no heavy duties.

Occupation category	Description
P	**Qualified professionals** (e.g. architect, pharmacist). Qualified professionals include: • professional white collar workers with university qualifications • individuals employed by an independent employer who are executives or senior managerial white collar workers with salary packages in excess of $150,000 p.a. We will also consider working directors of their own companies, provided: • they have a structured salary package in excess of $150,000 p.a. • their business has been established more than two years • their duties are totally sedentary.
R	**Special risk** (e.g. bricklayer, process worker). The occupation is eligible for Income Secure Basic and Income Secure Essentials. This will generally be for unskilled manual workers who may be exposed to high risk via accidents or health hazards, or occupations that have volatility in earning capacity.
S	**Skilled technicians/trade supervisors** (e.g. dental hygienist, qualified locksmith). Certain skilled technicians and supervisors of blue collar workers, whose supervising duties may include less than 10% of their time spent performing light manual work.
T	**Trades** (e.g. electrician, qualified plumber). Fully qualified licensed tradespeople. Details of qualifications must be provided.

Key benefit — Total Disability Benefit

This section explains the key benefits under Income Secure Cover.

When we pay

We pay the **Total Disability Benefit** if the life insured both:

- is **totally disabled**
- meets the conditions in the table 'Eligibility conditions for **Total Disability** and **Partial Disability Benefit**' on page 74.

However, if you have Income Secure Basic SuperLink, we do not pay a **Total Disability Benefit** under both **linked policies**, even if you meet the requirements stated above under both policies. We only pay one **Total Disability Benefit** under one **linked policy** at a time in respect of the same **illness** or **injury**. To determine under which policy we will pay, please see page 81.

We pay the **Total Disability Benefit**:

- after completion of the waiting period
- monthly in arrears
- during the benefit period, unless we stop paying earlier. Please see the adjacent column.

However, we may start to pay a **Total Disability Benefit** at a later date if we pay a Specific Injury Benefit or a Trauma Recovery Benefit in respect of the life insured. Please see pages 84 and 85.

The diagram below shows how the waiting period and payment timing work:

Total disability starts ▼	Eligibility for benefit completed ▼	We start to pay benefit ▼
Waiting period We do not pay the **Total Disability Benefit** during the waiting period.		One month We pay monthly in arrears.

Please see page 73 for information about the benefit period and waiting period.

We pay pro-rata if payment period is less than a month

If a payment period is less than a month, we pay 1⁄30 of the **Total Disability Benefit** for each day of the period.

When we stop paying

We stop paying the **Total Disability Benefit** on the date the life insured stops being **totally disabled**.

We also stop paying the **Total Disability Benefit** (even if the life insured continues to be **totally disabled** afterwards) on the earliest of the:

- end of the benefit period shown on the Policy Schedule
- **Cover expiry date** for the relevant Income Secure Cover shown on the Policy Schedule
- date the life insured dies
- date on which the Income Secure Cover ends or is cancelled. Please see page 97.

The amount we pay

The amount of the **Total Disability Benefit** we pay for a life insured is the **monthly amount insured payable** as at the date that entitlement to the **Total Disability Benefit** arises.

The **monthly amount insured payable** depends on the **monthly amount insured** shown on the Policy Schedule. This amount is determined by the life insured's **annual income.** The minimum and maximum amounts that can be insured are set out on page 15.

The **monthly amount insured** will increase under indexation, if applicable. Please see page 93.

If you have Income Secure SuperLink, we do not pay the full **monthly amount insured payable** under both **linked policies**. If you are entitled to a **Total Disability Benefit** under both **linked policies** in respect of the same **illness** or **injury**, we will determine the **monthly amount insured payable** under the Income Secure SuperLink (Super) policy first, in accordance with the following sections of this PDS. We will then deduct this amount from the amount of the **Total Disability Benefit** that would otherwise be payable under the Income Secure SuperLink (Non Super) policy.

Indemnity benefit payment type

Under the indemnity benefit payment type, we calculate the **monthly amount insured payable** in two steps.

Firstly we calculate the lesser of the following:

- the **monthly amount insured** shown on the Policy Schedule
- 75% of the life-insured's **pre-claim earnings**, or 80% if the Priority Income Option is selected.

We then reduce the amount calculated above if certain 'other payments' are received while **on claim**. Please see the section 'Amount we pay reduced by other payments' on page 71 for more details. This resultant sum is the **monthly amount insured payable**.

Under the indemnity benefit payment type, the **monthly amount insured payable** at claim time may be less than the **monthly amount insured** shown on your Policy Schedule. This will be the case if the life insured's income decreases after the policy commences.

If the Increasing Claim Option is selected, we increase the **monthly amount insured payable** while you are **on claim**. The Policy Schedule will show if the Increasing Claim Option is selected.

At claim time we must receive financial evidence of the life insured's **pre-claim earnings**. Your submitted claim should be legible, unaltered and include evidence that supports your claim. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

If you have Income Secure SuperLink, please see 'Indemnity benefit payment type under SuperLink' below. That section explains how the indemnity benefit payment type works under Income Secure SuperLink.

Indemnity benefit payment type under SuperLink

This section explains how we calculate the **monthly amount insured payable** under each Income Secure SuperLink policy where you have chosen the indemnity benefit payment type.

If you are entitled to payment of a **Total Disability Benefit** under the SuperLink (Non Super) policy only, we calculate the **monthly amount insured payable** in the same way as described in the section, 'Indemnity benefit payment type' above.

If you are entitled to payment of a **Total Disability Benefit** under both the SuperLink (Super) policy and the SuperLink (Non Super) policy, we will calculate the **monthly amount insured payable** under each policy as follows:

1. Under the Income Secure SuperLink (Super) policy, we will calculate the lesser of:
   - the **monthly amount insured** shown in the Policy Schedule, and
   - 75% of the life-insured's **pre-claim earnings**, or 80% if the Priority Income Option is selected,

   reduced by any 'other payments' as explained in the section 'Amount we pay reduced by other payments' below.

   We use this amount except where this amount plus:
   - the life insured's **monthly earnings** while considered **totally disabled**, and
   - any **paid leave** from an employer, including sick leave, maternity/paternity leave, annual leave or long service leave,

   exceeds the life insured's **pre-claim earnings**. If it does, we will use an amount equal to:
   - the life insured's **pre-claim earnings**,

   less
   - the life insured's **monthly earnings** while considered **totally disabled**, and
   - any **paid leave** from an employer, including sick leave, maternity/paternity leave, annual leave or long service leave.
2. Under the Income Secure SuperLink (Non Super) policy, we calculate an amount equal to the lesser of:
   - the **monthly amount insured** shown in the Policy Schedule, and
   - 75% of the life-insured's **pre-claim earnings**, or 80% if the Priority Income Option is selected,

   reduced by:
   - any 'other payments' as explained in the section 'Amount we pay reduced by other payments' below, and
   - the amount for the Income Secure SuperLink (Super) policy calculated under Step 1 in the adjacent column.

Amount we pay reduced by other payments

In calculating the **Total Disability Benefit** we pay, we allow for 'other payments' the policy owner or the life insured receive because of the life insured's **illness** or **injury**.

If the policy owner or the life insured do not receive 'other payments' in any month, the amount of the **Total Disability Benefit** we pay is the **monthly amount insured payable** calculated as described above.

Otherwise, we will reduce the **Total Disability Benefit** we pay in a month so the combined total of the amount we pay and the 'other payments' does not exceed the greater of:

- the benefit otherwise payable, or
- 75% of **pre-claim earnings**, or 80% if the Priority Income Option is shown on the Policy Schedule.

However, if you have Standard, Income Secure SuperLink (Non Super), Comprehensive or Professional Cover, we will not reduce the **Total Disability Benefit** by:

- **monthly earnings** due to the life insured working 10 hours* or less per week
- any **monthly earnings** which are less than 20% of the life insured's **pre-claim earnings** as described within the **totally disabled** definition.

* We will replace '10 hours' with 'five hours' if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and also when Income Secure Cover was applied for.

If you have Income Secure SuperLink, we may reduce the **Total Disability Benefit** to take account of the life insured's **monthly earnings** while **totally disabled** but will only do so under the SuperLink (Super) policy. We do not reduce the **Total Disability Benefit** under the SuperLink (Non Super) policy to take account of the life insured's **monthly earnings** while **totally disabled**.

Other payments

The 'other payments' we consider in calculating your benefit amount depend on the Income Secure Cover type you have.

Professional Cover

For Professional Cover, 'other payments' are any payments received, because of the life insured's **illness** or **injury**, from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or at the time of application for an increase in benefits, were not disclosed to us or that were disclosed to us but were to be replaced by this policy.

Standard, Income Secure SuperLink and Comprehensive Cover

For Standard, Income Secure SuperLink and Comprehensive Cover, 'other payments' are any of the following payments received because of the life insured's **illness** or **injury**:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or at the time of application for an increase in benefits, were not disclosed to us or that were disclosed to us but were to be replaced by this policy
- payments received from compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- for the Income Secure SuperLink (Super) policy 'other payments' also include **paid leave** from an employer, including sick leave, maternity/paternity leave, annual leave or long service leave.

Basic, Basic SuperLink and Essentials Cover

For Basic, Basic SuperLink and Essentials Cover, 'other payments' are any of the following payments received because of the life insured's **illness** or **injury**:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or at the time of application for an increase in benefits, were not disclosed to us or that were disclosed to us but were to be replaced by this policy
- payments received from compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- for Essentials, after 90 days **on claim**, 'other payments' also include **paid leave** from an employer, including sick leave, maternity/paternity leave, annual leave or long service leave.
- for Basic and the super policy under Basic SuperLink, 'other payments' also include **paid leave** from an employer, including sick leave, maternity/paternity leave, annual leave or long service leave
- after six months **on claim**, 'other payments' also include any **ongoing income**.

We will convert lump sum payments to monthly amounts

We will convert to a monthly amount any part of 'other payments' received as a lump sum that comprises compensation for loss of earnings that cannot be allocated to specific months.

We will allocate a monthly income amount of 1% of the loss of earnings component of the lump sum to each month that we pay the **Total** or **Partial Disability Benefit**. We will do so for up to eight years.

We will not offset any remaining balance of the lump sum.

What does not comprise 'other payments'

'Other payments' do not include any:

- **business expenses disability** insurance indemnifying against **business expenses**
- payments made to **dependant children**
- **total and permanent disability** benefits, trauma benefits, **terminal illness** benefits or lump sum superannuation benefits
- payment of sums awarded by a court for pain and suffering.

Disability Payments

We may require you, or the life insured, to provide us with copies of submitted tax returns or other financial documentation which verifies the life insured's **monthly earnings/ongoing income** during a period for which we have paid a Disability Benefit. We must receive this information by any reasonable timeframe we require.

We reserve the right to calculate the amount of the Disability Benefit that we would have otherwise paid if the life insured's **monthly earnings/ongoing income** was averaged over the relevant claim period, and either:

- recover any excess amount of the Disability Benefit(s) paid
- reduce the amount of any future Disability Benefit(s) payable until the excess amount paid has been recovered
- pay any shortfall in Disability Benefit payments made.

Benefit period

The benefit period is the maximum period of time that we will pay a benefit for any one **illness** or **injury** while the life insured is **disabled**.

A separate benefit period will apply to each **illness** or **injury** for which the life insured can claim, except for **recurring claims**. Please see below for more details.

The Policy Schedule will show the benefit period chosen for your Cover.

When the benefit period starts and ends

The benefit period starts at the end of the waiting period.

Where the benefit period is to age 55, to age 60 or to age 65, the benefit period ends at the policy anniversary when the life insured is age 55, 60 or 65 respectively.

Benefit period reduced by recurring claims

If the life insured has a 2, 6 or 10 year benefit period, for **recurring claims** we reduce the benefit period by any previous periods we have paid benefits for the **illness** or **injury**. If we treat the claim as a separate claim, and a new waiting period applies, the benefit period will start again. Please see page 75 for information about **recurring claims**.

Available benefit periods

You can choose the following benefit periods, depending on the life insured's Cover type and occupation category:

Benefit period	Available to the following Cover types and occupation categories:
2 years 6 years	Available for all Cover types and occupation categories.
10 years*	Available for Essentials Cover only (but not to occupation category R)
To age 55* To age 60* To age 65*	Available for Basic and Essentials (but not to occupation category R), Basic SuperLink, Standard, SuperLink, Comprehensive and Professional Cover

* Some HH (heavy duties) occupations are restricted to a maximum 6 year benefit period. Your adviser can let you know the benefit periods available for your particular occupation.

If the **monthly amount insured** is greater than $30,000, only the 2 year benefit period is available.

Shorter benefit period lowers premium

The benefit period affects your premium. The shorter the benefit period, the more affordable the premium.

Waiting period

The waiting period is the period you must wait before the benefit period starts. You must continue to pay premiums that fall due during the waiting period. On our acceptance of your claim, these premiums will be refunded to you with the first benefit payment.

The Policy Schedule will show the waiting period that applies to your Cover.

The waiting periods you can choose

You can choose one of the following waiting periods:

- 14 days – but not if you have occupation category R for Basic or Essentials Cover
- 30 days
- 60 days
- 90 days
- 180 days
- 1 year
- 2 years.

Waiting period starts on medical consultation

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **disability**.

However, we may backdate the start of the waiting period if it can be proved the **disability** started before receiving advice from a **medical practitioner**. In this case, we may backdate the start of the waiting period up to seven days with written confirmation of that advice.

Longer waiting period lowers premium

The waiting period affects your premium. The longer the waiting period, the more affordable the premium.

Separate waiting period for each illness or injury

Unless you have a **recurring claim**, a separate waiting period applies for each **illness** or **injury** of the life insured that causes **disability** for which a claim can be made under this Cover. Please see page 75 for information about **recurring claims**.

Table: Eligibility conditions for Total Disability and Partial Disability Benefit

Life insured's Cover type and occupation category, shown on the Policy Schedule	Condition
Basic and Income Secure SuperLink (Super) Occupation category: P, E, D, A, F, I, C, M, S, L or T	The life insured satisfies all the following: • has been **totally disabled** for seven out of 12 consecutive days during the waiting period • has been **disabled** for the remainder of the waiting period • has ceased to be **gainfully employed**, or ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed**, as a result of the **illness** or **injury** • has been continuously **disabled** since the end of the waiting period, unless claiming as a **recurring claim**. Please see page 75.
Basic and Income Secure SuperLink (Super) Occupation category: H, HH or R (occupation R is not available for Income Secure SuperLink)	The life insured satisfies all the following: • has been **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if the life insured has a 14 day waiting period • has been **disabled** for the remainder of the waiting period • has ceased to be **gainfully employed**, or ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed**, as a result of the **illness** or **injury** • has been continuously **disabled** since the end of the waiting period, unless claiming as a **recurring claim**. Please see page 75.
Basic SuperLink (Non Super), Essentials, Standard, Income Secure SuperLink (Non Super) and Comprehensive Occupation category: H, HH or R (occupation R is not available for Basic SuperLink, Standard, Income Secure SuperLink or Comprehensive)	The life insured has been all the following: • **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period • **disabled** for the remainder of the waiting period • continuously **disabled** since the end of the waiting period, unless claiming as a **recurring claim**. Please see page 75.
Basic SuperLink (Non Super), Essentials, Standard, Income Secure SuperLink (Non Super) and Comprehensive Occupation category: P, E, D, A, F, I, C, M, S, L or T	The life insured has been all the following: • **totally disabled** for seven out of 12 consecutive days during the waiting period • **disabled** for the remainder of the waiting period • continuously **disabled** since the end of the waiting period, unless claiming as a **recurring claim**. Please see page 75.
Professional Occupation category P, E, D, A, F, I or C	The life insured has been both: • **disabled** during the waiting period • continuously **disabled** since the end of the waiting period, unless claiming as a **recurring claim**. Please see page 75.

Recurring claims

If a subsequent **disability** claim is made for the same or related **injury** or **illness** which caused a previous successful claim, the table shows if the subsequent claim is a separate or continuing claim:

Cover type	Benefit period	We will treat the subsequent claim as a continuation of the previous claim and waive the waiting period if:	We will treat the subsequent claim as a separate claim and a new waiting period will apply if:
Basic and Income Secure SuperLink (Super)	2 years, 6 years	• due to the **illness** or **injury** the life insured has ceased to be **gainfully employed** or ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed** and • the **illness** or **injury** recurs within six months of the date the life insured was last **on claim**. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.	• the **illness** or **injury** recurs after six months from the date the life insured was last **on claim** and • the life insured had returned to full-time work for at least six continuous months.
Basic and Income Secure SuperLink (Super)	To age 55, to age 60, to age 65	• due to the **illness** or **injury** the life insured has ceased to be **gainfully employed** or ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed** and • the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**.	• the **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim**.
Basic SuperLink (Non Super), Essentials, Standard, Income Secure SuperLink (Non Super), Comprehensive and Professional	2 years, 6 years	• the **illness** or **injury** recurs within six months of the date the life insured was last **on claim** We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.	• the **illness** or **injury** recurs after six months from the date the life insured was last **on claim** and • the life insured has returned to full-time work for at least six continuous months.
Essentials	10 years	• the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim** We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.	• the **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim** and • the life insured has returned to full-time work for at least six continuous months.
Basic SuperLink (Non Super), Essentials, Standard, Income Secure SuperLink (Non Super), Comprehensive and Professional	To age 55, to age 60, to age 65	• the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**.	• the **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim**.

Total Disability definition

If 'Accidental Injury Only' is shown on the Policy Schedule for a life insured, all references to '**illness** or **injury**' in the following definitions of **total disability** are replaced by '**accidental injury**'. Please see page 82 for more information on Accidental Injury Only Cover.

For Basic and Basic SuperLink Cover if the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T

A life insured is **totally disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and solely due to that **illness** or **injury** are both:

1. not working in any gainful occupation
2. unable to perform one or more duties necessary to produce income from their **regular occupation.**

For Basic and Basic SuperLink Cover if the life insured's occupation category shown on the Policy Schedule is H or HH

A life insured is **totally disabled** up to (and including) the third anniversary of the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. solely due to that **illness** or **injury**, the life insured is both:
   a. not working in any gainful occupation
   b. unable to perform one or more duties necessary to produce income from their **regular occupation**.

A life insured is **totally disabled** after the third anniversary from the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. solely due to that **illness** or **injury**, the life insured is both:
   a. not working in any gainful occupation
   b. unable to perform one or more duties necessary to produce income from any gainful occupation they are reasonably capable of performing having regard to their education, training or experience.

For Basic Cover if the life insured's occupation category shown on the Policy Schedule is R

A life insured is **totally disabled** up to (and including) the third anniversary of the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. solely due to that **illness** or **injury**, the life insured is not working in any gainful occupation
3. a **medical practitioner** has confirmed that, solely due to that **illness** or **injury**, the life insured is unable to perform each and every duty necessary to produce income from their **regular occupation**.

A life insured is **totally disabled** after the third anniversary of the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. solely due to that **illness** or **injury** the life insured is not working in any gainful occupation
3. a **medical practitioner** has confirmed that, solely due to that **illness** or **injury**, the life insured is unable to perform each and every duty necessary to produce income from any gainful occupation they are reasonably capable of performing having regard to their education, training or experience.

For Standard, Income Secure SuperLink, Comprehensive or Professional Cover if the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T

A life insured is **totally disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and either:

1. due to that **illness** or **injury**, are not working in any gainful occupation and are unable to perform one or more duties necessary to produce income from their **regular occupation**
2. are working in any gainful occupation, but due to that **illness** or **injury**, are not working more than 10 hours per week and are unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours per week
3. are working in any gainful occupation, but solely due to that **illness** or **injury**, are unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.

However, we will replace '10 hours' with 'five hours' in the above definition if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and when Income Secure Cover was applied for.

For Standard, Income Secure SuperLink or Comprehensive Cover if the life insured's occupation category shown on the Policy Schedule is H or HH

A life insured is **totally disabled** up to (and including) the third anniversary of the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. the life insured is either:
   a. due to that **illness** or **injury**, not working in any gainful occupation and unable to perform one or more duties necessary to produce income from their **regular occupation**
   b. working in any gainful occupation, but due to that **illness** or **injury** are not working more than 10 hours per week and is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours per week
   c. working in any gainful occupation, but solely due to that **illness** or **injury**, is unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.

A life insured is **totally disabled** after the third anniversary of the date of an **illness** or **injury** if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. due to that **illness** or **injury**, the life insured is either:
   a. not working in any gainful occupation and unable to perform one or more duties necessary to produce income from any gainful occupation they are reasonably capable of performing having regard to their education, training or experience
   b. not working more than 10 hours per week and unable to perform the duties necessary to produce income from any gainful occupation they are reasonably capable of performing having regard to their education, training or experience for more than 10 hours per week.

However, we will replace '10 hours' with 'five hours' in the above definitions if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and when Income Secure Cover was applied for.

For Essentials Cover

A life insured is **totally disabled** up to (and including) the second anniversary **on claim** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and solely due to that **illness** or **injury** are both:

1. not working in any **gainful occupation**
2. unable to perform any of the **important income producing duties** of their **regular occupation**.

A life insured is **totally disabled** after the second anniversary **on claim** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and solely due to that **illness** or **injury** are both:

1. not working in a **gainful occupation**
2. unable to perform any of the **important income producing duties** from any **gainful occupation** they are reasonably capable of performing having regard to their education, training or experience (or could be capable of performing after **reasonable retraining**).

Key benefit — Partial Disability Benefit

When we pay

We pay the **Partial Disability Benefit** if the life insured both:

- is **partially disabled**
- meets the conditions in the table 'Eligibility conditions for **Total Disability** and **Partial Disability Benefit**' on page 74.

However, if you have Income Secure Basic SuperLink, we do not pay a **Partial Disability Benefit** under both **linked policies**, even if you meet the requirements stated above under both policies. We only pay one **Partial Disability Benefit** under one **linked policy** at a time in respect of the same **illness or injury**. To determine under which policy we will pay, please see page 81.

We pay the **Partial Disability Benefit**:

- after completion of the waiting period
- monthly in arrears
- during the benefit period, unless we stop paying earlier as explained next.

However, we may start to pay a **Partial Disability Benefit** at a later date if we pay a Specific Injury Benefit or a Trauma Recovery Benefit in respect of the life insured. Please see pages 84 and 85.

The diagram below shows how the waiting period and payment timing work:

Partial disability starts ▼	Eligibility for benefit completed ▼	We start to pay benefit ▼
Waiting period We do not pay the **Partial Disability Benefit** during the waiting period.		One month We pay monthly in arrears.

When we stop paying

We stop paying the **Partial Disability Benefit** on the date the life insured is no longer **partially disabled**.

We also stop paying the **Partial Disability Benefit** (even if the life insured continues to be **partially disabled** afterwards) on the earlier of the:

1. end of the benefit period shown on the Policy Schedule
2. **Cover expiry date** for the relevant Income Secure Cover shown on the Policy Schedule
3. date of the life insured's death
4. date on which the Income Secure Cover ends or is cancelled
5. for Basic, Basic SuperLink, Standard, Income Secure SuperLink and Comprehensive Cover, if the life insured's occupation category shown in the Policy Schedule is HH, H or R – the date we have paid the **Partial Disability Benefit** for 36 months
6. for Essentials Cover, date the life insured is capable of working in their **regular occupation** after the second anniversary **on claim** for the lesser of:
   – 50 hours per week, or
   – the average number of hours worked per week during the 6 months before the life insured became **disabled**.

   To determine this, we will consider available medical evidence, including the opinion of the life insured's **medical practitioner**. We will also consider any other relevant factors directly related to the life insured's medical condition, including information they provide.

The amount we pay

We calculate the amount of the **Partial Disability Benefit** we pay for a life insured in two steps.

Step 1

First, we calculate the following:

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

where:

A = the life insured's **pre-claim earnings**

B = the life insured's **monthly earnings** for the month in which they are **partially disabled**.

If the life insured is **partially disabled** and not working to their capability for reasons other than **illness** or **injury** and this continues for at least three months, we calculate 'B' differently. We will calculate 'B' on what the life insured could reasonably be expected to earn if they were working to the extent of their capability.

To determine this, we will consider available medical evidence, including the opinion of the life insured's **medical practitioner**. We will also consider any other relevant factors directly related to the life insured's medical condition, including information they provide.

If we are already paying benefits, we will notify you 30 days before we adjust future payments because we change how we calculate 'B'.

'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the **monthly amount insured payable** as if the life insured was claiming for **total disability**. Please see page 70.

However, if you have Income Secure SuperLink, we do not pay the full **Partial Disability Benefit** under both **linked policies**. If you are entitled to a **Partial Disability Benefit** under both **linked policies** in respect of the same **illness** or **injury**, we will determine the amount of the **Partial Disability Benefit** payable under the Income Secure SuperLink (Super) policy first, in accordance with this section of this PDS. We will then deduct this amount from the amount of the **Partial Disability Benefit** that would otherwise be payable under the Income Secure SuperLink (Non Super) policy.

Step 2

Secondly, we allow for 'other payments' the life insured or the policy owner receive because of the life insured's **illness** or **injury**.

If no 'other payments' are received in any month, the amount of the **Partial Disability Benefit** we pay in a month is the amount calculated in Step 1.

Otherwise, we reduce the amount calculated in Step 1 so the combined total of the amount we pay and 'other payments' in a month does not exceed the greater of:

- the benefit otherwise payable
- the life insured's **pre-claim earnings** less the **monthly earnings** for the month in which they were **partially disabled**.

'Other payments'

We take the same 'other payments' into account in calculating the **Partial Disability Benefit** as those used to calculate the **Total Disability Benefit**.

Please see page 72 for details of what constitutes 'other payments'.

We pay pro-rata if payment period is less than a month

If a payment period is less than a month, we pay 1/30 of the **Partial Disability Benefit** for each day of the period.

We may increase the Partial Disability Benefit

Does not apply to Basic, Basic SuperLink, Essentials or Income Secure SuperLink (Super) Cover.

We will increase the **Partial Disability Benefit** we pay if both:

- we have paid the **Total Disability Benefit** for a life insured for 12 consecutive months
- the life insured subsequently receives a **Partial Disability Benefit** for working for at least three consecutive months in a gainful occupation unrelated to their **regular occupation**.

We will pay an additional 10% of the **Partial Disability Benefit** payable for a maximum of 12 months.

We only pay the additional 10% once during the life of your Cover.

> We may require further financial information when paying a disability benefit, please refer to page 72 under 'Disability Payments'.

We may pay the Total Disability Benefit instead of the Partial Disability Benefit

This section applies only if the life insured has Basic or Essentials Cover and an occupation category P, E, D, A, F, I, C, M, S, L, T, H or HH, as shown on the Policy Schedule.

For Essentials Cover, if the life insured is entitled to a **Partial Disability Benefit**, we will pay the **Total Disability Benefit** instead for up to the first six months if the life insured both:

- has been **totally disabled** for seven out of 12 consecutive days during the waiting period
- are working in any gainful occupation, but due to that **illness** or **injury**, are not working more than 10 hours per week and are unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours per week.

For Basic Cover, if the life insured is entitled to a **Partial Disability Benefit**, we will pay the **Total Disability Benefit** instead for up to the first six months if the life insured both:

- has been **totally disabled** for seven out of 12 consecutive days during the waiting period
- then returns to work part-time, resulting in 'B' being 20% of 'A' or less.

If, due to the same or a related **illness** or **injury**, the life insured becomes **totally disabled** while the **Partial Disability Benefit** is payable, the **Partial Disability Benefit** ceases and the **Total Disability Benefit** starts accruing.

Partial Disability definition

If 'Accidental Injury Only' is shown on the Policy Schedule for a life insured, all references to '**illness** or **injury**' in the following definitions of **partial disability** are replaced by '**accidental injury**'. Please see page 82 for more information on Accidental Injury Only Cover.

For Basic Cover if the life insured's occupation category shown on the Policy Schedule is R

A life insured is **partially disabled** up to (and including) the third anniversary of the date of an **illness** or **injury** for which they are claiming if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. the life insured either:
   a. is working in any occupation, but solely due that **illness** or **injury**, has **monthly earnings** less than their **pre-claim earnings** and is unable to perform one or more of the duties necessary to produce income from their **regular occupation**
   b. is able to perform each and every duty necessary to produce income from their **regular occupation**, but solely due to that **illness** or **injury**, are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**.

A life insured is **partially disabled** after the third anniversary of the date of an **illness** or **injury** for which they are claiming if all the following are true:

1. the life insured is **following the advice of a medical practitioner** in relation to that **illness** or **injury**
2. the life insured either:
   a. is working in any occupation, but solely due to that **illness** or **injury**, has **monthly earnings** less than their **pre-claim earnings** and is unable to perform one or more of the duties necessary to produce income from any occupation they are reasonably capable of performing having regard to their education, training or experience
   b. is able to perform each and every duty necessary to produce income from any occupation that they are reasonably capable of performing having regard to their education, training or experience, but solely due to that **illness** or **injury**, are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**.

For Basic and Basic SuperLink Cover if the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L, T, H or HH

A life insured is **partially disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** for which they are claiming and either:

1. solely due to that **illness** or **injury**, are not working (but are not **totally disabled**)
2. are working in any gainful occupation, but solely due to that **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**.

For Standard, Income Secure SuperLink, Comprehensive or Professional Cover if the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L, T, H or HH

A life insured is **partially disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** for which they are claiming and either:

1. due to that **illness** or **injury**, are not working (but are not **totally disabled**)
2. due to that **illness** or **injury**, are working for 10 hours or less per week (but are not **totally disabled**) and solely due to that **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**
3. are working in any gainful occupation for more than 10 hours per week, but solely due to that **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**
4. are working in any gainful occupation and are able to produce **monthly earnings** greater than 20% of their **pre-claim earnings**, but solely due to that **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**.

However, we will replace '10 hours' with 'five hours' in the above definition if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and when Income Secure Cover was applied for.

For Essentials Cover

A life insured is **partially disabled** up to (and including) the second anniversary **on claim** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and either:

1. solely due to that **illness** or **injury,** are not working (but are not **totally disabled**)
2. are working in a **gainful occupation,** but solely due to that **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings.**

A life insured is **partially disabled** after the second anniversary **on claim** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** and either:

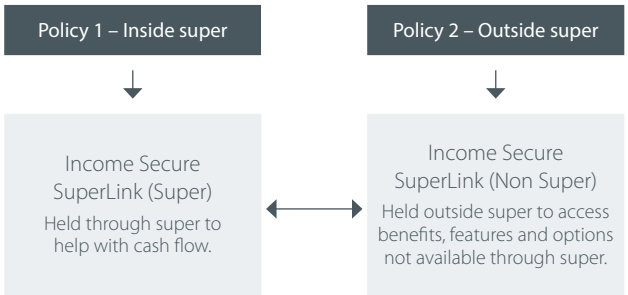
1. are working in a **gainful occupation** but solely due to that **illness** or **injury,** their **monthly earnings** are less than their **pre-claim earnings** and they are unable to perform any of the **important income producing duties** of their **regular occupation**
2. are able to perform any of the **important income producing duties** of a **gainful occupation** that they are reasonably capable of performing having regard to their education, training or experience (or could be capable of performing after **reasonable retraining**) and solely due to that **illness** or **injury,** are not working to their full capacity and their **monthly earnings** are less than their **pre-claim earnings.**

Income Secure SuperLink Cover

Income Secure SuperLink allows you to link an Income Secure SuperLink (Super) policy to an Income Secure SuperLink (Non Super) policy.

If you select Income Secure SuperLink, we will issue two separate policies. An Income Secure SuperLink (Super) policy will be issued to the trustee of your superannuation fund and a separate Income Secure SuperLink (Non Super) policy will be issued to you and linked to the Income Secure SuperLink (Super) policy.

Your Policy Schedule will indicate if Income Secure SuperLink applies.



We determine if you are disabled under the Income Secure SuperLink (Super) policy first

The circumstances of your claim will determine which benefits we pay and to whom. We will first assess a claim for **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable), against the Income Secure SuperLink (Super) policy. Any amount payable will be paid to the trustee of your super fund. We will then assess whether a **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable), is payable under the Income Secure SuperLink (Non Super) policy, and if so the amount payable, taking into account the amount payable under the linked super policy.

We also assess whether any of the additional benefits are payable under the terms and conditions of the Income Secure SuperLink (Non Super) policy or the Income Secure SuperLink (Super) policy.

If you claim a Specific Injury Benefit or Trauma Recovery Benefit, we will only start paying a **Total** or **Partial Disability Benefit** for the life insured once the benefit payment period ceases for the Specific Injury Benefit or the Trauma Recovery Benefit, as long as your Cover is still in force at that time. We will assess the life insured for a **Total** or **Partial Disability Benefit** under the Income Secure SuperLink (Super) policy first. If the life insured also meets the requirements for a **Total** or **Partial Disability Benefit** under the linked non-super policy, we will take into account any amount of **Total** or **Partial Disability Benefit** payable under the super policy when determining whether any amount is payable under the linked non-super policy.

Certain features of both policies must be the same

Under an Income Secure SuperLink arrangement, the following must be the same under both policies:

- the **monthly amount insured**, premium type (stepped), waiting period, benefit period and any loadings or exclusions (if applicable)
- changes to the **monthly amount insured**. If the **monthly amount insured** is reduced or increased under one policy, the **monthly amount insured** on the other policy will be reduced or increased (as applicable) by the same amount.
- the life insured
- extra cost options.

If you change any of the above features under one policy, the other **linked policy** will automatically change in the same way.

However, the policies can have different payment frequencies.

The maximum benefit payable under both policies will never exceed that which would be payable under a single Income Secure policy.

The taxation implications of a benefit payment will differ depending on whom we pay the benefit to, for example the trustee of your super fund or directly to you. We recommend you seek advice from a tax adviser.

When Income Secure SuperLink ends

The Income Secure Cover for the life insured, and your eligibility for any benefit, under either **linked policy** under an Income Secure SuperLink arrangement ends on the earlier of the date:

- of any circumstance set out under 'When Income Secure Cover ends' on page 97
- the other **linked policy** is cancelled or avoided (any applicable premium refund will be paid to the policy owner)
- we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Income Secure SuperLink Cover arrangement.

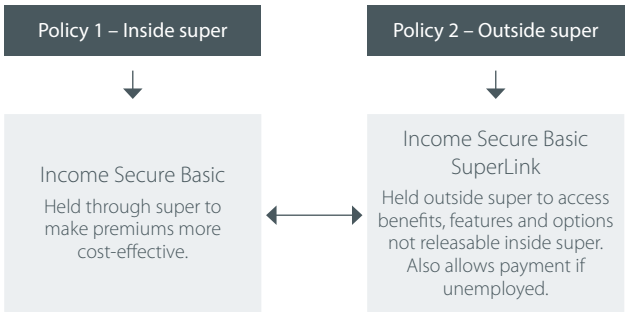
For example, if your Income Secure SuperLink (Non Super) policy is cancelled because the premium is overdue, cover under your Income Secure SuperLink (Super) policy will end, even if you have paid all premiums for that Cover. This is because the policies are linked.

Income Secure Basic SuperLink

Income Secure Basic SuperLink allows you to link your Income Secure Basic policy held through super to an Income Secure Basic SuperLink policy held outside super.

If you select Income Secure Basic SuperLink, we will issue two separate policies. An Income Secure Basic policy will be issued to the trustee of your superannuation fund and a separate Income Secure Basic SuperLink policy will be issued to you and linked to the Income Secure Basic policy.

Your Policy Schedule will indicate if the Income Secure Basic SuperLink applies.



Assessment of claims for a Partial or Total Disability Benefit

Your employment status at the time of **illness** or **injury** will determine under which policy we will assess your claim for a **Partial** or **Total Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable).

If you were:

- **unemployed** at the time of the **illness** or **injury** – we will assess a claim for a **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable), under your Income Secure Basic SuperLink policy (outside super). If you do not meet the requirements for payment of a **Total** or **Partial Disability Benefit** under this policy, we will not subsequently consider your claim under your Basic policy (inside super).
- not **unemployed** at the time of the **illness** or **injury** – we will assess a claim for a **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable), under your Basic policy (through super). Any amount payable will be paid to the trustee of the super fund for you. If you do not meet the requirements for payment of a **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option (if applicable), under the Basic policy, we will not subsequently consider your claim under the Income Secure Basic SuperLink policy (outside super).

We will only ever pay a monthly benefit under the Income Secure Basic SuperLink policy (outside super) if you are **unemployed** at the time of **illness** or **injury** or for the Specific Injury Benefit.

We will only pay a **Total** or **Partial Disability Benefit,** or a benefit under the Accident Option or the Premier Accident Option, (as applicable) under one policy at one time.

Certain features of both policies must be the same

Under an Income Secure Basic SuperLink arrangement, the following must be the same under both policies:

- the **monthly amount insured,** benefit payment type (Indemnity), premium type (stepped), waiting period, benefit period and any loadings or exclusions (if applicable)
- changes to the **monthly amount insured**. If the **monthly amount insured** is reduced or increased under one policy, the **monthly amount insured** on the other policy will be reduced or increased (as applicable) by the same amount.
- the life insured
- extra cost options.

If you change any of the above features under one policy, the other **linked policy** will automatically change in the same way.

However, the policies can have different payment frequencies.

The maximum benefit payable under both policies will never exceed that which would be payable under a single Income Secure policy.

The taxation implications of a benefit payment will differ depending on whom we pay the benefit to, for example the trustee of your super fund or directly to you. We recommend you seek advice from a tax adviser.

When Income Secure Basic SuperLink ends

The Income Secure Cover for the life insured, and your eligibility for any benefit, under either **linked policy** under a Basic SuperLink arrangement ends on the earlier of the date:

- of any circumstance set out under 'When Income Secure Cover ends' on page 97
- the other **linked policy** is cancelled or avoided (any applicable premium refund will be paid to the policy owner)
- we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Basic SuperLink Cover arrangement.

For example, if your Basic policy is cancelled because the premium is overdue, cover under your Income Secure Basic SuperLink policy will end, even if you have paid all premiums for that Cover. This is because the policies are linked.

Accidental Injury Only

Applies only if shown on your Policy Schedule.

When we receive your application for Income Secure Cover, we assess it for risk and determine the terms under which we may offer Cover.

We may decide that, because of disclosed health or circumstances, we cannot provide Cover for claims resulting from both **injury** and **illness**.

In that instance we may offer to provide you with Accidental Injury Only Cover. This means that you may only claim for the life insured's **accidental injury**.

The Policy Schedule will show if Accidental Injury Only applies to a life insured's Cover.

The definitions of **total disability** on page 76 and of **partial disability** on page 79 are modified when cover for Accidental Injury Only Cover applies.

Definition of accidental injury

Accidental injury means a physical **injury** which is caused solely and directly by violent, accidental, external and visible means which occurs during the period of the policy.

Basic Death Benefit

Does not apply to Income Secure SuperLink, Comprehensive or Professional Cover. Does not apply to Basic if you have occupation category R. Only applies if Accidental Injury Only is shown on the Policy Schedule for the life insured.

We pay this benefit if the life insured dies as a result of an **accidental injury** while their Cover is in force. The death must occur within 90 days of sustaining the **accidental injury**.

The amount we pay is three times the **monthly amount insured**. We pay this benefit as a lump sum.

The maximum amount we pay under this benefit from all Income Secure Covers for a life insured is $30,000.

The life insured does not need to be **on claim** for this benefit to be payable.

Enhanced Death Benefit

Does not apply to Basic, Basic SuperLink, Essentials or Standard Cover. Only applies if Accidental Injury Only is shown on the Policy Schedule for the life insured.

We pay this benefit if the life insured dies as a result of an **accidental injury** while their Cover is in force. The death must occur within 90 days of sustaining the **accidental injury**.

The amount we pay is six times the **monthly amount insured**. We pay this benefit as a lump sum.

The maximum amount we pay under this benefit from all Income Secure Covers for a life insured is $60,000.

The life insured does not need to be **on claim** for this benefit to be payable.

Trauma Recovery Benefit restrictions

If Accidental Injury Only applies and your Income Secure Cover includes the Trauma Recovery Benefit (please see page 85), we only pay that benefit if the life insured suffers a trauma recovery event as a direct result of an **accidental injury** while their Cover is in force. Trauma recovery events are listed on page 86.

Benefits and features not available

If Accidental Injury Only applies to a life insured's Income Secure Cover the following benefits, features and options are not available:

- Booster Option
- Severity Booster Benefit
- Return to Health Benefit
- Accident Option
- Cover Continuation
- Conversion to Living Expense Cover
- Waiting Period Conversion, if you have Standard Cover, Essentials Cover or Basic Cover.

Additional benefits

This section explains the additional benefits automatically included with Income Secure Cover. Does not apply to Income Secure Cover with Accidental Injury Only.

Some of these benefits only apply to certain types of Cover, as explained below.

Basic Death Benefit/Death Benefit

Does not apply to Income Secure SuperLink, Comprehensive or Professional Cover.

We pay this benefit if the life insured dies or is diagnosed with a **terminal illness** while their Basic, Basic SuperLink, Essentials or Standard Cover is in force.

This benefit is called the 'Death Benefit' under Basic and Basic SuperLink Cover. It is called the Basic Death Benefit under Essentials and Standard Cover.

The amount we pay is three times the **monthly amount insured**, as a lump sum.

However, the maximum amount we will pay under this benefit for all Basic and Essentials (except occupation category R), Standard, Income Secure SuperLink, Comprehensive and Professional Covers under all policies for the life insured is $60,000.

The maximum amount we will pay under this benefit for Basic and Essentials Covers (occupation category R) under all policies for the life insured is $30,000.

We pay this benefit once only. If we pay this benefit for **terminal illness** of the life insured, we will not pay it again on their death.

If you have Basic SuperLink, we pay this benefit under one **linked policy** only.

We will generally pay this benefit under your Basic policy. If we do so, we will not pay this benefit again under the non-super policy.

We pay this benefit for **terminal illness** even if other benefits are payable while the life insured is **on claim** under this Cover.

We pay this benefit even if the life insured is not **on claim**.

Enhanced Death Benefit

Does not apply to Basic, Basic SuperLink, Essentials or Standard Cover.

We pay the Enhanced Death Benefit if the life insured dies or is diagnosed with a **terminal illness** while their Professional, SuperLink or Comprehensive Cover is in force.

The amount we pay is six times the **monthly amount insured**, as a lump sum. However, the maximum amount we will pay under this benefit from all Income Secure Covers under all OneCare policies for the life insured is $60,000.

We pay this benefit once only. If we pay this benefit for **terminal illness** for the life insured, we will not pay it again on their death.

If you have Income Secure SuperLink, we pay the benefit under one **linked policy** only. If we pay this benefit under the policy held through super, we will not pay this benefit again under the non-super policy.

We pay this benefit for **terminal illness** even if other benefits are payable while the life insured is **on claim** under this Cover.

We pay this benefit even if the life insured is not **on claim**.

Rehabilitation and Retraining Expenses Benefit

Does not apply to Basic Cover or Income Secure SuperLink (Super)

If we are paying **Total** or **Partial Disability Benefits** for a life insured, we will also reimburse expenses related to an **approved rehabilitation program** for the life insured.

We will reimburse up to 12 times the life insured's **monthly amount insured payable**, in total, over the life of their Income Secure Cover.

We pay this benefit as well as any **Total Disability Benefit** or **Partial Disability Benefit** payable.

We must agree in writing before the life insured starts the **approved rehabilitation program**. We do not reimburse expenses which the:

- law does not allow us to reimburse
- *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth) regulate
- life insured or the policy owner are entitled to have reimbursed from another source.

This benefit does not apply if you have Basic Cover without a linked Basic SuperLink policy. If you have Basic SuperLink, we pay this benefit under the Income Secure Basic SuperLink (Non Super) policy, whether we are paying the **Total** or **Partial Disability Benefit** under that policy or under Basic Cover.

If you have Income Secure SuperLink, we pay this benefit under the Income Secure SuperLink (Non Super) policy, whether we are paying the **Total** or **Partial Disability Benefit** under the Income Secure SuperLink (Super) policy or the Income Secure SuperLink (Non Super) policy.

We do not pay this benefit during the waiting period. Please see page 73 for information about waiting period.

Rehabilitation and Retraining Incentive Benefit

Does not apply to Basic, Basic SuperLink, Standard or Income Secure SuperLink (Super) Cover.

We pay the Rehabilitation and Retraining Incentive Benefit if the life insured satisfies all the following:

- undergoes an **approved rehabilitation program** and, as a result, successfully returned to work in their **regular occupation** or another occupation
- has worked continuously for six months following their return to work and has not been entitled to benefits under Income Secure Cover during that time
- has Income Secure Cover in force when they become entitled to this benefit.

For Essentials Cover, the amount we pay is one times the **monthly amount insured** applicable when the life insured becomes entitled to this benefit.

For Comprehensive, Income Secure SuperLink (Non Super) and Professional Covers, the amount we pay is three times the **monthly amount insured** applicable when the life insured becomes entitled to this benefit.

We pay this benefit once only during the life of your Income Secure Cover.

Return to Health Benefit

Applies to Essentials Cover only.

If we are paying a **Total Disability Benefit** and the life insured commences an **approved rehabilitation program** within the first 24 months **on claim**, we will increase the **Total Disability Benefit** by 10% for a period of no more than 12 months while the life insured is engaged in the **approved rehabilitation program**.

We will not pay the Return to Health Benefit if the life insured is not attending the **approved rehabilitation program** or we are paying the Severity Booster Benefit.

No Claim Benefit

Does not apply to Basic or Essentials Cover with occupation category R, or to Basic SuperLink or Income Secure SuperLink (Non Super).

This benefit applies if your Income Secure Cover has been continuously in force for three consecutive years after the **Cover start date** and both:

- the life insured has not been **on claim** under that Cover in that time
- neither the policy owner nor life insured have been eligible to claim under that Cover in that time.

If this benefit applies, we will, from the third anniversary of the **Cover start date** double the:

- amount of any Death Benefit/Basic Death Benefit or Enhanced Death Benefit otherwise payable to a maximum of $120,000
- maximum payable under the Rehabilitation and Retraining Expenses Benefit.

We will only double the amounts above on a claim that arises from an event occurring after the third anniversary of your **Cover start date**.

Once this benefit applies, it will continue to apply even if the life insured is subsequently **on claim**. This means that if you or the life insured are eligible to claim after this benefit begins to apply, the three year period does not re-start.

Meal Allowance Benefit

Does not apply to Basic, Basic SuperLink, Essentials or Income Secure SuperLink (Super) Cover.

We pay the Meal Allowance Benefit if the life insured is confined to bed due to **illness** or **injury** from the start of the benefit period and for more than 72 hours. This must be confirmed by a **medical practitioner**.

The amount we pay is $500 per month in arrears for a maximum of three months, to reimburse the cost of a meal delivery service we approve.

If this benefit is payable for part of a month, the maximum amount we pay is 1⁄30 of $500 for each day in that month the life insured is eligible for this benefit.

We reduce this benefit by any amount paid under the Immediate Family Member Benefit. Please see page 87.

We do not pay this benefit during the waiting period.

Specific Injury Benefit

Does not apply to Basic, Essentials or Income Secure SuperLink (Super) Cover. Available for all waiting periods.

We pay the Specific Injury Benefit if the life insured suffers a specific injury listed in the table on the following page while their Income Secure Cover is in force.

A **medical practitioner** who is an **appropriate specialist** must diagnose the specific injury and our medical adviser must confirm the diagnosis. We reserve the right to require the life insured to undergo an examination or other reasonable tests.

We will treat the life insured as if they were **totally disabled** and pay this benefit even if the life insured is not **disabled**, or is working, or does not need ongoing medical treatment. We pay this benefit during the waiting period.

You can choose to receive this benefit as a lump sum or in monthly instalments. We explain this below.

We can pay as a lump sum

We can pay this benefit as a lump sum of up to 12 times the **monthly amount insured payable** at any one time.

We calculate the **monthly amount insured payable** as if the life insured were **totally disabled**. Please see page 70. We calculate the amount we pay by multiplying the **monthly amount insured payable** by the payment period for the specific injury as set out in the table on the following page.

If the payment period is greater than 12 months, we will make a subsequent lump sum payment of 12 times the **monthly amount insured payable**, at 12 monthly intervals, until the payment period is completed.

If the specific injury occurs within 12 months of the **Cover expiry date**, the amount we pay is the **monthly amount insured payable** multiplied by the number of months remaining until the **Cover expiry date**.

If we have paid a lump sum and the life insured dies before the end of the payment period, we will pay any applicable Death Benefit.

We can pay by instalments

We can pay this benefit by monthly instalments paid in advance each month. The amount of each instalment is the **monthly amount insured payable**.

We pay the monthly instalments until the earliest of the:

- end of the relevant payment period for the specific injury as set out in the table on the following page
- **Cover expiry date** shown on the Policy Schedule
- date the life insured dies.

We calculate the **monthly amount insured payable** as if the life insured were **totally disabled**. Please see page 70.

Table: Specific injuries and payment period

Specific injury	Payment period
Paralysis*	60 months†
Loss of both feet or both hands or sight in both eyes‡	24 months
Loss of any combination of two of: • a hand • a foot • sight in one eye.‡	24 months
Loss of one leg or one arm‡	12 months
Loss of one foot or one hand or sight in one eye‡	12 months
Loss of thumb and index finger of the same hand‡	6 months
Fractures§ of the:	
• thigh or pelvis	3 months
• lower leg between the knee and foot (including the knee cap and ankle but excluding the foot and toes)	2 months
• upper arm including the elbow and shoulder bone	2 months
• skull (except bones of the nose or face)	2 months
• lower arm (including the wrist but excluding the elbow, hand and fingers)	1 month
• collarbone, jaw or vertebrae	1 month

* Paralysis means the total and permanent loss of function of two or more limbs.
† We reduce this payment period to 24 months if you have a 2 year benefit period.
‡ Loss means the total and permanent:
- loss of the use of the hand from the wrist or foot from the ankle joint
- loss of the use of the arm from the elbow or leg from the knee joint
- complete severance of the thumb and index finger from the first phalangeal joint
- irrecoverable total loss of an eye or sight in the eye.

§ Fracture means any fracture that requires a pin, traction, a plaster cast or other immobilising structure.

We pay only one benefit at a time

We will pay the Specific Injury Benefit more than once over the life of the policy including for the same injury.

However, if the life insured suffers more than one specific injury at the same time, we will pay for one specific injury only, being the specific injury with the longest payment period.

If the life insured suffers either another specific injury or a trauma recovery event while we are paying a Specific Injury Benefit, we will pay one benefit only. We pay the benefit that provides the greatest amount. Please see the adjacent column for details of trauma recovery events.

We may subsequently pay for total or partial disability

We will pay a **Total** or **Partial Disability Benefit**, as applicable, for a life insured who, when the payment period ends, is **disabled** due to the specific injury for which we paid this benefit. The life insured must otherwise satisfy all requirements for the **Total Disability Benefit** or **Partial Disability Benefit**.

We pay the **Total Disability Benefit** or **Partial Disability Benefit** from the later of the end of the:

- payment period for the specific injury
- period for which the lump sum payment was made for the specific injury
- waiting period.

If your benefit period is two years or six years, we reduce the maximum period for which we pay the **Total Disability Benefit** or **Partial Disability Benefit**. We reduce that period by the number of months we have already paid the Specific Injury Benefit and add back any period of the waiting period.

Trauma Recovery Benefit

Does not apply to Basic, Basic SuperLink, Essentials, Standard or Income Secure SuperLink (Super) Cover. Available for all waiting periods.

We pay the Trauma Recovery Benefit if the life insured suffers a trauma recovery event while their Income Secure Cover is in force. The trauma recovery events are listed on the following page.

We treat the life insured as if they were **totally disabled** and pay this benefit even if the life insured is not **disabled**, or is working, or does not need ongoing medical treatment. We pay during the waiting period.

We pay as a lump sum or by instalments

You can choose to receive this benefit as either:

- a lump sum payment of six times the **monthly amount insured payable**

- the **monthly amount insured payable**, paid in advance each month until the earliest of the:
  - end of the payment period of six months
  - **Cover expiry date** shown on the Policy Schedule
  - date the life insured dies.

However, if the trauma recovery event occurs within six months of the **Cover expiry date** the lump sum amount we pay is the **monthly amount insured payable** multiplied by the number of months remaining until the **Cover expiry date**.

If we have paid a lump sum and the life insured dies before the end of the payment period, we will pay any applicable Death Benefit.

We calculate the **monthly amount insured payable** as if the life insured was **totally disabled**. Please see page 70.

We pay only one benefit at a time

We will pay the Trauma Recovery Benefit more than once over the life of the policy including for the same trauma recovery event.

However, if the life insured suffers more than one trauma recovery event at the same time, we only pay for one of these events.

If the life insured suffers either another trauma recovery event or a specific injury while we are paying a Trauma Recovery Benefit, we will pay one benefit only. We pay the benefit that provides for the greater future payment. Please see page 84 for details of 'specific injury'.

We may subsequently pay for total or partial disability

We will pay a **Total** or **Partial Disability Benefit**, as applicable, for a life insured who is **disabled** at the end of the payment period due to the trauma recovery event for which we paid this benefit. The life insured must otherwise satisfy all requirements for the **Total** or **Partial Disability Benefit**.

We pay the **Total Disability Benefit** or **Partial Disability Benefit** from the later of the end of the:

- six month payment period
- period for which the lump sum Trauma Recovery Benefit was paid
- waiting period.

If the benefit period is two years or six years, we reduce the maximum period for which we pay the **Total Disability Benefit** or **Partial Disability Benefit**. We reduce that period by the number of months we have already paid the Trauma Recovery Benefit and add back any period of the waiting period.

List of trauma recovery events

The following trauma recovery events are included under the Trauma Recovery Benefit:

- Alzheimer's disease (diagnosed)†
- angioplasty – triple vessel*
- aortic surgery*
- aplastic anaemia (requiring treatment)
- benign brain tumour (permanent impairment or requiring surgical intervention)†
- benign spinal tumour (permanent impairment or requiring surgical intervention)†
- blindness (permanent in both eyes)
- burns (severe)
- cancer (excluding less advanced cases)*†
- cardiac arrest (out of hospital)*†
- cardiomyopathy (permanent and irreversible)
- cognitive loss (permanent)
- coma (of specified severity)
- coronary artery by-pass surgery*†
- deafness (permanent in both ears)
- dementia (diagnosed)†
- diabetes (severe)*†
- encephalitis (permanent and irreversible)
- head trauma (permanent and irreversible)†
- heart attack (diagnosed)*†
- heart valve surgery*
- HIV (medically acquired)
- HIV (occupationally acquired)
- intensive care (prolonged)
- kidney failure (end stage)
- liver disease (end stage)
- loss of independent existence (permanent)
- loss of speech (permanent)
- loss or paralysis of limb (permanent)
- lung disease (end stage)†
- meningitis and/or meningococcal disease (permanent and irreversible)
- motor neurone disease (diagnosed)†
- multiple sclerosis (diagnosed)*†
- muscular dystrophy (diagnosed)†
- open heart surgery*
- organ transplant (major)
- osteoporosis (before age 50)*†
- Parkinson's disease (diagnosed)
- pneumonectomy†
- primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)
- rheumatoid arthritis (severe)*†
- stroke (diagnosed)*†
- systemic sclerosis (permanent and irreversible)*
- terminal illness†.

The trauma recovery events are defined on pages 111 to 118.

* We do not pay for a trauma recovery event marked with a '*' if the trauma condition first occurs or is first diagnosed during the first 90 days after the date that we receive:
- the complete application for Income Secure Cover
- a request to reinstate Income Secure Cover
- the complete application for an increase to the Income Secure Cover **monthly amount insured** (regarding the increased portion only).

We also do not pay for a trauma recovery event marked with a '*' if the symptoms leading to the trauma condition occurring or being diagnosed first become **reasonably apparent** during the 90 days referred to above.

† A trauma recovery event marked with a '†' must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

If your Income Secure Cover is replacing existing cover, the 90 day qualifying period will not apply to the part of the **monthly amount insured** being replaced if all the following apply:

- any similar qualifying period has expired for the same conditions or events in the policy to be replaced. This includes qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases
- the policy to be replaced is cancelled immediately after we issue this policy
- no claim is payable or pending under the policy to be replaced.

The policy to be replaced can be a policy issued by us or another insurer.

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

Accommodation Benefit

Does not apply to Basic, Basic SuperLink, Essentials, Standard or Income Secure SuperLink (Super) Cover.

Under this benefit we reimburse accommodation costs of an **immediate family member** up to $500 per day across all Income Secure Covers for the life insured. We pay for each day the life insured is confined to bed and the **immediate family member** is required to stay away from their **home**, up to 30 days.

We pay the Accommodation Benefit if all the following apply:

- the life insured becomes **totally disabled**
- a **medical practitioner** certifies that the life insured must remain confined to bed due to **illness** or **injury**
- either:
  - the life insured is more than 100 kilometres away from their **home** and an **immediate family member** must travel from their **home** to be with the life insured
  - an **immediate family member** must travel more than 100 kilometres from their **home** to be with the life insured.

We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

We pay this benefit as well as any other benefit that becomes payable.

We pay this benefit during the waiting period.

Special Care Benefit

Does not apply to Basic, Basic SuperLink, Essentials, Standard or Income Secure SuperLink (Super) Cover.

Under this benefit we reimburse limited costs of employing a registered nurse or housekeeper, who is not an **immediate family member**, for up to six months.

We pay the Special Care Benefit if all the following apply:

- the life insured is **totally disabled**
- we have paid a **Total Disability Benefit** in respect of the life insured for more than 30 consecutive days
- the life insured is confined to bed due to an **illness** or **injury** and a **medical practitioner** certifies that they require the care of registered nurse or a housekeeper within their principal residence. The registered nurse or housekeeper cannot be an **immediate family member** of the life insured.

We reimburse the lesser of the life insured's **monthly amount insured payable** or $5,000 per month across all Income Secure Covers for the life insured.

We pay this benefit for up to six months, stopping earlier when any of the following occur:

- the life insured is no longer confined to bed
- a **medical practitioner** ceases to certify that the life insured requires the care of a registered nurse or a housekeeper, who are not **immediate family members**
- the life insured ceases to be **totally disabled**.

We pay this benefit as well as any other benefits that become payable, except for the Immediate Family Member Benefit.

We reduce the amount we pay under this benefit by any amount of the Immediate Family Member Benefit we have paid because of the same **illness** or **injury**. Please see below for details of the Immediate Family Member Benefit.

We do not pay this benefit during the waiting period.

Immediate Family Member Benefit

Does not apply to Basic, Essentials, Standard or Income Secure SuperLink (Super) Cover.

We pay the Immediate Family Member Benefit if, from the start of the benefit period, both:

- a **medical practitioner** certifies that the life insured is confined to bed due to **illness** or **injury** and requires care
- as a result of the life insured's **illness** or **injury**, an **immediate family member** ceases to earn any income because the life insured needs an **immediate family member** to care for them.

We pay an additional 50% of the **monthly amount insured payable**, up to $3,000 per month across all Income Secure Covers for the life insured.

We pay up to three months, in arrears. We stop paying earlier if the life insured is no longer confined to bed, their **immediate family member** commences to earn an income or they no longer need a family member to care for them.

We pay this benefit as well as any other benefits that become payable, except for the Special Care Benefit or Meal Allowance Benefit.

We reduce the amount we pay under this benefit by any amount we pay under the Special Care Benefit and Meal Allowance Benefit because of the same **illness** or **injury**.

We do not pay this benefit during the waiting period.

Nursing Care Benefit

Does not apply to Basic, Essentials, Standard or Income Secure SuperLink (Super) Cover.

We pay the Nursing Care Benefit if both:

- the life insured is confined to bed due to **illness** or **injury** during the waiting period
- a **medical practitioner** certifies that the life insured needs continuous care from a registered nurse for more than 72 hours.

The amount we pay is 1⁄30 of the **monthly amount insured payable** for each day nursing care is certified as required. We pay for 90 consecutive days from the first day of nursing care, or until the end of the waiting period, if earlier.

We pay this benefit during the waiting period.

If we pay this benefit, we will not pay another benefit for the **illness** or **injury**, during the waiting period, other than the Accommodation Benefit, Relocation Benefit, Emergency Domestic Travel Benefit or Commuter Benefit, if applicable.

Relocation Benefit

Does not apply to Basic, Basic SuperLink, Essentials, Standard or Income Secure SuperLink (Super) Cover.

We pay the Relocation Benefit once during a claim if the life insured becomes **totally disabled** while outside of Australia, remains **totally disabled** for at least 30 days and returns to Australia while **disabled**.

We pay the lesser of:

- the cost of a single standard economy airfare for a scheduled commercial flight by the most direct route to the nearest airport in Australia to where the life insured resides
- the expenses the life insured actually incurred in changing previously made air travel arrangements
- three times the **monthly amount insured payable**.

We reduce the amount of this benefit by any amounts paid, or that can be recovered, from another source in respect of the same airfare or expense.

We only pay this benefit once in respect of each claim for **total disability**.

We pay this benefit as well as any other benefit that becomes payable.

We pay this benefit during the waiting period.

Childcare Assistance Benefit

Does not apply to Basic, Basic SuperLink, Essentials, Standard or Income Secure SuperLink (Super) Cover.

We pay the Childcare Assistance Benefit if the life insured is **totally disabled** and because of this, needs additional child care assistance.

Under this benefit, we will reimburse the monthly cost of child care fees the life insured incurs during the benefit period that cannot be recovered from another source, up to the limit below. The childcare must be for a child or children aged under 12 when the life insured's **disability** occurs and you must obtain our prior written approval to the additional child care arrangements.

If child care arrangements are already in place when you claim, we will only reimburse additional child care costs incurred directly because of the life insured's **total disability**.

The maximum we will reimburse is the lesser of:

- 5% of the **monthly amount insured**
- $400 per month across all Income Secure Covers for the life insured under this policy.

We pay this benefit monthly in arrears for a maximum of three months.

Before we pay, we require evidence each month of the child care fees having been paid. We will not reimburse any amount for child care services that you or an **immediate family member** of the child provide.

We pay the Child Care Assistance Benefit as well as any other benefit that becomes payable.

We do not pay this benefit during the waiting period.

Emergency Domestic Travel Benefit

Applies to Professional Cover only.

We pay the Emergency Domestic Travel Benefit if the life insured is **totally disabled** and requires emergency transportation within Australia to a hospital or their **home**.

Under this benefit we will reimburse the expenses of emergency transportation, other than ambulance services, of the life insured and one accompanying **immediate family member.**

The amount we will pay is the lesser of:

- the expenses actually incurred for the emergency transportation
- two times the **monthly amount insured payable**
- $2,000 across all Income Secure Covers for the life insured under this policy.

We reduce the amount of this benefit by any amounts paid, or that can be recovered, from another source in respect of the same emergency transportation expense.

We pay this benefit only once in respect of each claim for **total disability**.

We pay this benefit as well as any other benefit that becomes payable.

We pay this benefit during the waiting period.

Commuter Benefit

Applies to Professional Cover only.

We pay the Commuter Benefit if the life insured incurs transportation expenses for travelling to and from work during the waiting period and the life insured goes **on claim** when the waiting period ends.

Under this benefit we reimburse, up to the limit below, the cost of any travel expenses we approve that the life insured directly incurs because of their **illness** or **injury**.

We pay the lesser of the following amounts:

- the expenses actually incurred in travelling to and from work
- one third of the **monthly amount insured payable**
- $500 across all Income Secure Covers for the life insured.

We pay this benefit at the end of the waiting period for travel expenses incurred during the waiting period.

We reduce this benefit by any amounts paid, or that can be recovered, from another source in respect of the same expense.

We pay this benefit only once in respect of each claim for **total disability**.

We pay this benefit as well as any other benefit that becomes payable.

Premium and Cover Suspension Benefit

Does not apply to Basic, Basic SuperLink, Standard, Comprehensive or Professional Cover.

You can suspend premiums and Cover under your Essentials or Income Secure SuperLink Cover if you are:

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

The Premium and Cover Suspension Benefit is only available if your Cover has been continuously in force since the commencement date and premiums have been paid for at least the previous 24 consecutive months. We'll suspend premiums and Cover for a maximum of 12 months from the time the application is accepted by us in writing and a maximum of 24 months over the life of the policy.

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

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

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

Severity Booster Benefit

Applies to Essentials Cover only.

If the life insured is entitled to a **Total Disability Benefit** and is unable to perform at least two of the five **activities of daily living** (without another adult person assisting) at the end of six months from first being **on claim**, we will increase the **Total Disability Benefit** while they continue to be unable to perform at least two of the five **activities of daily living** (without another adult person assisting) by one third subject to a maximum of 100% of your **pre-claim earnings**.

We cease payment of Severity Booster Benefit if we commence payment of Return to Health Benefit.

Standard features

Income Secure Cover includes several standard features which we explain in this section. These features apply to all Income Secure Cover unless we state otherwise.

Waiver of premium

We will waive the premiums for Income Secure Cover for the life insured for the time the life insured is either:

- **on claim** under Income Secure Cover
- **disabled** after the waiting period and otherwise eligible for a benefit under Income Secure Cover before we apply benefit reductions. Please see page 71.

If we waive a premium for the Income Secure Cover, we will also waive the premium for the Income Secure Cover falling due during the waiting period.

For Income Secure SuperLink and Basic SuperLink, we will waive the premiums under both **linked policy** if we are waiving the premiums on one of them.

If we waive the premiums for all **Covers** for the life insured, we also waive the Policy Fee for that life insured.

Conversion to Living Expense Cover

If the life insured is not **on claim** and there is no eligibility to claim when your Income Secure Cover expires, we will offer conversion to Living Expense Cover without medical underwriting.

As Living Expense Cover cannot be held through super, where you have Basic or Income Secure SuperLink Cover we will offer you Living Expense Cover through a separate non-super policy.

We will offer Living Expense Cover with the following features and terms:

- a two year benefit period
- Cover expiry at the policy anniversary when the life insured is age 80
- a **monthly amount insured** calculated as the lesser of the:
  - **monthly amount insured** when Income Secure Cover expires across all Income Secure Covers for the life insured under all policies we issued
  - maximum **monthly amount insured** we offer on standard terms for Living Expense Cover when the Income Secure Cover expires.
- the following waiting periods to choose from:

Waiting period under Income Secure Cover at time of conversion	Available waiting periods under Living Expense Cover
14, 30 or 60 days	30 days, 90 days, 1 year, 2 year
90 or 180 days	90 days, 1 year, 2 year
1 year	1 year, 2 year
2 year	2 year

- a premium based on the stepped premium rates applying to Living Expense Cover when the conversion occurs
- the terms and conditions for Living Expense Cover that apply when the conversion occurs. If we do not then offer Living Expense Cover, we will offer another Cover that we consider is the most similar to Living Expense Cover.

Any medical or hazardous pursuits loadings or specific exclusions that applied to your Income Secure Cover will also apply to the Living Expense Cover including the **illicit drug use** exclusion where converting from Income Secure SuperLink or Essentials Cover.

The conversion option must be exercised by the policy owner or under OneCare Super, the life insured. The option must be exercised before the Income Secure Cover expires.

Please see page 106 for details of Living Expense Cover.

Unemployment Premium Waiver

Applies to Professional Cover only.

Under Unemployment Premium Waiver, we will waive the premiums for Professional Cover for up to three months from the date the life insured becomes **involuntarily unemployed**. The life insured must have become **involuntarily unemployed** for reasons other than **illness** or **injury** and had Income Secure Cover continually in force for six months before they became **involuntarily unemployed**.

We must receive proof that is legible and unaltered of the **involuntary unemployment** before we will waive the premiums. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

The life insured's Cover will continue during the premium waiver.

We will stop waiving the premiums before three months if the life insured returns to work, whether in their **regular occupation** or another occupation. You must resume paying premiums once the premium waiver ends.

We will only waive premiums under this feature for three separate periods of **involuntary unemployment** during the life of the policy.

Pregnancy Premium Waiver

Applies to Essentials Cover only.

If the life insured becomes pregnant while this Cover is in force, we will waive the premiums under Income Secure Essentials Cover for up to a maximum of six months over the life of the policy.

Premiums may be waived during any period that:

- begins no earlier than the start of the life insured's second trimester, and
- finishes no later than six months from the date of birth of the life insured's child.

This benefit will only apply if the Cover under this policy has been continually in force for at least six months prior to the date the life insured becomes pregnant and at the time of the application to waive premiums they are not working in any occupation.

You must notify us in writing when you wish to apply to waive premiums under this benefit and provide us with a certificate of the life insured's pregnancy from a medical practitioner.

The Pregnancy Premium Waiver will end if the life insured returns to work (whether in their **regular occupation** or any other occupation) or when a total of six months of premiums have been waived over the life of the policy.

If Income Secure Essentials Cover is the only Cover in force for the life insured, we will also waive the Policy Fee payable in respect of the life insured during the period that premiums are being waived under the Pregnancy Premium Waiver. If other Cover is in force for the life insured, we will continue to charge the Policy Fee and the premiums for the other Cover.

Pregnancy Premium Waiver is not available while Family Cover Pause is activated.

Conversion to Non-Super Cover

Does not apply to Basic SuperLink, Essentials, Standard, Income Secure SuperLink (Non Super), Comprehensive or Professional Cover.

This feature applies if either your:

- Cover held through OneCare Super ceases because the trustee of the Fund cannot accept contributions, rollovers or transfers into your super account
- External Master Trust Cover ceases because you cease to be a member of your super fund or master trust.

Under Conversion to Non-Super Cover, you can continue Income Secure Cover outside of super on the following terms.

This option is available to you if you are not **on claim** and not eligible to make a claim when your Basic or Income Secure SuperLink (Super) Cover ceases.

You must exercise this option before your Basic or Income Secure SuperLink (Super) Cover ends.

We will offer Cover with the following features and terms:

- Basic Cover will convert to Essentials Cover
- Income Secure SuperLink (Super) will convert to Comprehensive Cover
- The new Cover outside super will have the same:
  - benefit period and waiting period that applied under your Basic or Income Secure SuperLink (Super) Cover
  - **Cover expiry date** as your Basic or Income Secure SuperLink (Super) Cover
  - **monthly amount insured** as applied under your Basic or Income Secure SuperLink (Super) Cover on the date that Cover ceased.

Any medical or hazardous pursuits loadings or specific exclusions that apply to your Basic or Income Secure SuperLink (Super) Cover (including **illicit drug use**) will also apply to the converted Cover.

You must exercise this option before your Basic or Income Secure SuperLink (Super) Cover expires by contacting us and completing the appropriate forms.

Increasing Income

Does not apply to occupation category R under Basic or Essentials Cover.

This feature allows the policy owner, or the life insured under OneCare Super, to increase the **monthly amount insured** with increases in the life insured's average **monthly earnings**, without medical underwriting.

An application may be made each year to increase the **monthly amount insured** at the policy anniversary. The increase applied for can be up to 15% of the **monthly amount insured** after any indexation increase applicable on that policy anniversary has been applied.

However, the maximum individual increase available under this feature changes to $1,000 if the **monthly amount insured** for Income Secure Cover has not increased under this feature within three years of the policy starting.

The increase must be applied for within 30 days of the policy anniversary.

This feature can only be exercised if:

- the life insured is not **on claim** or eligible to claim
- the life insured was less than age 50 on the **Cover start date**
- the life insured is less than age 55 on the policy anniversary from which the increased Cover is to apply
- the **monthly amount insured** across all Income Secure Covers for the life insured, including the increase applied for, does not exceed $30,000
- the Cover that is being increased is not a result of exercising a Continuation Option
- we issued the life insured's Cover without medical loadings greater than 50%, as shown on the Policy Schedule

- the sum of all increases in the **monthly amount insured** under this feature, including the increase applied for, do not exceed the original **monthly amount insured** at the **Cover start date**.

We must receive a completed Application Form and financial evidence supporting the increase in Cover. We must also receive confirmation the life insured is actively at work and expects their income to continue or increase.

Family Cover Pause

If the life insured's average **monthly earnings** decrease while pregnant or after they or their **spouse** have children, you can reduce the **monthly amount insured** to reflect the life insured's new average **monthly earnings** under Family Cover Pause. You can reduce the **monthly amount insured** by up to 75%, subject to a minimum **monthly amount insured** of $1,250.

To be eligible to exercise this Family Cover Pause, you must have paid premiums for the previous 24 consecutive months and there must not be any outstanding premiums at the time.

The life insured can reinstate all or part of the **monthly amount insured** without medical underwriting when the life insured's **monthly earnings** increase. They can do this before the life insured's youngest child turns six.

To do so, we must receive the relevant completed form and financial evidence supporting the reinstated Cover. We must also receive a copy of the youngest child's birth certificate or adoption record.

The life insured must not be **on claim** or eligible to claim when exercising or reinstating Family Cover Pause.

We do not provide Cover or pay any benefits under this feature because of **illness** or **injury** that becomes **reasonably apparent** either:

- while Cover is paused, for the amount of Cover that is paused only
- in the first 90 days after each increase of Cover from Family Cover Pause, for the increased portion only.

The reduced **monthly amount insured** will continue to be adjusted under indexation, if applicable, while Cover is paused. Please see page 93.

Family Cover Pause is not available while Pregnancy Premium Waiver is activated.

Premium Pause

Applies to Professional Cover only.

If the life insured becomes **unemployed** or takes long-term leave from work, the policy owner can request to pause paying premiums for up to 12 consecutive months. The policy owner will have the option to recommence Cover at the end of the 12 months.

You can activate Premium Pause during any time of the year, but must request the Pause within 30 days after the life insured becomes **unemployed** or starts long-term leave.

To be eligible to exercise Premium Pause, you must have paid premiums for the previous 24 consecutive months and there must not be any outstanding premiums when the Premium Pause is activated.

We do not pay any benefits under Income Secure Cover or increase the **monthly amount insured** under indexation while the Premium Pause is activated.

If Income Secure Professional Cover is the only Cover in force for the life insured, we will also pause the Policy Fee for the life insured while premiums are paused. If other Cover is in force for the life insured, we will continue to charge the Policy Fee and the premiums for the other Cover.

Premium Pause will automatically cease after 12 months and we will notify you 30 days before it does. If you do not reinstate the Professional Cover within 30 days, we will cancel the Cover.

You can apply to stop the Premium Pause and recommence Professional Cover after the Pause has been in place for three months, and before the end of the 12 months. Reinstatement of the Cover requires our approval and receipt of the premium.

We calculate the premium payable when Cover resumes based on the life insured's age and **monthly amount insured** on the last policy anniversary.

We do not provide Cover or pay any benefits for **illness** or **injury** that becomes **reasonably apparent** while premiums are paused and in the first 90 days after Cover resumes from a Premium Pause.

Cover Continuation

Does not apply to Basic, Basic SuperLink, Essentials, Standard, Income Secure SuperLink or Comprehensive Cover.

If the life insured is working full-time when their Professional Cover expires and was doing so for the immediately preceding 12 months, we will offer to continue Professional Cover if the requirements below are met.

You can continue Cover up to the earlier of the:

- policy anniversary when the life insured is:
  - age 65, if the benefit period under the existing Cover is to age 60
  - age 60, if the benefit period under the existing Cover is to age 55.
- date the life insured ceases full-time work.

This option is not available if the life insured was over age 55 when their Professional Cover started. It is also not available if any medical loadings apply to the life insured's Cover, as shown on the Policy Schedule.

To continue Professional Cover we will require evidence that the life insured is working and plans to continue to work full-time. We will also need information about the life insured's occupation. Your submitted document should be legible, unaltered and include evidence that supports your request. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

The continued Cover will have the following terms:

- the waiting period will be the greater of 30 days and the current waiting period immediately before the existing Cover was to expire
- the benefit period will be one year
- the maximum **monthly amount insured** across all Professional Covers for the life insured will be the lesser of $10,000 or the current **monthly amount insured** immediately before Cover was to expire
- the Accident Option and the Premier Accident Option will not apply

Waiting Period Conversion

Does not apply to Basic SuperLink Cover.

This feature allows the policy owner, or the life insured under OneCare Super, to apply to change a life insured's waiting period from one or two years to 90 days without medical evidence. The application can be made when the life insured ceases to be covered under a group salary continuance (GSC) scheme or similar arrangement.

The scheme or arrangement must have been provided by an employer and issued by a life company registered in Australia.

The application must be made within 30 days after the Cover under the GSC scheme ceases.

Apart from medical history, we will assess all aspects of the life insured's history to determine whether we can offer to convert the waiting period and if so, the conditions which may apply.

We may reject the application to convert when we assess the evidence and information against our then current standard underwriting guidelines.

Or instead, we may accept the conversion, but require a change to the life insured's occupation category or **monthly amount insured**.

You must provide confirmation the life insured:

- ceased to be covered under a GSC scheme or similar arrangement provided by an employer and issued by a life company registered in Australia
- is actively at work in their occupation and expects their **monthly earnings** to continue at or above the same level as when leaving the GSC scheme
- has not left the **employment** for which Cover under the GSC scheme was provided due to **illness** or **injury**
- has not, and is not eligible to, claim under Income Secure Cover
- has not, and is not eligible to, claim under the GSC scheme or any other policy providing disability income insurance
- has not received a **TPD benefit** from any life insurer
- has not, and does not intend to, claim a **TPD benefit** with any life insurer.

This option to convert the waiting period expires at the policy anniversary when the life insured is age 55.

This benefit does not apply if it is part of a transfer from another OnePath product or this policy is issued as part of a continuation option unless it has been fully underwritten.

Indexation

Applies to your Cover only if it is shown in the Policy Schedule.

If indexation applies, at each policy anniversary the **monthly amount insured** for Income Secure Cover will automatically increase by the **indexation factor**. However, if the life insured is **on claim** or **totally disabled** on the policy anniversary, the **monthly amount insured** will not increase unless the Increasing Claim Option applies. Please see page 95.

As the monthly amount insured increases, generally the premium may also increase. Payment of the premium will constitute your acceptance of the increase in Cover due to indexation.

The policy owner under OneCare, or the life insured under OneCare Super, can decline the increase in any year. They must do so by notifying us within 30 days of the policy anniversary.

The policy owner under OneCare, or the life insured under OneCare Super, can also tell us to stop indexation permanently.

However, if you later wish to reinstate indexation we may ask for medical information.

When indexation ends

We will cease to offer indexation for Income Secure Cover on the earlier of:

- the **Cover expiry date** shown on the Policy Schedule
- for Professional Cover only, when the Premium Pause is exercised
- for Essentials Cover only, when the Pregnancy Premium Waiver is exercised.

Indexation factor

We determine the **indexation factor** each year based on the percentage increase in the Consumer Price Index (CPI). We use the CPI weighted average of eight capital cities combined, as published by the Australian Bureau of Statistics or its successor, for the 12 month period ending on 31 December each year. We apply the **indexation factor** from 1 May in the following year.

If there is no increase in CPI, then no increase will be offered.

If the CPI reduces over the relevant period, the **indexation factor** will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next **indexation factor**.

If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.

Extra cost options

Income Secure Cover offers the following options at extra cost. These options will increase your premium.

Not all options are available under all types of Income Secure Cover. This PDS explains where an option is not available.

You should consider which of the options are important to you.

Accident Option

Applies to your Cover only if it is shown on the Policy Schedule.

This option is not available under Essentials Cover, Cover with waiting periods other than 14 or 30 days, or to a life insured with occupation category R.

We pay a benefit under the Accident Option if, as a result of an **injury**, the life insured is **totally disabled** for 14 consecutive days from the start of the waiting period. The **total disability** must have commenced within 30 days of the date of the **injury**.

If the life insured has Basic or Income Secure SuperLink (Super) Cover, the life insured must also have either, as a result of **illness** or **injury**:

- ceased to be **gainfully employed**
- ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed**.

If you have selected Basic SuperLink, we will first assess entitlement under your policy held through super and only if the requirements are not met will we then assess you under the **linked policy** held outside super (Basic SuperLink). We do not pay this benefit under both **linked policies** at the same time in respect of the same **injury**.

If you have Income Secure SuperLink, we do not pay the full **monthly amount insured payable** under both **linked policies**. If you are entitled to a benefit under the Accident Option under both **linked policies** in respect of the same **illness** or **injury,** we will determine the **monthly amount insured payable** under the Income Secure SuperLink (Super) policy first, in accordance with this section of this PDS. We will then deduct this amount from the benefit that would otherwise be payable under the Income Secure SuperLink (Non Super) policy.

The Accident Option is only available if the life insured's waiting period is 14 or 30 days.

The amount we pay is 1⁄30 of the **monthly amount insured payable** for each day the life insured is **totally disabled** during the waiting period.

We pay this benefit during the waiting period.

If we pay this benefit, we will not pay another benefit for that **injury** during the waiting period, except for the Accommodation Benefit, Relocation Benefit, Emergency Domestic Travel Benefit and Commuter Benefit, if applicable.

The Accident Option expires at the policy anniversary when the life insured is age 65.

Premier Accident Option

Applies to your Cover only if it is shown in the Policy Schedule.

This option is not available under Essentials Cover, Cover with waiting periods other than 14 or 30 days, or to a life insured with occupation category R.

We pay a benefit under the Premier Accident Option if, as a result of an **injury**, the life insured is **totally disabled** for three consecutive days from the start of the waiting period. The **total disability** must have commenced within 30 days of the date of the **injury**.

If you have Basic or Income Secure SuperLink (Super) Cover, the life insured must also have either, as a result of **illness** or **injury**:

- ceased to be **gainfully employed**
- ceased for at least one day to receive gain or reward under a continuing arrangement to be **gainfully employed**.

If you have selected Basic SuperLink, we will first assess entitlement under your policy held through super and only if the requirements are not met will we then assess you under the **linked policy** held outside super (Basic SuperLink). We do not pay this benefit under both **linked policies** at the same time in respect of the same **injury**.

If you have Income Secure SuperLink, we do not pay the full **monthly amount insured payable** under both **linked policies**. If you are entitled to a benefit under the Premier Accident Option under both **linked policies** in respect of the same **illness** or **injury,** we will determine the **monthly amount insured payable** under the Income Secure SuperLink (Super) policy first, in accordance with this section of this PDS. We will then deduct this amount from the benefit that would otherwise be payable under the Income Secure SuperLink (Non Super) policy.

The Premier Accident Option is only available if the life insured's waiting period is 14 or 30 days.

The amount we pay under this option is 1⁄30 of the **monthly amount insured payable** for each day the life insured is **totally disabled** during the waiting period.

We pay this benefit during the waiting period.

If we pay this benefit, we will not pay another benefit for that **injury** during the waiting period, except for the Accommodation Benefit, Relocation Benefit, Emergency Domestic Travel Benefit and Commuter Benefit, if applicable.

This option expires at the policy anniversary when the life insured is age 65.

Increasing Claim Option

Applies to your Cover only if it is shown on the Policy Schedule.

Under the Increasing Claim Option we will increase the **monthly amount insured** every three months by a quarter of the **indexation factor** while the life insured is **on claim**.

When the life insured ceases to be **on claim**, the **monthly amount insured** for their Income Secure Cover will be the **monthly amount insured** that applied on the policy anniversary before they ceased being **on claim**.

This option expires at the policy anniversary when the life insured is age 65 for all Covers, except for to age 55 and to age 60 benefit periods which will expire at policy anniversary when the life insured is age 55 and age 60, respectively.

Priority Income Option

Applies to your Cover only if it is shown on the Policy Schedule.

This option is not available under Essentials Cover or if you have occupation category R.

The Priority Income Option allows the policy owner, or the life insured under OneCare Super, to increase the **monthly amount insured** by an additional 5% of the life insured's **monthly earnings**.

The Priority Income Option helps maintain super contributions or mortgage payments while the life insured is **disabled**.

Either of the following may be selected:

- Superannuation Maintenance
- Mortgage Maintenance.

Superannuation Maintenance

Does not apply to Basic, Basic SuperLink or Income Secure SuperLink Cover or to a life insured with occupation category R.

This option is available if the life insured or their employer is contributing at least 5% of the life insured's **monthly earnings** towards super when the option is applied for.

The Super Maintenance amount payable is included in the **monthly amount insured** shown on your Policy Schedule.

The Super Maintenance amount payable will be 5% of the lesser of the:

- **monthly earnings** at time of application, adjusted by the **indexation factor** up to the policy anniversary before claim
- **pre-claim earnings**.

We will pay a partial Super Maintenance amount while the life insured is **partially disabled**.

If the **monthly amount insured payable** was decreased because of the receipt of 'other payments', we will decrease the Super Maintenance amount payable in the same proportion. Please see page 72 for information on 'other payments'.

We will pay the Super Maintenance amount as part of the **monthly amount insured payable** to you. The Super Maintenance amount must be paid into a superannuation fund nominated by you.

We do not boost the Priority Income Option amount under the Booster Option. Please see Booster Option on the following page.

Mortgage Maintenance

This benefit is only available if the life insured is an owner, occupier and mortgagor of their principal place of residence. The life insured must be contributing at least 5% of their **monthly earnings** towards paying a mortgage on their principal place of residence when the option is applied for.

The Mortgage Maintenance amount payable is included in the **monthly amount insured** shown on your Policy Schedule.

The Mortgage Maintenance amount payable will be 5% of the lesser of:

- the **monthly earnings** at time of application, adjusted by the **indexation factor** up to the policy anniversary before claim
- **pre-claim earnings**.

We pay a partial Mortgage Maintenance amount while the life insured is **partially disabled**.

If the **monthly amount insured payable** was decreased because of the receipt of 'other payments', we will decrease the Mortgage Maintenance amount payable by the same proportion. Please see page 72 for information on 'other payments'.

We will pay the Mortgage Maintenance amount payable direct to the policy owner.

We do not boost the Priority Income Option amount under the Booster Option. Please see Booster Option on the following page.

Booster Option

Applies to your Cover only if it is shown on the Policy Schedule.

This option is not available under Basic, Basic SuperLink, Essentials, or Income Secure SuperLink Cover.

Standard Cover

If the life insured has Standard Cover, we pay under the Booster Option if both:

- the life insured suffers a 'trauma recovery event' while their Cover is in force
- the 'trauma recovery event' results in a **Total Disability Benefit** or a **Partial Disability Benefit** being payable in respect of the life insured.

We pay an additional third of the **monthly amount insured payable**, up to 24 months. We cease paying this benefit earlier if the life insured ceases to be either **totally** or **partially disabled**, as applicable.

Comprehensive and Professional Cover

If the life insured has Comprehensive or Professional Cover, we pay under the Booster Option if a 'trauma recovery event' occurs while their Cover is in force.

We pay an additional third of the **monthly amount insured payable**, for up to six months. We pay whether or not the life insured is **totally** or **partially disabled**.

We pay an additional amount if the life insured is **disabled** at the end of the six-month payment period due to the 'trauma recovery event' for which we paid the Trauma Recovery Benefit. We pay an additional third of the **Total Disability Benefit** or **Partial Disability Benefit**, as applicable. We pay from the later of the end of the:

- payment period for the 'trauma recovery event'
- waiting period.

We pay for up to a further 18 months. We cease paying earlier if the life insured ceases to be **totally** or **partially disabled**.

We do not 'boost' some amounts

The Booster Option will only apply to the first $30,000 of the **monthly amount insured**.

Further, Priority Income Option amounts under the Priority Income Option are not boosted. Please see page 95 for information on the Priority Income Option.

List of trauma recovery events

The following 'trauma recovery events' are included under the Booster Option:

- Alzheimer's disease (diagnosed)†
- angioplasty – triple vessel*
- aortic surgery*
- aplastic anaemia (requiring treatment)
- benign brain tumour (permanent impairment or requiring surgical intervention)†
- benign spinal tumour (permanent impairment or requiring surgical intervention)†
- blindness (permanent in both eyes)
- burns (severe)
- cancer (excluding less advanced cases)*†
- cardiac arrest (out of hospital)*†
- cardiomyopathy (permanent and irreversible)
- cognitive loss (permanent)
- coma (of specified severity)
- coronary artery by-pass surgery*†
- deafness (permanent in both ears)
- dementia (diagnosed)†
- diabetes (severe)*†
- encephalitis (permanent and irreversible)
- head trauma (permanent and irreversible)†
- heart attack (diagnosed)*†
- heart valve surgery*
- HIV (medically acquired)
- HIV (occupationally acquired)
- intensive care (prolonged)
- kidney failure (end stage)
- liver disease (end stage)
- loss of independent existence (permanent)
- loss of speech (permanent)
- loss or paralysis of limb (permanent)
- lung disease (end stage)†
- meningitis and/or meningococcal disease (permanent and irreversible)
- motor neurone disease (diagnosed)†
- multiple sclerosis (diagnosed)*†
- muscular dystrophy (diagnosed)†
- open heart surgery*
- organ transplant (major)
- osteoporosis (before age 50)*†
- Parkinson's disease (diagnosed)
- pneumonectomy†
- primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment)
- rheumatoid arthritis (severe)*†
- stroke (diagnosed)*†
- systemic sclerosis (permanent and irreversible)*
- terminal illness†.

The trauma recovery events are defined on pages 111 to 118.

* We do not pay a Booster Option for a 'trauma recovery event' event marked with a '*' if the event first occurs or is first diagnosed during the first 90 days after we receive:

- the complete application for Standard, Comprehensive, or Professional Cover
- a request to reinstate Standard, Comprehensive, or Professional Cover
- the complete application for an increase to the Standard, Comprehensive, or Professional Cover **monthly amount insured**, regarding the increased portion only.

We also do not pay a Booster Option for a 'trauma recovery event' marked with a '*' if the symptoms leading to the event occurring or being diagnosed first become **reasonably apparent** during the 90 day period described above.

† A 'trauma recovery event' marked with a '†' must be diagnosed and certified by a **medical practitioner** who is an **appropriate specialist**.

When Income Secure Cover ends

Income Secure Cover for a life insured will end and your eligibility for any benefit under Income Secure Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is 65
- **Cover expiry date** for the Income Secure Cover shown on the Policy Schedule

  The maximum expiry ages are:

  - the policy anniversary when the life insured is age 65 for 2 year, 6 year and 10 year benefit periods
  - the policy anniversary after the life insured's age-based benefit period. For example, 65 for a benefit period to age 65.

- date we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date the life insured ceases to be a member of the master trust – if the policy owner is the trustee of an external master trust
- date one policy is cancelled under the Basic SuperLink or Income Secure SuperLink arrangement (any applicable premium refund will be paid to the policy owner)
- for OneCare Super, and subject to the option to continue Income Secure Cover outside of super as explained below, the date the life insured:
  - ceases to be a member of the Fund, or
  - is no longer able to make super contributions, or roll over or transfer existing super amounts from other OnePath superannuation products or external superannuation products
- date the life insured dies.

You may be able to continue Cover

You can apply without further underwriting, to continue Income Secure Cover in a policy held outside super if your Basic or SuperLink Cover held through OneCare External Master Trust or OneCare Super ceases. Please see page 91 for details.

If you have Professional Cover, you may be able to continue Cover under the Cover Continuation feature. Please see page 93 for further details.

BUSINESS EXPENSE COVER

You know how much your **business** needs you.

This Cover is especially designed for business owners, sole traders and partnerships.

It pays a monthly benefit to help cover fixed **business expenses** if the life insured is **totally** or **partially disabled** – helping the **business** stay afloat.

Choosing the right Cover

This section explains the benefits, features and options of the Business Expense Cover we offer.

You can tailor your Business Expense Cover by choosing:

- the amount of your Cover
- the waiting period
- any extra cost options you need.

Your premium will depend on your choices.

It is important to choose Cover that is right for you, considering your individual circumstances such as your income and day-to-day expenses.

Benefits and features snapshot

We offer Business Expense Cover with the following benefits, features and options, which we explain in the following sections of this PDS:

Key benefits

Policy ownership	Benefit	Page
Non Super	Total Disability Benefit	100
Non Super	Partial Disability Benefit	102

Additional benefits

Policy ownership	Benefit	Page
Non Super	Death Benefit	103
Non Super	No Claim Benefit	103

Standard features

Policy ownership	Feature	Page
Non Super	Increasing Expenses	103
Non Super	Premium Break	103
Non Super	Waiver of Premium	104
Non Super	Indexation	104

Options available at extra cost

Policy ownership	PDS Section	Page
Non Super	Accident Option	104
Non Super	Premier Accident Option	104

Important features of Business Expense Cover

Available only outside super

Non Super

You can only hold Business Expense Cover in a policy held outside super.

When Cover starts

Business Expense Cover for a life insured starts on the **Cover start date** for Business Expense Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages and other eligibility conditions for a life insured under Business Expense Cover.

Limits on the amount of Cover apply

Please see page 15 for details of the minimum and maximum amounts of Business Expense Cover you can apply for.

Stepped premiums only

Business Expense Cover is only available with stepped premiums.

We pay one benefit at a time

We only pay one **monthly amount insured payable** at a time for a life insured. This is so even if the life insured suffers more than one **illness** or **injury** that causes **total** or **partial disability**.

A separate waiting period applies for each **illness** or **injury** for which a claim can be made, unless it is a **recurring claim**. Please see page 101.

Blood borne diseases

If the life insured is a health care professional and contracts a blood borne disease such as HIV, Hepatitis B or C, factors other than physical inability due to the **illness** can affect their ability to work.

The following is our approach to claims

Three situations could affect the life insured. In all three situations the life insured must notify the relevant governing body of their medical condition:

- the life insured discloses their condition to their patients. This may lead some patients to seek medical treatment elsewhere. It could also be difficult for the life insured to attract new patients
- the life insured chooses to cease performing 'exposure prone' procedures, as defined by the relevant governing body
- the life insured's governing body advises the life insured to cease performing 'exposure prone' procedures, as defined by the relevant governing body.

In every situation it is likely the life insured's **business income** will reduce. This is especially so for those professionals who generate a high percentage of their **business income** from 'exposure prone' procedures.

In every case we will assess whether the life insured is **disabled** under the terms and conditions of this PDS.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Business Expense Cover in some circumstances. Please see from page 17.

Cover continues during unemployment

Business Expense Cover will continue while the life insured is **unemployed**. However, a benefit may not be payable if the life insured does not incur **business expenses**.

Further, after 12 months of **unemployment**, the definition of '**regular occupation**' used in determining whether the life insured is **totally disabled** or **partially disabled** will change, unless the life insured is **unemployed** because of an **illness** or **injury** for which they are **on claim**. Please see page 122 for the definition of '**regular occupation**'.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if Business Expense Cover applies to a life insured and if so:

- the **monthly amount insured**
- the benefit payment type
- the waiting period chosen
- the benefit period
- the life insured's occupation category
- any extra cost options chosen.

Some terms depend on the life insured's occupation category

Some of the terms of Business Expense Cover vary according to the occupation category of the life insured, as indicated throughout this section of this PDS. The following table provides a general description of the types of occupations we classify under each occupation category and is a guide only. Your financial adviser can tell you how we may classify the occupation of each proposed life insured, and we will confirm the classification when we assess your application. The occupation category for each life insured will also be shown on your Policy Schedule. If the life insured's occupation changes after we issue the Policy Schedule, you may apply to change the occupation category. A new occupation category will only apply if we accept the application for the change, and issue a new Policy Schedule. Business Expense Cover is not available for employees.

Occupation category	Description
A	**Legal industry** (e.g. lawyer, solicitor). Qualified legal professionals who require membership of a professional or government body in order to practise their occupation.
C	**Community professionals** Non-manual workers who are employed by 'not for profit' organisations.
D	**Medical/dental** (e.g. doctor, dentist). Qualified medical professionals who require membership of a professional or government body in order to practise their occupation.
E	**Executive** Senior white collar workers with salary packages in excess of $100,000 p.a. who do not perform any manual work.
F	**Finance industry consultants** (e.g. insurance adviser/ broker, investment adviser). Qualified financial professionals who require membership of a professional or government body to practise their occupation.
H	**Heavy trades** (e.g. qualified wall/floor tiler, glazier). Skilled or semi-skilled manual workers and heavy machinery operators who are not exposed to high risk via accidents or health hazards.
HH	**Heavy duties** (e.g. bulldozer driver, forklift driver). Skilled or semi-skilled manual workers and heavy machinery operators who may be exposed to high risk via accidents or health hazards.
I	**Indoor sedentary** (e.g. administrative worker, travel consultant). Clerical or administrative white collar workers who do not perform any manual work, or salespeople not involved with deliveries.

Occupation category	Description
L	**Light trade** (e.g. qualified printer, hairdresser). Certain skilled technicians involved in light manual work and proprietors in some non-hazardous industries.
M	**Mobile professionals** (e.g. advertising sales representative, cafe proprietor, beautician). Occupations particularly associated with the service sector, travelling or significant 'standing' but no heavy duties.
P	**Qualified professionals** (e.g. architect, pharmacist). Qualified professionals include: • professional white collar workers with university qualifications • individuals employed by an independent employer who are executives or senior managerial white collar workers with salary packages in excess of $150,000 p.a. We will also consider working directors of their own companies, provided: • they have a structured salary package in excess of $150,000 p.a. • their business has been established more than two years • their duties are totally sedentary.
S	**Skilled technicians/trade supervisors** (e.g. dental hygienist, qualified locksmith). Certain skilled technicians and supervisors of blue collar workers, whose supervising duties may include less than 10% of their time spent performing light manual work.
T	**Trades** (e.g. electrician, qualified plumber). Fully qualified licensed tradespeople. Details of qualifications must be provided.

Key benefit — Total Disability Benefit

This section explains the key benefits under Business Expense Cover.

When we pay

We pay the **Total Disability Benefit** if the life insured both:

- is **totally disabled** due to **illness** or **injury**
- meets the conditions in the table 'Eligibility Conditions for **Total Disability** and **Partial Disability Benefit**' in the adjacent column.

We pay the **Total Disability Benefit**:

- after completion of the waiting period
- monthly in arrears
- during the benefit period, unless we stop paying earlier, please see the adjacent column.

The diagram below shows how the waiting period and payment timing work:

Total disability starts ▼	Eligibility for benefit completed ▼	We start to pay benefit ▼
Waiting period We do not pay the **Total Disability Benefit** during the waiting period.		One month We pay monthly in arrears.

When we stop paying

We stop paying the **Total Disability Benefit** on the earlier of the:

- end of the benefit period of 12 months, or if we have agreed, the later date when we have paid 12 times the **monthly amount insured** in total. Please see page 101.
- **Cover expiry date** shown on the Policy Schedule
- date the life insured is no longer **disabled**
- date the life insured dies
- date on which the Business Cover ends or is cancelled. Please see page 105.

Table: Eligibility conditions for Total Disability and Partial Disability Benefit

The life insured's occupation category, shown on the Policy Schedule	Condition
A, C, D, E, F, I or P – where the life insured also has Income Secure Professional Cover in force	The life insured has been both: • **disabled** during the waiting period • continuously **disabled** since the end of the waiting period, unless it is a **recurring claim**. Please see page 101.
M, S, L or T and A, C, D, E, F, I or P – where the life insured does not also have Income Secure Professional Cover in force	The life insured has been all of the following: • **totally disabled** for seven out of 12 consecutive days during the waiting period • **disabled** for the remainder of the waiting period • continuously **disabled** since the end of the waiting period, unless it is a **recurring claim**. Please see page 101.
H or HH	The life insured has been both: • **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if a 14 day waiting period applies • continuously **disabled** since the end of the waiting period, unless it is a **recurring claim**. Please see page 101.

What 'totally disabled' means

A life insured is **totally disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** for which they are claiming and either:

1. due to that **illness** or **injury** are not working in any gainful occupation and cannot perform one or more of the duties necessary to produce income from their **regular occupation**
2. are working in a gainful occupation, but due to that **illness** or **injury** are not working more than 10 hours* per week and cannot perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week.

* We will replace '10 hours' with 'five hours' in this definition if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and when you applied for Business Expense Cover.

Waiting period

The waiting period is the period the life insured must wait before the benefit period starts.

You can choose one of the following waiting periods:

- 14 days
- 30 days
- 60 days
- 90 days.

You can choose to split the total monthly benefit between waiting periods.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **disability**.

However, we may backdate the start of the waiting period, if it can be proved the **disability** started before receiving advice from a **medical practitioner**. In this case, we may backdate the start of the waiting period up to seven days with written confirmation.

The Policy Schedule will show the waiting period that applies to your Cover.

Longer waiting period lowers premium

The waiting period affects the premium. The longer the waiting period, the more affordable the premium.

Some benefits are payable during the waiting period. If so, we will tell you in the relevant sections of this PDS.

Separate waiting period for each illness or injury

Unless you have a **recurring claim**, a separate waiting period applies for each **illness** or **injury** of the life insured that causes **disability** for which you can claim under this Cover. Please see below for information about **recurring claims**.

Recurring claims

If you claim due to the same or related **illness** or **injury** which caused a previous successful claim, we can treat the subsequent claim as a continuation of the previous claim or as a separate claim.

We will treat the subsequent claim as a continuation of the previous claim and waive the waiting period, if the **illness** or **injury** recurs within six months of the date the life insured was last **on claim**.

We will treat the subsequent claim as a separate claim and apply a new waiting period if both the:

- **illness** or **injury** recurs after six months from the date the life insured was last **on claim**
- life insured has returned to full-time work for at least six continuous months.

Benefit period

The benefit period is the maximum period of time that we will pay a benefit for any one **illness** or **injury** while the life insured is **totally** or **partially disabled**.

The benefit period is 12 months.

The benefit period starts at the end of the waiting period and can continue for 12 months.

A separate benefit period applies for each **illness** or **injury** for which you can claim under this Cover, unless it is a **recurring claim**.

If we treat a claim as a **recurring claim** and waive the waiting period, we will also reduce the benefit period by any previous periods for which we paid benefits for that **illness** or **injury**. Please see the adjacent column for details of **recurring claims**.

If we treat a claim as a separate claim and apply a new waiting period, then the benefit period recommences.

If at the end of the 12 month benefit period we have paid an amount less than 12 times the **monthly amount insured** shown on the Policy Schedule, we may extend the benefit payment period.

The extension may be up to 12 months provided the life insured is still **disabled**. However, we will not extend beyond the **Cover expiry date**. We will also not pay a total amount greater than 12 times the **monthly amount insured** shown on the Policy Schedule.

The amount we pay

The amount of the **Total Disability Benefit** we pay for a life insured is the '**monthly amount insured payable**' as at the date that entitlement to the **Total Disability Benefit** arises.

The policy owner can choose to split the total monthly benefit between waiting periods.

The **monthly amount insured payable** depends on the **monthly amount insured** shown on the Policy Schedule.

This amount is based on the life insured's **business expenses.** You must provide evidence when you apply. Your submitted claim should be legible, unaltered and include evidence that supports your claim. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

The **monthly amount insured** will be increased under indexation, if applicable. Please see page 104.

Indemnity benefit payment type

Under the indemnity benefit payment type, we calculate the **monthly amount insured payable** in two steps.

Firstly, we calculate the lesser of the following:

- the **monthly amount insured** shown on the Policy Schedule
- the life insured's share of the **business expenses** which are incurred while the life insured is **disabled**.

We then reduce the amount calculated above if certain 'other payments' are received while **on claim**. Please see the section 'Amount we pay reduced by other payments' on the following page for more details. This resultant sum is the '**monthly amount insured payable**'.

Under the indemnity benefit payment type, the **monthly amount insured payable** at claim time may be less than the **monthly amount insured** shown on your Policy Schedule. This will be the case if the life insured's share of **business expenses** decreases after the Cover commences.

We must receive receipts within 90 days of the date the relevant **business expenses** were incurred before we will pay the **Total Disability Benefit**.

We will apportion pre-paid or accrued **business expenses**, or **business expenses** which are paid or payable in a lump sum, over the period to which they relate.

If more than one person generates income in the life insured's **business**, we determine the life insured's share of **business expenses** using the same proportion as their share of **business income** before claim. However, we may agree to divide the **business expenses** differently.

You must provide financial evidence that is legible and unaltered so we can determine the life insured's **business expenses** when you apply and at claim time. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

We pay pro-rata if the payment period is less than a month

If a payment period is less than a month, we pay 1⁄30 of the **Total Disability Benefit** for each day of the period.

Amount we pay reduced by other payments

We reduce any benefit payable under Business Expense Cover by the amount of any business expense benefits you or the life insured receive from other insurance policies for the life insured's **illness** or **injury**.

Key benefit — Partial Disability Benefit

When we pay

We pay the **Partial Disability Benefit** if the life insured is **partially disabled** due to **illness** or **injury** and meets the eligibility conditions set out in the table on page 100 for their occupation category.

We pay the **Partial Disability Benefit**:

- after completion of the waiting period. Please see page 101.
- monthly in arrears, with the first payment occurring one month after the end of the waiting period
- during the benefit period, unless we stop paying earlier as explained next. Please see below.

The diagram below shows how the waiting period and payment timing work:

Partial disability starts ▼	Eligibility for benefit completed ▼	We start to pay benefit ▼
Waiting period		One month
We do not pay the **Partial Disability Benefit** during the waiting period.		We pay monthly in arrears.

When we stop paying

We stop paying the **Partial Disability Benefit** on the earlier of the:

- end of the benefit period of 12 months, or if we have agreed, the later date when we have paid 12 times the **monthly amount insured** in total. Please see page 101.
- **Cover expiry date** for Business Expense Cover shown on the Policy Schedule
- date the life insured is no longer **partially disabled**
- date the life insured dies
- date on which the Business Expense Cover ends or is cancelled.

What 'partial disability' means

A life insured is **partially disabled** if they are **following the advice of a medical practitioner** in relation to an **illness** or **injury** for which they are claiming and either:

1. due to that **illness** or **injury** are not working, but are not **totally disabled**
2. due to that **illness** or **injury** are working for 10 hours* or less per week, but are not **totally disabled**, and solely due to that **illness** or **injury** their **business income** is less than their **pre-claim business income**
3. are working in a gainful occupation for more than 10 hours* per week, but solely due to that **illness** or **injury** their **business income** is less than their **pre-claim business income**.

* We will replace '10 hours' with 'five hours' in the above definition if the life insured was working less than 30 hours per week immediately before the **illness** or **injury** and when you applied for the Cover.

The amount we pay

We calculate the **Partial Disability Benefit** as follows:

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

where:

A = the life insured's share of **pre-claim business income**

B = the life insured's share of **business income** for the month in which they are **partially disabled**.

If the life insured is **partially disabled** and not working to their capability for reasons other than **illness** or **injury** and this continues for at least three months, we will calculate differently. We will calculate 'B' as the life insured's share of **business income** they could reasonably be expected to earn if they were working to the extent of their capability.

To determine this, we consider available medical evidence, including the opinion of the life insured's **medical practitioner**. We will also consider any other relevant factors directly related to the life insured's medical condition, including information they provide.

If we are already paying benefits, we will notify you 30 days before we adjust future payments because we change how we calculate 'B'.

'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the **monthly amount insured payable**, as if the life insured was **totally disabled**.

We pay pro-rata if the payment period is less than a month

If a payment period is less than a month, we pay 1⁄30 of the **Partial Disability Benefit** for each day of the period.

Additional benefits

Death Benefit

We pay the Death Benefit if the life insured dies or is diagnosed with a **terminal illness** while their Business Expense Cover is in force.

We pay three times the **monthly amount insured**.

However, the maximum amount we pay under this benefit from all Business Expense Covers for the life insured under all policies we have issued is $60,000.

We pay this benefit as a lump sum.

We pay this benefit once only. If we pay this benefit for **terminal illness** of the life insured, we will not pay it again on their death.

We pay this benefit for **terminal illness** even if other benefits are payable while the life insured is **on claim** under Business Expense Cover.

We pay this benefit even if the life insured is not **on claim**.

No Claim Benefit

The No Claim Benefit applies if the life insured's Business Expense Cover has been continuously in force for three consecutive years after the **Cover start date** and in that time both:

- the life insured has not been **on claim** under the Cover
- you have not been eligible to make a claim for the life insured under the Cover.

If this benefit applies, we will double any Death Benefit payable under Business Expense Cover where the life insured dies after the third anniversary of the **Cover start date**.

Standard features

Business Expense Cover includes several standard features, which we explain in this section. These features apply to all Business Expense Cover unless we state otherwise.

Increasing Expenses

This feature allows you to increase the **monthly amount insured** without medical underwriting in line with increases in the life insured's average monthly **business expenses**.

You may increase the **monthly amount insured** each year on the policy anniversary. You must apply for the increase within 30 days of the policy anniversary.

The increase applied for can be up to 15% of the **monthly amount insured** after any indexation increase applicable on that policy anniversary is applied.

However, the maximum individual increase available under this feature changes to $1,000 if you have not increased the **monthly amount insured** under this feature within three years of the **Cover start date**.

The feature can only be exercised if:

- the life insured is not **on claim** or eligible to claim
- the life insured was less than age 50 at the **Cover start date**
- the life insured is less than age 55 on the policy anniversary from which the increased Cover is to apply
- the **monthly amount insured** across all Business Expense Cover for the life insured, including the increase applied for, does not exceed $60,000
- we issued the life insured's Business Expense Cover without medical loadings greater than 50%, as shown on the Policy Schedule
- the sum of all increases to the **monthly amount insured** under this feature, including the increase applied for, do not exceed the original **monthly amount insured** at the **Cover start date**.

You must provide a completed Application Form and financial evidence supporting the increase in Cover. You must provide evidence the life insured is conducting **business** as a sole trader, partnership or working director. You must also confirm the life insured is actively at work and expects their **business income** and personal income (**monthly earnings**) to continue or increase.

Premium Break

If the life insured ceases to own or operate a **business** for which they had Business Expense Cover, you can request to pause paying premiums for up to 12 consecutive months. You will have the option to recommence Cover at the end of the 12 month period.

You must request the Premium Break within 30 days after the life insured ceases to own or operate the **business**.

To be eligible to exercise Premium Break, you must have paid premiums for the previous 24 consecutive months and there must not be any outstanding premiums when the Premium Break is activated.

We do not pay any benefits under Business Expense Cover or increase the **monthly amount insured** under indexation while the Premium Break is activated.

If Business Expense Cover is the only Cover in force for the life insured, we will also pause the Policy Fee for the life insured during the Premium Break. If other Cover is in force for the life insured, we will continue to charge the Policy Fee and the premiums for the other Cover.

The Premium Break will automatically cease after 12 consecutive months and we will notify you 30 days before it does. If you do not reinstate the Business Expense Cover within 30 days, we will cancel the Cover.

You can apply to stop the Premium Break, and recommence Business Expense Cover, after the Premium Break has been in place for three months, and before the end of the 12 months. Cover will not resume unless we approve the application and receive the premium.

We calculate the premium payable when Cover resumes based on the life insured's age and **monthly amount insured** on the last policy anniversary.

We do not provide Cover or pay any benefits for **illness** or **injury** that becomes **reasonably apparent** while premiums are being paused or in the first 90 days after Cover resumes from a Premium Break.

Waiver of Premium

We will waive the premiums for Business Expense Cover for the life insured for the time the life insured is either:

- **on claim** under Business Expense Cover
- **disabled** after the waiting period and otherwise eligible for a benefit under Business Expense Cover before we apply benefit reductions.

If we waive a premium for the Business Expense Cover we will also waive the premium for Cover during the waiting period.

If we are waiving the premiums for all Covers for the life insured, we will also waive the Policy Fee for the life insured.

Indexation

Applies to your Cover only if it is shown in the Policy Schedule.

If indexation applies, at each policy anniversary the **monthly amount insured** for Business Expense Cover will automatically increase by the **indexation factor**. However, if the life insured is **on claim** or **totally disabled** on the policy anniversary, the **monthly amount insured** will not increase.

As the **monthly amount insured** increases, the premium may also increase. Payment of the premium will constitute your acceptance of the increase in Cover due to indexation.

You can decline the increase in any year by notifying us within 30 days of the policy anniversary.

You can also tell us to stop indexation permanently. However, if you wish to reinstate indexation we may ask for medical information.

When indexation ends

We will cease to offer indexation for Business Expense Cover on the earlier of:

- the **Cover expiry date** shown on the Policy Schedule
- when the Premium Break is exercised. Please see the previous page.

Indexation factor

We determine the '**indexation factor**' each year based on the percentage increase in the Consumer Price Index (CPI). We use the CPI weighted average of eight capital cities combined, as published by the Australian Bureau of Statistics or its successor, for the 12 month period ending on 31 December each year. We apply the **indexation factor** from 1 May in the following year.

If there is no increase in CPI, then no increase will be offered.

If the CPI reduces over the relevant period, the **indexation factor** will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next **indexation factor.**

If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.

Extra cost options

Business Expense Cover offers the following options at extra cost. You should consider which of the options are important to you.

These options will increase your premium.

If you purchase an extra cost option, the Policy Schedule will state that it applies to your Cover. An extra cost option will not apply to your Cover unless it is stated in the Policy Schedule.

Accident Option

Applies to Cover for a life insured only if it is shown in the Policy Schedule.

This option is not available under Business Expense Cover with waiting periods other than 14 or 30 days.

We pay a benefit under the Accident Option if, as a result of an **injury**, the life insured is **totally disabled** for 14 consecutive days from the start of the waiting period. The **total disability** must have commenced within 30 days of the date of the **injury**.

This option is only available if the life insured's waiting period is 14 or 30 days.

The amount we pay under this option is 1/30 of the **monthly amount insured payable** for each day the life insured is **totally disabled** during the waiting period.

We pay this benefit during the waiting period.

Premier Accident Option

Applies to Cover for a life insured only if it is shown in the Policy Schedule.

This option is not available under Business Expense Cover with waiting periods other than 14 or 30 days.

We pay a benefit under the Premier Accident Option if, as a result of an **injury**, the life insured is **totally disabled** for three consecutive days from the start of the waiting period. The **total disability** must have commenced within 30 days of the date of the **injury**.

The Premier Accident Option is only available if the life insured's waiting period is 14 or 30 days.

The amount we pay under this option is 1/30 of the **monthly amount insured payable** for each day the life insured is **totally disabled** during the waiting period.

We pay this benefit during the waiting period.

When Business Expense Cover ends

Business Expense Cover for a life insured will end and your eligibility for any benefit under Business Expense Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 65
- **Cover expiry date** for Business Expense Cover shown on the Policy Schedule
- date we receive your written notification to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date the life insured dies.

LIVING EXPENSE COVER

Living Expense Cover is designed for people who are not eligible for Income Secure Cover. This is usually because they do not have an income, such as home-makers and retirees, or because they work part-time or casually.

This Cover pays an agreed monthly benefit if the life insured is **significantly disabled**. This money could be used for meeting financial obligations, home adjustments and maintaining lifestyle.

Choosing the right Cover

This section explains the benefits and features of the Living Expense Cover we offer.

You can tailor your Living Expense Cover by choosing the:

- amount of your Cover
- waiting period
- benefit period.

Your premium will depend on your choices.

It is important to choose Cover that's right for you, considering your individual circumstances such as your day-to-day expenses and your lifestyle goals for the future.

Benefits and features snapshot

We offer Living Expense Cover with the following benefits and features, which we explain in the following sections of this PDS:

Key benefits

Policy ownership	Benefit	Page
Non Super	Living Expense Benefit	107

Additional benefits

Policy ownership	Benefit	Page
Non Super	Death Benefit	108
Non Super	Specific Injury Benefit	109

Standard features

Policy ownership	Feature	Page
Non Super	Waiver of Premium	109
Non Super	Indexation	110

Important features of Living Expense Cover

Available only outside super

Non Super

You can only hold Living Expense Cover in a policy held outside super.

When Cover starts

Living Expense Cover for a life insured starts on the **Cover start date** for Living Expense Cover set out in the Policy Schedule.

The life insured must meet entry conditions

Please see page 16 for details of minimum and maximum entry ages and other eligibility conditions for a life insured under Living Expense Cover.

Limits on the amount of Cover apply

Please see page 15 for details of the minimum and maximum amounts of Living Expense Cover you can apply for.

Stepped premiums only

Living Expense Cover is only available with stepped premiums.

We pay one benefit at a time

We only pay one monthly Living Expense Benefit at a time for a life insured. This is so even if the life insured suffers more than one **illness** or **injury** that causes a **significant disability**.

A separate waiting period applies for each **illness** or **injury** for which you can claim, unless it is a **recurring claim**. Please see page 107.

We do not pay in some circumstances

Despite anything else in this PDS, we do not pay a benefit under Living Expense Cover in some circumstances. Please see from page 17.

The Policy Schedule will show the Cover you have

The Policy Schedule will show if you have Living Expense Cover and if so the:

- **monthly amount insured**
- waiting period chosen
- benefit period chosen.

Key benefit — Living Expense Benefit

This section explains the key benefit under Living Expense Cover.

When we pay

We pay the Living Expense Benefit if the life insured is **significantly disabled** due to **illness** or **injury** and has been continuously and **significantly disabled** both:

- during the waiting period.
- since the end of the waiting period, unless claiming as **recurring claim**.

We pay the Living Expense Benefit:

- after completion of the waiting period
- monthly in arrears. We make the first payment one month after the end of the waiting period
- during the benefit period. Please see the following page for more details.

The diagram below shows how the waiting period and payment timing work:

Significant disability starts ▼	Eligibility for benefit completed ▼	We start to pay benefit ▼
Waiting period		One month
We do not pay the **Living Expense Benefit** during the waiting period.		We pay monthly in arrears.

When we stop paying

We stop paying the Living Expense Benefit on the earlier of the:

- end of the benefit period shown on the Policy Schedule
- **Cover expiry date** for Living Expense Cover shown on the Policy Schedule
- date the life insured stops being **significantly disabled**
- date the life insured dies
- date the Living Expense Cover is cancelled.

Waiting period

The waiting period is the period the life insured must wait before the benefit period starts.

You can choose one of the following available waiting periods:

- 30 days
- 90 days
- 1 year
- 2 years.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **significant disability**.

However, we may backdate the start of the waiting period if it can be proved the **disability** started before receiving advice from a **medical practitioner**. In this case we may backdate the start of the waiting period up to seven days with written confirmation.

The Policy Schedule will show the waiting period that applies to your Cover.

Longer waiting period lowers premium

The waiting period affects the premium. The longer the waiting period, the more affordable the premium.

Some benefits are payable during the waiting period.

If so, we will tell you in the relevant sections of this PDS.

Separate waiting period for each illness or injury

Unless you have a **recurring claim**, a separate waiting period applies for each **illness** or **injury** of the life insured which causes **significant disability** for which you can claim under this Cover. **Recurring claims** are explained below.

Recurring claims

If you claim due to the same or related **illness** or **injury** which caused a previous successful claim, we can treat the subsequent claim as a continuation of the previous claim or as a separate claim.

We will treat the subsequent claim as a continuation of the previous claim and waive the waiting period, if the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**.

We will treat the subsequent claim as a separate claim and apply a new waiting period if the **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim**.

Benefit period

The benefit period is the maximum period of time that we will pay a benefit for any one **illness** or **injury** while the life insured is **significantly disabled**.

The benefit period starts at the end of the waiting period.

You can choose one of the following available benefit periods:

- 2 years
- to age 65
- to age 80.

However, the 'to age 65' benefit period is not available to a life insured who commences Living Expense Cover after age 60.

The Policy Schedule will show the benefit period that applies for the Cover.

If we treat a claim as a **recurring claim** and waive the waiting period, we will also reduce the benefit period by any previous periods for which we paid benefits for that **illness** or **injury**. Please see the previous page for details of **recurring claims**.

If we treat a claim as a separate claim and apply a new waiting period, then the benefit period recommences.

Shorter benefit period lowers premium

The benefit period affects your premium. The shorter the benefit period, the more affordable the premium.

The amount we pay

The amount of the Living Expense Benefit we pay for a life insured is the **monthly amount insured payable** as at the date entitlement to the Living Expense Benefit arises.

The **monthly amount insured payable** is the **monthly amount insured** shown on the Policy Schedule, adjusted by both:

- increases under the indexation option, if selected
- reductions if certain payments are received while **on claim**. Please see below for more details.

On a claim, we will not review or reassess the **monthly amount insured** shown on the Policy Schedule.

Amount we pay reduced by other payments

We will reduce the **monthly amount insured payable** in any month by the amount of 'other payments' you or the life insured receive as income replacement due to **illness** or **injury**.

'Other payments' include:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that when you applied for Cover, or an increase in Cover, you did not disclose to us or you disclosed to us but that were to be replaced by this policy
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- any **ongoing income** under Basic, Basic SuperLink or Essentials Cover where the Conversion to Living Expense Cover has been exercised.

We will convert lump sum payments to monthly amounts

We will convert to a monthly amount any part of an 'other payment' received as a lump sum that comprises compensation for loss of earnings that cannot be allocated to specific months.

We will allocate a monthly income amount of 1% of the loss of earnings component of the lump sum to each month that we pay a Living Expense Benefit. We will do so for up to eight years.

We will not offset any remaining balance of the lump sum.

What does not comprise an 'other payment'

'Other payments' do not include:

- any **business expenses disability** insurance indemnifying against **business expenses**
- payments made to **dependant children**
- **total and permanent disability** benefits, trauma benefits, **terminal illness** benefits or superannuation benefits
- payment of sums awarded by a court for pain and suffering.

We pay pro-rata if the payment period is less than a month

If a payment period is less than a month, we pay 1⁄30 of the Living Expense Benefit for each day of the period.

Additional Benefits

Death Benefit

We pay the Death Benefit if the life insured dies or is diagnosed with a **terminal illness** while their Living Expense Cover is in force.

We pay three times the **monthly amount insured** and we pay this benefit as a lump sum.

We pay this benefit once only. If we pay this benefit for **terminal illness** of the life insured, we will not pay it again on their death.

We pay this benefit for **terminal illness** even if any other benefits are payable while the life insured is **on claim** under this Cover.

We pay this benefit even if the life insured is not **on claim**.

Specific Injury Benefit

We pay the Specific Injury Benefit if the life insured suffers a 'specific injury' listed in the table on the adjacent column before their 65th birthday and while their Living Expense Cover is in force.

A **medical practitioner** who is an **appropriate specialist** must diagnose the specific injury, and our medical adviser must confirm the diagnosis. We reserve the right to require the life insured to undergo an examination or other reasonable tests.

We treat the life insured as if they were **significantly disabled** and pay this benefit even if the life insured is not **significantly disabled**, or is working, or does not need ongoing medical treatment.

We pay this benefit during the waiting period.

You can choose to receive this benefit as a lump sum or in monthly instalments. We explain this below.

We can pay as a lump sum

We can pay this benefit as a lump sum. We calculate the amount we pay by multiplying the **monthly amount insured payable** by the payment period for the specific injury as set out in the table in the adjacent column.

If the specific injury occurs within six months of the **Cover expiry date**, the amount we pay is the **monthly amount insured payable** multiplied by the number of months remaining until the **Cover expiry date**.

If we have paid a lump sum and the life insured dies before the end of the payment period, we will pay any applicable Death Benefit.

We can pay by instalments

We can pay this benefit by monthly instalments paid in advance each month. The amount of each instalment is the **monthly amount insured payable**.

We pay the monthly instalments until the earliest of the:

- end of the payment period for the specific injury as set out in the table in the adjacent column
- **Cover expiry date** for Living Expense Cover shown on the Policy Schedule
- date the life insured dies.

We pay only one benefit at a time

We pay for one 'specific injury' only, even if the life insured suffers more than one specific injury at the same time. We pay for the specific injury with the longest payment period.

We may subsequently pay for significant disability

If the life insured is **significantly disabled** at the end of the payment period due to the specific injury for which we have paid this benefit, we will pay the Living Expense Benefit. We pay the Living Expense Benefit from the later of the end of the:

- payment period for the Specific Injury Benefit
- waiting period.

The life insured must have been **significantly disabled** during the waiting period. Please see page 107.

The following table shows the specific injuries and their relevant payment periods:

Specific injury	Payment period
Paralysis*	6 months
Loss of limbs^	3 months
Loss of sight#	3 months

* Paralysis means the total and permanent loss of function of two or more limbs.

^ Loss of limbs means the total and permanent loss of the use of the whole of both hands or the whole of both feet or a combination of a whole hand and whole foot.

\# Loss of sight means the irrecoverable total loss of sight in both eyes.

Standard features

Living Expense Cover includes two standard features, which we explain in this section. These features apply to all Living Expense Cover unless we state otherwise.

Waiver of Premium

We will waive the premiums for Living Expense Cover for the life insured for the time the life insured is either:

- **on claim** under Living Expense Cover
- **significantly disabled** after the end of the waiting period and otherwise eligible for a benefit under this Living Expense Cover before we apply benefit reductions.

If we waive a premium for Living Expense Cover we will also waive the premium for Cover during the waiting period.

If we are waiving premiums for all Covers for the life insured, we will also waive the Policy Fee for the life insured.

Indexation

Applies to your Cover only if it is shown in the Policy Schedule.

If indexation applies, at each policy anniversary the **monthly amount insured** for Living Expense Cover will automatically increase by the **indexation factor**. However, if the life insured is **on claim** or **significantly disabled** on the policy anniversary, the **monthly amount insured** will not increase.

As the **monthly amount insured** increases, the premium may also increase. Payment of the premium will constitute your acceptance of the increase in Cover due to indexation.

You can decline the increase in any year by notifying us within 30 days of the policy anniversary.

You can also tell us to stop indexation permanently. However, if you wish to reinstate we may ask for medical information.

When indexation ends

We will cease to offer indexation for Living Expense Cover on the **Cover expiry date** for the Cover shown on the Policy Schedule.

Indexation factor

We determine the '**indexation factor**' each year based on the percentage increase in the Consumer Price Index (CPI). We use the CPI weighted average of eight capital cities combined, as published by the Australian Bureau of Statistics or its successor, for the 12 month period ending on 31 December each year. We apply the **indexation factor** from 1 May in the following year.

If there is no increase in CPI, then no increase will be offered.

If the CPI reduces over the relevant period, the **indexation factor** will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next **indexation factor.**

If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.

When Living Expense Cover ends

Living Expense Cover for a life insured will end and your eligibility for any benefit under Living Expense Cover will cease automatically on the earliest of the:

- policy anniversary when the life insured is age 80
- **Cover expiry date** for Living Expense Cover shown on the Policy Schedule
- date we receive your written notification to cancel the Cover
- date we lawfully cancel and/or avoid the Cover
- date we cancel the policy for non-payment of premium
- date the life insured dies.

GLOSSARY OF TRAUMA CONDITIONS

Alzheimer's disease (diagnosed) means the unequivocal diagnosis of Alzheimer's disease, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

Angioplasty – single or double vessel means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Angioplasty – triple vessel means the undergoing of angioplasty (with or without insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure, or two procedures no more than two months apart, that is considered necessary on the basis of angiography evidence to correct the narrowing or blockage of three or more coronary arteries.

Aortic surgery means the undergoing of surgery or endovascular repair that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

The insertion and/or removal of intra-arterial balloon pumps into and/or out of the aorta are not covered.

Aplastic anaemia (requiring treatment) means the acquired bone marrow failure that both:

- results in anaemia, neutropenia and thrombocytopenia
- requires treatment with one or more of the following:
  - marrow stimulating agents
  - bone marrow transplantation
  - peripheral blood stem cell transplantation
  - blood product transfusions
  - immunosuppressive agents.

Benign brain tumour (permanent impairment or requiring surgical intervention) means the diagnosis of a benign (non-malignant) tumour in the brain or an acoustic neuroma which results in the life insured or the insured child*:

- suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; or
- being permanently unable to perform at least one of the **activities of daily living** without the physical assistance of another adult person; or
- undergoing a craniotomy to remove the tumour.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

* In the event a claim is for an infant, impairment will be based on the Functional Independence Measure for Children (WeeFIM) and/or the Paediatric Evaluation of Disability Inventory (PEDI).

Benign spinal tumour (permanent impairment or requiring surgical intervention) means the diagnosis of a benign (non-malignant) tumour in the spinal cord resulting in the life insured or the insured child* either:

- suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment
- being permanently unable to perform at least one of the **activities of daily living** without the physical assistance of another adult person
- undergoing invasive surgery to remove the tumour (excluding minimally invasive surgery such as but not limited to endoscopic).

* In the event a claim is for an infant, impairment will be based on the Functional Independence Measure for Children (WeeFIM) and/or the Paediatric Evaluation of Disability Inventory (PEDI).

Benign tumour (diagnosed) means either:

- the diagnosis of a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intra-cranial pressure such as papilledema, mental symptoms, seizures and sensory impairment
- the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions.

The presence of underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.

Blindness (permanent in both eyes) means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness** or **injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Blindness (permanent of specified severity) means the life insured has suffered the permanent partial loss of sight, whether aided or unaided, such that either:

- visual acuity is reduced to 6/60 or less in one eye, or the visual field of one eye is reduced to 20 degrees or less of arc
- visual acuity is reduced to 6/24 or less in both eyes.

Brain damage (permanent impairment) means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment.

Brain surgery (of pituitary gland) means the diagnosis of a benign (non-malignant) tumour of the pituitary gland requiring surgical intervention.

Burns (of limited extent) means tissue **injury** caused by thermal, electrical or chemical agents causing full thickness burns to either:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface area of both feet combined, requiring surgical debridement and/or grafting
- burns requiring escharotomy surgery.

Burns (severe) means tissue **injury** caused by thermal, electrical or chemical agents causing full thickness burns to either:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- 50% or more of both hands, requiring surgical debridement and/or grafting
- 50% or more of both feet, requiring surgical debridement and/or grafting
- 50% or more of the face, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

Cancer (excluding less advanced cases) means the presence of one or more malignant tumours including leukaemia, lymphoma and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

- Melanomas are covered if they either:
  - have a TNM classification of at least T1b
  - have evidence of ulceration
  - are at least Clark Level 3 depth of invasion
  - are at least 1.0mm Breslow thickness,

as determined by histological examination.

- Prostatic cancer is covered if it is either:
  - a TNM classification of at least T1c
  - a Gleason score of at least 6
  - required to have 'major interventionist treatment' to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- Carcinoma in situ* of the breast is covered if either:
  - treatment requires the removal of the entire breast
  - treatment requires breast conserving surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy).

Carcinoma in situ* of the testicle is covered if treatment requires the removal of the testicle.

* Carcinoma in situ is covered where the procedures are required to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment.

The following cancers are not covered:

- all hyperkeratoses or basal cell carcinomas of the skin
- all other melanomas
- all other prostatic cancers
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- chronic lymphocytic leukaemia less than Rai Stage 1
- all other tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

Carcinoma in situ (of limited sites) means the life insured is confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast including, but not limited to, pre-cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

Cardiac arrest (out of hospital) means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital or any other medical facility, and is either:

- cardiac asystole
- ventricular fibrillation with or without ventricular tachycardia.

Cardiomyopathy (permanent and irreversible) means impaired ventricular function of variable aetiology resulting in permanent and **irreversible** physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Cardiomyopathy (diagnosed) means the unequivocal diagnosis of one of the following primary cardiomyopathies:

- dilated cardiomyopathy
- hypertrophic cardiomyopathy (obstructive or nonobstructive)
- restrictive cardiomyopathy
- arrhythmogenic right ventricular cardiomyopathy.

The diagnosis must be confirmed by a consultant cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The following are not covered under this definition:

- secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- transient reduction of left ventricular function due to myocarditis
- cardiomyopathy due to systemic diseases
- implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (for example but not limited to, Brugada or Long-QT-Syndrome)
- implantation of a pacemaker.

Cardiomyopathy – permanent LVEF less than 40% means that three months after the life insured has suffered **cardiomyopathy (diagnosed)** and either:

- having had ongoing optimal therapy that a permanent left ventricular ejection fraction of 40% or less is measured by a **medical practitione**r who is an **appropriate specialist**
- permanent and **irreversible** physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Cardiomyopathy – permanent LVEF less than 50% means that three months after the life insured has suffered **cardiomyopathy (diagnosed)** and having had ongoing optimal therapy that a permanent left ventricular ejection fraction of 50% or less is measured by a **medical practitioner** who is an **appropriate specialist**.

Chronic lymphocytic leukaemia (diagnosed) means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

Cognitive loss (permanent) (Trauma Cover and the Trauma Recovery Benefit and Booster Option under Income Secure Cover) means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the **activities of daily living**.

Colostomy and/or ileostomy means the creation of a permanent and irreversible surgical opening, linking the colon and/or ileum to the surface of the body.

Coma (of specified severity) means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours. Medically induced comas are excluded.

Coronary artery by-pass surgery means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include **angioplasty – single or double vessel**, intra-arterial procedures or non-surgical techniques.

Critical care (requiring intubation) means an **illness** or **injury** has resulted in the life insured requiring continuous mechanical ventilation by tracheal intubation for at least 72 hours in an authorised intensive care unit of an acute care hospital.

Deafness (permanent in both ears) means the total and permanent loss of hearing in both ears to the extent that the loss is greater than 90 decibels across all frequencies. Deafness (permanent in both ears) does not cover the situation where a life insured or an insured child can hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).

Deafness (permanent in one ear) means the total and permanent loss of hearing in one ear to the extent that the loss is greater than 90 decibels across all frequencies. Deafness (permanent in one ear) does not cover the situation where a life insured can hear in that ear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).

Dementia (diagnosed) means the unequivocal diagnosis of dementia, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Diabetes mellitus adult, insulin dependent diagnosed after age 30 means the diagnosis of type 1 insulin dependent diabetes mellitus after age 30 by a **medical practitioner** who is an **appropriate specialist**.

Diabetes (severe) means that a **medical practitioner** who is a specialist physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure
- neuropathy including either:
  - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea
  - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits.

Encephalitis (permanent and irreversible) means the severe inflammatory disease of the brain resulting in neurological deficit causing either:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment
- a total and irreversible inability to perform at least one **activity of daily living** without another adult person assisting.

Endometriosis (severe requiring surgical intervention) means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Endometriosis (severe requiring surgical intervention) is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Endometriosis (severe requiring surgical intervention) requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

Head trauma (permanent and irreversible) means cerebral **injury** resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing either:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment
- a total and irreversible inability to perform at least one **activity of daily living** without another adult person assisting.

Heart attack (diagnosed) means the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by the following being present and consistent with acute myocardial infarction (and not due to medical intervention):

- rise and/or fall of cardiac biomarkers (such as Troponins or cardiac enzyme CK-MB) with at least one value above the 99th percentile of the upper reference range of laboratory normal; and
- one of the following:
  - new cardiac symptoms and signs consistent with myocardial infarction
  - new ST elevation
  - new T wave changes
  - new Left bundle branch block (LBBB)
  - new pathological Q waves.

If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose myocardial infarction of the same degree of severity, or greater, as outlined above.

The following are not covered under this definition:

- other acute coronary syndromes including but not limited to angina pectoris, myocardial infarctions arising from elective percutaneous coronary interventions or coronary bypass grafting that do not satisfy the requirements of the ESC/ACCF/AHA/WHF 3rd Edition of the 'universal definition of myocardial infarction'; and
- elevations of troponins in the absence of overt ischaemic disease (for example but not limited to, myocarditis, apical ballooning, cardiac contusion, pulmonary embolism or drug toxicity).

Heart attack – permanent LVEF less than 40% means that three months after the life insured has suffered **heart attack (diagnosed)** and either:

- having had ongoing optimal therapy that a permanent left ventricular ejection fraction of 40% or less is measured by a **medical practitioner** who is an **appropriate specialist**
- permanent and **irreversible** physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Heart attack – permanent LVEF less than 50% means that three months after the life insured has suffered **heart attack (diagnosed)** and having had ongoing optimal therapy that a permanent left ventricular ejection fraction of 50% or less is measured by a **medical practitioner** who is an **appropriate specialist**.

Heart surgery (less invasive) means the undergoing of a catheter based endovascular valve repair or valve implantation as a consequence of heart valve defects or abnormalities.

Heart valve surgery means the undergoing of open heart surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities.

HIV (medically acquired) means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or a dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no Cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that prevents AIDS occurring. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection acquired by any other means, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

HIV (occupationally acquired) means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring while performing the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident creating a possible claim must be:

- reported to the relevant authority or employer within seven days of the accident, and
- reported to us with proof of the accident within 30 days of the accident, and
- supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no Cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that prevents AIDS occurring. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

Hydrocephalus (requiring surgical intervention) means excessive cerebrospinal fluid within the brain resulting from **injury**, infection or tumour, which causes increased intra-cranial pressure. There must be a requirement of surgical intervention to treat the condition.

Inflammatory bowel disease (requiring surgical intervention) means the diagnosis of Crohn's disease or Ulcerative Colitis which requires the undergoing of invasive surgery (excluding minimally invasive surgery such as but not limited to endoscopic) that is considered necessary for treatment where standard therapy including steroid treatment has failed to be controlled.

Intensive care (prolonged) means the life insured is in an authorised intensive care unit of an acute care hospital for at least 10 consecutive days and requires continuous mechanical ventilation by tracheal intubation for five consecutive days (24 hours per day).

Invasive cancer (early stage) means the life insured is confirmed by histological evidence and confirmed by a **medical practitioner** who is an **appropriate specialist** to have **cancerous tumours** which meet any of the following criteria:

- stage 1 or T1 according to TNM staging unless specified below
- is papillary or follicular thyroid cancer which has a TNM classification of at least T2
- is prostate cancer which has either:
  - a TNM classification of at least T1c
  - a Gleason score of at least 6
- is melanoma which has either:
  - a TNM classification of at least T1b
  - evidence of ulceration
  - is at least Clark Level 3 depth of invasion
  - is at least 1.0mm Breslow thickness.

Invasive cancer (of stage 2) means the life insured is confirmed by histological evidence and confirmed by a **medical practitioner** who is an **appropriate specialist** to have **cancerous tumours** which meet stage 2 according to the TNM classification.

Invasive cancer (of stage 3 or 4) means the life insured is confirmed by histological evidence and confirmed by a **medical practitioner** who is an **appropriate specialist** to have **cancerous tumours** which meet any of the following criteria:

- stage 3 or 4 according to the TNM classification confirmed by imaging
- totally incurable where all treatment regimens and modalities have failed.

Kidney failure (end stage) means end stage renal disease which requires permanent dialysis or renal transplantation.

Leukaemia, lymphoma and blood related cancers (early stage) means the life insured is confirmed by diagnostic testing (including histological testing when appropriate) and confirmed by a **medical practitioner** who is an **appropriate specialist** to have any of the following disorders:

- myelodysplastic syndrome
- polycythemia rubra vera
- essential thrombocythemia
- chronic lymphocytic leukaemia that is at least Binet stage B or Rai stage 1
- gastric MALT lymphoma which is non-responsive to helicobacter-eradication
- Hodgkin's or non-Hodgkin's lymphoma stage 1.

Excluded from this benefit is chronic lymphocytic leukaemia less than Rai stage 1.

Leukaemia, lymphoma and blood related cancers (of stage 2) means the life insured is confirmed by histological and imaging evidence and confirmed by a **medical practitioner** who is an **appropriate specialist** to have a blood related which meet Hodgkin's or non-Hodgkin's lymphoma stage 2.

Leukaemia, lymphoma and blood related cancers (of stage 3 or 4) means the life insured is confirmed by diagnostic testing (including histological testing when appropriate) and confirmed by a **medical practitioner** who is an **appropriate specialist** to have any of the following disorders:

- the diagnosis of aplastic anaemia
- the diagnosis of multiple myeloma
- the diagnosis of leukaemia, except chronic lymphocytic leukaemia
- Hodgkin's or non-Hodgkin's lymphoma stage 3 or 4.

Liver disease (end stage) means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Loss of independent existence (permanent) means a condition whereby the life insured is totally and permanently unable to perform at least two of the five **activities of daily living** without another adult person assisting.

Loss of speech (permanent) means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

Loss or paralysis of limb (permanent) means the total and permanent loss of use of a whole hand or a whole foot as a result of **illness** or **injury**, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

Lung disease (end stage) means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist **medical practitioner**.

Melanoma (early stage) means the presence of one or more malignant melanomas as determined by histological examination.

The melanoma must:

- have no evidence of ulceration; and
- be less than 1.0mm Breslow thickness; and
- be less than Clark Level 3 depth of invasion.

Melanoma in situ is specifically excluded and the malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Meningitis and/or meningococcal disease (permanent and irreversible) means meningitis or meningococcal septicaemia causing either:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment
- a total and irreversible inability to perform at least one **activity of daily living** without another adult person assisting.

Motor neurone disease (diagnosed) means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a **medical practitioner** who is a consultant neurologist.

Motor neurone disease (permanent impairment) means the life insured meets the **Motor neurone disease (diagnosed)** trauma condition and:

- is suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and
- the results are confirmed by a **medical practitioner** who is a consultant neurologist.

Multiple sclerosis (diagnosed) means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist on the basis of confirmatory neurological investigation. There must be:

- more than one episode of well-defined neurological deficit; and
- neurological investigations such as lumbar puncture, MRI, evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Multiple sclerosis (permanent impairment) means the life insured meets the **multiple sclerosis (diagnosed)** trauma condition and:

- is suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; or
- has an Expanded Disability Status Scale (EDSS) score of at least 6; and
- the results are confirmed by a **medical practitioner** who is a consultant neurologist.

Muscular dystrophy (diagnosed) means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation.

Muscular dystrophy (permanent impairment) means the life insured meets the **Muscular dystrophy (diagnosed)** trauma condition and:

- is suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and
- the results are confirmed by a **medical practitioner** who is a consultant neurologist.

Open heart surgery means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Organ transplant (major) means the life insured:

- undergoes human-to-human or animal-to-human organ transplant; or
- has been placed on an official Australian waiting list; or
- undergoes permanent mechanical replacement;

for one or more of the following organs:

- heart
- kidney
- liver
- lung
- pancreas
- small bowel
- the transplant of bone marrow (excluding autologous).

Stem cell transplant performed to treat auto-immune disease or for cosmetic purposes is excluded from transplant.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a specialist physician.

Osteoporosis (before age 50) means the life insured is unequivocally diagnosed with osteoporosis by bone density scanning and suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis. The diagnosis of osteoporosis must occur prior to the age of 50.

Parkinson's disease (diagnosed) means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Parkinson's disease (permanent impairment) means the life insured meets the **Parkinson's disease (diagnosed)** trauma condition and:

- is suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; and
- the results are confirmed by a **medical practitioner** who is a consultant neurologist.

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Pre-invasive or in-situ cancer (of limited sites) means the life insured is confirmed by biopsy to have localised pre-invasive or low level cancers which meet all the following criteria:

- have a grading of at least Tis or FIGO stage 0; and
- required to have undergone 'major interventionist treatment' to arrest the spread of the malignancy.

'Major interventionist treatment' means the life insured requires treatment via surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy, hormone therapy or any other similar interventionist treatment) which is confirmed by a **medical practitioner** who is an **appropriate specialist** and necessary to arrest the spread of the malignancy.

The following pre-invasive or in-situ are not covered:

- any tumour histologically described as pre-malignant
- any in-situ cancer not requiring major interventionist treatment as specified
- that have Cervical dysplasia CIN-1, CIN-2 and CIN-3
- melanoma in situ
- papillary microcarcinoma of the bladder histologically described as Ta
- all hyperkeratosis or basal cell carcinomas of the skin, except infiltrating basal cell carcinomas.

Primary pulmonary hypertension (Idiopathic Pulmonary Arterial Hypertension with permanent impairment) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Rheumatoid arthritis (severe) means the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. To fulfil the criteria for severe rheumatoid arthritis there must be all of the following:

- diagnosis of Rheumatoid Arthritis as specified by the '2010 Rheumatoid Arthritis Classification Criteria'*
- symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four large joints (ankles, knees, hips, elbows, shoulders)
- have failed at least six months of intensive treatment with two conventional disease-modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non-steroidal anti-inflammatories
- the disease must be progressive and non-responsive to all conventional therapy^.

* American College of Rheumatology and European League Against Rheumatism.

^ Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.

Stroke (diagnosed) means the diagnosis of a stroke that meets all of the following:

- cerebrovascular incident producing neurological deficits lasting more than 24 hours; and
- evidenced by acute onset of new objective neurological signs and symptoms; and
- evidenced by neuro-imaging changes consistent with the signs and symptoms; and
- confirmed by a **medical practitioner** who is a consultant neurologist.

Includes where there is infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from extracranial source.

Transient ischaemic attacks, migraine, vascular disease affecting the eye, optic nerve or vestibular functions, and incidental imaging findings (CT or MRI brain scan without clearly related clinical symptoms (silent stroke)), or as a result of hypoxia and trauma are excluded.

If neuro-imaging is unavailable, then we will consider a claim based on conclusive evidence of unequivocal diagnosis by two specialist consultant neurologists.

Stroke (residual impairment) means that at least three months after the life insured satisfies the **stroke (diagnosed)** trauma condition that there is a persisting neurological deficit which is confirmed by a **medical practitioner** who is a consultant neurologist and by a clinical neurological examination.

Stroke (severe impairment) means the life insured satisfies the **stroke (diagnosed)** trauma condition and the life insured:

- at least six months after satisfying the **stroke (diagnosed)** trauma condition is suffering at least 25% permanent whole person impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment; or

- at least three months after satisfying the **stroke (diagnosed)** trauma condition has been an 'admitted patient' for a continuous period of at least three months and undergoing optimal therapy for the entire three months; and
- is confirmed by a **medical practitioner** who is a consultant neurologist.

'Admitted patient' is a patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home as defined by the Australian Institute of Health and Welfare (AIHW).

Systemic lupus erythematosus (SLE) with lupus nephritis (diagnosed) means the unequivocal diagnosis of SLE according to internationally accepted criteria. This includes the 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Systemic sclerosis (permanent and irreversible) means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing either:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment
- a total and irreversible inability to perform at least one **activity of daily living** without another adult person assisting.

Terminal illness (Trauma Cover, Child Cover or the Trauma Recovery Benefit under Income Secure Cover) means an illness that, in the opinion of an **appropriate specialist**, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided and for each opinion that 12 month period has not ended.

GLOSSARY OF SPECIAL TERMS

Accidental death, in respect of the insured person, means a visible and external event, which was unexpected, unintended and caused the **injury** and death of the insured person.

Accidental injury has the meaning given to it on page 82.

Accidental death and **accidental injury** do not include, and any claims arising from these situations are excluded where:

- one of the contributing causes of injury or death was any of the following conditions:
  - sickness
  - disease
  - allergy
  - any gradual onset of a physical or mental infirmity
- the injury or death, which was unintended and unexpected, was the result of an intentional self-inflicted act
- the life insured was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.

Accidental total and permanent disablement means the life insured's **total and permanent disability** is caused by an unforeseen, unintentional, violent and external event.

Accidental trauma condition means the life insured's trauma condition is caused by an unforeseen, unintentional, violent and external event.

Accredited mortgage provider means an Authorised Deposit-taking Institution (as defined in the *Banking Act 1959* (Cth)) or other reputable financial services business or program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australia.

Activity/Activities of daily living are:

- Bathing – to shower and/or bathe;
- Dressing – to put on and take off clothing;
- Feeding – to get food from a plate or fluid into the mouth;
- Toileting – to get on and off and use the toilet; and
- Mobility – to get in and out of bed and a chair or wheelchair, or moving from place to place.

Annual income means either:

- If the life insured is self-employed or a working director – the gross income generated by the **business** as a result of their personal exertion after allowing for the expenses incurred in deriving that income
- If the life insured is **employed** (but not self-employed) – their total remuneration package before tax, and inclusive of regular bonuses and superannuation.

Appropriate specialist means a registered and qualified **medical practitioner** in Australia, taking into account the medical condition, standard medical practice and their qualifications in the relevant area of medicine. We may reasonably require that another physician make the diagnosis and certification and we will pay for the cost of that physician and reasonable travel costs.

Approved rehabilitation program means all the following are true:

- we endorse and approve the rehabilitation program (these may include job seeking, graduated return to work plans, retraining and other work readiness programs)
- the rehabilitation program must be one assessed by a specialist in the life insured's condition likely to result in a return to remunerative work
- is not considered treatment that is eligible for a Medicare benefit or pharmaceutical benefit for any part of the service provided
- is not considered part of treatment provided in, or associated with, a hospital.

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

Business, for Business Expense Cover, means the life insured's business, profession, or occupation at application.

Business expenses means the normal day-to-day running expenses of the life insured's **business**. These include but are not limited to:

- accounting and audit fees
- bank fees and charges
- office cleaning costs
- electricity, gas, water and property rates
- equipment hire and motor vehicle leases
- **business** related insurance premiums (not including premiums for Business Expense Cover under this policy)
- minimum monthly loan repayments under the relevant loan agreement, on:
  - **business** loans (short-term and long-term bank debt required for the operations and capitalisation of the **business**) including mortgage repayments on the **business** premises
  - finance lease payments under plant and equipment loans that commenced before the date of **disability**
- office rent or leasing fees
- salaries and superannuation contributions for employees not directly involved in the generation of revenue
- payroll tax for the above salaries
- regular advertising costs
- telephone costs
- subscriptions/fees/dues to professional associations
- net cost of a locum (a person from outside the life insured's **business** who is a direct replacement for the life insured in their **business**), less any **business** earnings generated by the locum
- any other expenses agreed to by us.

The following business expenses cannot be included:

- the life insured's personal remuneration, salary, fees or drawings

- payments to related entities or businesses also owned or controlled by the life insured or an **immediate family member**
- cost of goods or merchandise, cost of implements of the life insured's profession
- premiums payable on Business Expense Cover under this policy
- salaries and superannuation contributions for employees directly involved in the generation of income
- depreciation and the purchase cost of any assets, tools or other capital items.

Business income is the gross income generated by the **business** before expenses and tax.

Cancerous tumours means the presence of one or more malignant tumours characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Cognitive loss for TPD Cover (excluding Business TPD) has the meaning given to it on page 33.

Cover means an insurance cover under this policy.

Cover expiry date in respect of a particular Cover, means the date that Cover ceases in respect of a particular life insured, as set out in the Policy Schedule.

Cover start date in respect of a particular Cover, means the date that Cover commences in respect of a particular life insured, as set out in the Policy Schedule.

Dependant child(ren) means any natural, step or adopted child of the life insured that is under age 18 or any natural, step or adopted adult child who is financially dependent on the life insured due to **disability**.

Disabled/Disability means **totally disabled** or **partially disabled**.

Employed/Employment means that the life insured is engaged in any gainful occupation for salary, reward or profit. It includes sabbatical, maternity or paternity leave.

Equivalent instalment amount means an amount referable to a lump sum amount and calculated by the following formula:

$$\text{Equivalent instalment amount} = \frac{\text{Lump sum amount}}{\text{Term (in years)} \times 12}$$

'Term' is the time over which the instalment amount would be paid if a claim arose under the Cover to which the amount relates.

Financial adviser means an authorised representative of an Australian Financial Services Licensee.

Following the advice of a medical practitioner means the life insured is following the advice of the treating **medical practitioner** on an ongoing basis, including recommended courses of treatment and rehabilitation.

Gainful occupation means employed or self-employed for gain or reward. It includes the life insured's **regular occupation**.

Gainfully employed (for policies held through super only) means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or **employment**.

Hepatitis B or C (occupationally acquired) means infection with Hepatitis B or C where the infection is acquired as a result of either:

- an accident arising out of the life insured's normal occupation
- a malicious act of another person or persons arising out of the life insured's normal occupation.

Proof of new Hepatitis B or C infection must be obtained within six months of the accident or malicious act.

Any incident creating a possible claim must be:

- reported to the relevant authority or employer within seven days of the incident
- reported to us with proof of the incident within 30 days of the incident
- supported by a negative Hepatitis B or C test taken within seven days of the incident.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

There will be no Cover and no benefit payable if a medical 'cure' is found for Hepatitis B or C (as applicable) or a medical treatment is developed and approved which makes these viruses inactive and non-infectious. 'Cure' means any Australian Government approved treatment, which renders Hepatitis B or C (as applicable) inactive and non-infectious.

HIV (occupationally acquired) means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring while performing the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident creating a possible claim must be:

- reported to the relevant authority or employer within seven days of the accident
- reported to us with proof of the accident within 30 days of the accident
- supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no Cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that prevents AIDS occurring. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

Home, in respect of a person, means that person's principal place of residence.

Illicit use of a drug or **illicit drug use** means:

- the use of an illegal drug, being – a drug that is prohibited from manufacture, sale or possession in Australia – for example cannabis, cocaine, heroin and amphetamine-type stimulants
- the use, other than as prescribed by a **medical practitioner**, of a pharmaceutical, being – a drug that is available from a pharmacy, over the counter or by prescription – for example opioid-based

pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids

- the use, other than as prescribed by a **medical practitioner**, of any psychoactive substances – legal or illegal – for example kava, synthetic cannabis and other synthetic drugs, or inhalants such as petrol, paint or glue.

Illness means an illness or disease which first manifests itself during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for Cover, or an application to extend, vary or reinstate Cover.

Immediate family member means any of the following:

- a **spouse**
- a son, daughter, father, mother, brother, sister, father-in-law or mother-in-law
- a person in a bona fide domestic living arrangement and is financially interdependent. You must provide us with evidence of an established and ongoing interdependency. Your submitted claim should be legible, unaltered and include evidence that supports your claim. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

Important income producing duties means duties that we reasonably consider generate the **monthly earnings** from your **regular occupation** or a **gainful occupation** (as applicable).

Indexation factor: we determine the 'indexation factor' each year based on the percentage increase in the Consumer Price Index (CPI). We use the CPI weighted average of eight capital cities combined, as published by the Australian Bureau of Statistics or its successor, for the 12 month period ending on 31 December each year. We apply the indexation factor from 1 May in the following year.

If there is no increase in CPI, then no increase will be offered.

If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next indexation factor.

If the CPI is not published, we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.

Injury means a bodily injury which either:

- occurs during the period of the policy
- was fully disclosed to us and we accepted as part of the application for Cover, or an application to extend, vary or reinstate Cover.

Involuntarily unemployed/Involuntary unemployment means the life insured becomes unemployed from their current job through no fault of their own. This may mean their work place is restructuring and they are made redundant and while the life insured is willing to work, that role is no longer available.

Irreversible means the trauma condition cannot be reasonably improved upon by medical treatment and/or surgical procedures at the time of claim.

Linked policy means another policy linked to this policy under a SuperLink TPD, SuperLink Trauma, Basic SuperLink or Income Secure SuperLink arrangement, as described on pages 32, 47, 80 and 81.

Loss of independent existence means the life insured is totally and irreversibly unable to perform at least two of the following five '**activities of daily living**' without another adult person assisting:

- bathing and/or showering
- dressing and undressing
- eating and drinking
- using a toilet to maintain personal hygiene
- mobility.

Loss of limbs and/or sight means the total and permanent loss of the use of:

- two limbs, where 'limb' is defined as the whole hand or the whole foot; or
- the sight in both eyes; or
- one limb and the sight in one eye.

Medical practitioner means a registered and qualified medical practitioner in Australia or another country, who is not the life insured or the policy owner, or the **spouse**, business partner or other **immediate family member** of the life insured or the policy owner.

Monthly amount insured, in respect of Income Secure Cover, Business Expense Cover or Living Expense Cover, means the amount shown on the Policy Schedule as the monthly amount insured for a particular life insured.

Monthly amount insured payable means the monthly amount insured payable calculated under Income Secure Cover and Business Expense Cover as if the life insured were entitled to a **Total Disability Benefit** under the relevant Cover and calculated under Living Expense Cover as if the life insured were entitled to a Living Expense Benefit.

Monthly earnings means either:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the expenses incurred in deriving that income
- if the life insured is independently **employed**, their monthly income earned from personal exertion comprised of total remuneration package, including fringe benefits and any other remuneration calculated monthly.

On claim means the dates for which the policy owner is eligible to receive a benefit in respect of a life insured under the policy.

OneCare External Master Trust means a OneCare policy owned by the trustee of an external master superannuation fund.

OneCare SMSF means a OneCare policy owned by the trustee of a self-managed superannuation fund or small APRA fund.

Ongoing income means any net profit (income less expenses), salary, payment or income in any form that the life insured or any related person or entity on the life insured's behalf, receive, derive or are entitled to receive from any nature or form of business which the life insured engaged in either before the claim or whilst **on claim**. It is irrelevant whether any such ongoing income is or was derived from the life insured's personal exertion.

Paid leave means time allowed away from work during which you continue to receive payment.

Partial Disability Benefit means the Partial Disability Benefit we pay under Income Secure Cover or Business Expense Cover under this policy, as the context requires.

Partially disabled/Partial disability (for Business Expense Cover) has the meaning given to it on page 102.

Partially disabled/Partial disability (for Income Secure Cover) has the meaning given to it on page 79.

Partial TPD Benefit means the Partial **TPD Benefit** we pay under TPD Cover.

Pre-claim business income means the highest average of the monthly business income for any period of 12 consecutive months in the two years immediately before the life insured became totally disabled.

Pre-claim earnings means

- for indemnity benefit payments (excluding under Essentials Cover), the highest average of **monthly earnings** for any period of 12 consecutive months in the two years immediately before the life insured becoming **totally disabled** (or either **totally disabled** or **partially disabled** for Income Secure Professional). If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the **pre-claim earnings** will be the highest average of **monthly earnings** for any period of 12 consecutive months in the two years immediately before the leave commenced
- for indemnity benefit payments under Essentials Cover, the highest average of **monthly earnings** from your occupation at time of claim for any period of 12 consecutive months in the two years immediately before the life insured becoming **totally disabled**. If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the **pre-claim earnings** will be the highest average of **monthly earnings** for any period of 12 consecutive months in the two years immediately before the leave commenced.

Pre-claim earnings will be adjusted by the **indexation factor** after each 12 month period the life insured remains **on claim**.

Reasonable retraining means any education, training, experience or rehabilitation the life insured has capacity to undertake and which may be expected to assist their return to gainful employment. The capacity for future work must be assessed by a specialist in the life insured's condition.

To determine this, we will consider available medical evidence, including the opinion of the life insured's **medical practitioner**. We will also consider any other relevant factors directly related to the life insured's medical condition, including information they provide.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Regular occupation means the primary occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury**. If the life insured's occupation is limited to a recognised specialty within the scope of their degree or licence, the life insured's specialty is their occupation.

For periods of **total disability** or **partial disability** which occur while the life insured is **unemployed**, or on maternity, paternity or sabbatical leave, their regular occupation means the last occupation the life insured performed before **unemployment**, maternity leave, paternity leave or sabbatical leave.

If the policy is held outside superannuation, after 12 months of **unemployment**, the life insured's regular occupation means any other occupation that they are reasonably capable of performing having regard to their education, training or experience.

However, we will not change the meaning of 'regular occupation' for a life insured if they are **unemployed** because of an **illness** or **injury** for which they are **on claim**.

Significantly disabled/Significant disability means that as a result of **illness** or **injury** the life insured is either:

- totally unable to perform at least two of the following five **activities of daily living** without another adult person assisting:
  - bathing and/or showering
  - dressing and undressing
  - eating and drinking
  - using a toilet to maintain personal hygiene
  - getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or with assistance of a walking aid.
- suffering from a total deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that requires the life insured to be under the continuous care and supervision by another adult person.

Certification by a **medical practitioner** who is an **appropriate specialist** is required.

Specific loss has the meaning given to it on page 31.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement, where one or each of them provides the other with financial support, domestic support and personal care. Gender is irrelevant.

Terminal illness/Terminally ill (not applicable to Trauma Cover, Child Cover or the Trauma Recovery Benefit and Booster Option under Income Secure Cover) means:

- for a policy held outside super **(excluding Extra Care Cover):** an **illness** that, in the opinion of an **appropriate specialist**, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us

- Extra Care Cover held outside super: the life insured must survive without life support for eight days after an **appropriate specialist** diagnoses that the illness is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided and that 12 month period has not ended
- for a policy held through super **(excluding Extra Care Cover):** an **illness** that, in the opinion of two registered **medical practitioners** with at least one being an **appropriate specialist** in the area related to the **illness** is likely to lead to the death of the life insured within 12 months from the date the opinion was given, and for each opinion that 12 month period has not ended
- Extra Care Cover held through super: the life insured must survive without life support for eight days after diagnosis that the illness in the opinion of two registered **medical practitioners** with at least one being an **appropriate specialist** in the area related to the **illness** is likely to lead to the death of the life insured within 12 months from the date of the opinion and for each opinion that 12 month period has not ended.

Total Disability Benefit means the Total Disability Benefit we pay under Income Secure Cover or Business Expense Cover under this policy, as the context requires.

Totally disabled/Total disability (for Business Expense Cover) has the meaning given to it on page 100.

Totally disabled/Total disability (for Income Secure Cover) has the meaning given to it on page 76.

Totally and permanently disabled/total and permanent disability/TPD have the meaning given on pages 33 to 36.

TPD Benefit means the TPD Benefit we pay under TPD Cover. It does not include the **Partial TPD Benefit**.

Uncomplicated pregnancy means conditions commonly associated with pregnancy such as: morning sickness, backache, varicose veins, carpal tunnel syndrome, ankle swelling, bladder problems, post-natal depression, multiple pregnancy, threatened miscarriage, participation in an IVF or similar program.

Unemployed/Unemployment means the life insured is not actively engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity, paternity leave or if you become unemployed whilst **on claim.**

THE COST OF THE POLICY

The premium

The amount payable for your policy is called the premium.

The premium includes:

- the cost of Cover selected for each life insured
- Policy Fees
- any applicable fees, duties, government taxes or charges.

Factors affecting the premium

The premium depends on a range of factors including the choices you make about your Cover:

- **the type of Cover selected**: the cost of each type of Cover depends on the benefits and features it provides. Higher premiums generally apply for Covers with a broader range of benefits and features, compared to Cover with a more limited range of benefits and features. For example, a higher premium applies for TPD Cover with the Own Occupation TPD definition compared to the Any Occupation TPD definition. A higher premium applies for Trauma Premier compared to Trauma Comprehensive. A higher premium applies to Income Secure Professional compared to Income Secure Essentials
- **the structure of your Cover(s):** the premium rates for TPD Cover and Trauma Cover depend on how you choose to attach or link those Covers to each other, and to Life Cover, whether under a single policy or through two linked policies under a SuperLink arrangement. For example, the premium for Stand-Alone TPD Cover is higher than the premium for TPD Cover attached to Life Cover, which is higher than the premium for TPD Cover attached to both Life and Trauma Cover
- **the amount insured or monthly amount insured selected**: generally, the higher the amount insured you select for each Cover, the higher the premium. When we offer to increase the amount insured at each policy anniversary under Indexation, the premium will generally increase to reflect the change. Discounts may apply above certain threshold amounts
- **the number of Covers you select for a life insured**: discounts may apply to some Cover if you choose multiple Covers of different types for a life insured. Please see page 13 for more information
- **the number of lives insured under one policy or a group of policies**: discounts may apply based on the number of lives insured under a single policy or under a group of policies where we recognise a business and/or family relationship between the lives insured. Please see page 13 or more information
- **for monthly benefit Covers, the waiting period selected**: for Income Secure Cover, Business Expense Cover and Living Expense Cover, the shorter the waiting period you select, the higher the premium
- **for Income Secure Cover and Living Expense Cover, the benefit period selected**: the longer the benefit period you select, the higher the premium
- **the Options at extra cost selected**: most types of Cover allow for a range of options at extra cost to be selected. If you choose to include any of these options in your Cover, the premium will be higher
- **whether stepped premiums or level premiums are selected:** (see 'Premium types' on page 126)
- **the frequency of premium payments**: the total premium payable each year is higher the more frequently you choose to pay. Currently, a 3% loading on the annual premium applies to half-yearly instalments and a 6% loading applies to monthly instalments.

The premium may also depend on each life insured's:

- **age**: generally, the older the life insured, the higher the premium
- **gender**: mortality rates, and the incidence and duration of illness and injury, vary by gender, so premium rates for any one type of Cover are different between males and females. For example, Life Cover premiums are generally lower for females compared to males, while Income Secure Cover premiums are generally lower for males compared to females
- **occupation**: we classify occupations which present a similar risk profile into occupation categories. The greater the risk for occupations within a given category, the higher the premium. We generally charge different premium rates for each occupation category for TPD Cover, Income Secure Cover and Business Expense Cover. We may also charge higher premiums for certain higher risk occupations for other types of Cover
- **smoking status**: premium rates for smokers are higher than they are for non-smokers
- **health**: generally, the better the state of health of the life insured, the lower the premium. When we assess your application, we consider the state of health and medical history of each life insured. In some circumstances, we may only be able to provide cover if you agree to additional premium loadings
- **sports and recreational pursuits**: participation in certain sporting activities or recreational pursuits may carry greater risk. When we assess your application, we consider these activities and pursuits followed by each life insured. In some circumstances, we may only be able to provide cover if you agree to additional premium loadings
- **state of residence**: the state and territory governments may charge stamp duty on different types of Cover at varying rates and depending on the residence of the life insured. The way we calculate the premium takes into account the costs of stamp duty we incur on your policy, and so the premium may vary depending on the state of residence of the life insured.

Before applying for Cover, you can obtain from your **financial adviser** an indicative illustration of the premium based on the standard premium rates, and our classification of your occupation, current at that time. The actual premium for the first year of the policy may be higher than that quoted in the

indicative illustration which accompanies the application we receive from you if:

- a life insured has a birthday after the illustration is provided and before the Cover begins, or
- after the illustration is provided and before the Cover begins, the Policy Fee is increased (see page 126 for more information about how the Policy Fee changes on 1 May each year), or
- any changes are made to the Covers and options applied for, or to existing OneCare policies for the lives insured, including changes across any business or family groups on which discounts may depend (please see page 124), or
- after assessing your application, we are only able to provide Cover if you agree to a higher premium. For example, we may ask you to agree to a higher premium before we issue your Cover because we decide a premium loading for health reasons or recreational pursuits is necessary, or because we reclassify your occupation to a different occupation category.

When we recalculate the premium

We calculate the premium at the policy start date and at each policy anniversary. We also recalculate the premium when you request a change to the policy which we approve, or when we decrease the amounts insured for Covers after we pay claim benefits. The premium payable for the first year of the policy is shown on the Policy Schedule.

The premium will vary over time

Factors used in calculating the premium that can change from year to year include:

- the premium type you select
- whether you or the life insured qualify for a premium rating factor or discount under the terms of any special program we offer
- whether you decline indexation offers
- whether we change premium rates. Such changes would apply to all policies in the same category.

Minimum premium

The minimum premium for each life insured, inclusive of the Policy Fee, is $300 p.a.

The minimum premium includes premiums for Life Cover, TPD Cover, Trauma Cover, Income Secure Cover, Business Expense Cover, Living Expense Cover and Extra Care Cover. It does not apply to Child Cover.

The minimum annual premium for increases is $50 p.a. for each life insured. This minimum does not apply to indexation increases.

Premium must be paid to keep Cover in force

The premium and any applicable fees, duties or charges must be paid in full to keep the policy in force.

If the premium and other amounts have not been paid in full for each life insured, the policy may lapse and we will cease to be liable to pay any benefits.

We will give the policy owner, or the life insured under OneCare Super, at least 30 days' notice before we cancel the policy.

You may be able to reinstate your Cover

Auto-reinstatement

If we cancelled your Cover because premiums have not been paid, you can reinstate all or some of the Cover in the first 30 days from the date the Cover is cancelled. Simply let us know and pay all outstanding premiums within the 30 days. Your Cover will be reinstated on the same or equivalent terms available at the time of reinstatement.

If you cancelled your Cover, you can only reinstate all or some of the Cover in the first 7 days. You will need to request reinstatement in writing and pay all outstanding premiums within the 7 days.

Reinstatement after the auto-reinstatement period

Other than your rights to reinstate all or some of the Cover set out above, you will generally need to make a new application for any future Cover and the new terms available at the time will apply.

However, if we cancelled your Cover because premiums have not been paid, you can apply to reinstate all or some of your Cover. You will need to complete a reinstatement application so that we can assess your health, financial situation, lifestyle, and pastimes. You have 12 months from the date your Cover was cancelled to apply for reinstatement using this shorter application process. We do not guarantee reinstatement will be available. We may decline to reinstate or only offer the Cover subject to condition(s).

If we accept your application to reinstate your Cover, your Cover will start again from the date of acceptance, which we will confirm in writing. Between this time and when you last held Cover, there is no Cover.

Acceptance of your application for reinstatement does not mean your Cover is continuous and benefits are not payable for any condition which occurs or is apparent while your Cover is cancelled. Also some benefits explained in this document are affected by a reinstatement in Cover such as exclusion periods which re-start. Please refer to the section of this document which explains the Cover you have selected for further information.

The policy owner pays the premium

The policy owner pays us the premium for the policy.

For policies held through super, the trustee of the super fund pays the premium. For further details about paying premiums under OneCare Super, please see page 130.

All premiums must be paid in Australian currency.

Premium rates

We calculate the premium by reference to a table of premium rates for each Cover and any options selected.

A table of premium rates is available upon request.

In setting premium rates, we consider the risk group and the costs of setting up and administering the policy.

We can change premium rates

We do not guarantee premium rates for either stepped or level premiums. We can increase premium rates, but the increase only takes effect from the policy anniversary after the change. We must also give the policy owner 30 days' notice of the increase.

However, if you change your policy, we will recalculate your premium based on the rates applicable at the time the change is requested.

We will not increase the premium rates for an individual policy within a defined risk group unless we increase the premiums for every policy in that risk group, on advice from our actuary.

Factors which can result in changes to premium rates include changes in:

- costs we incur in providing OneCare and Onecare Super, for example the cost of claims. The amount we pay in claims will be higher than expected if we pay more claims than expected, if we pay higher benefit amounts than expected, if we pay benefits for longer periods than expected, and if emerging industry experience and trends show an increase in long term claims cost
- commission costs
- the cost of reinsurance
- capital and regulatory requirements
- expected policyholder behaviour across the portfolio, including how long OneCare and OneCare Super policies are held
- economic factors such as interest rates, inflation rates, employment level and market returns
- tax, government, or other mandatory charges
- other factors we consider important to us continuing to provide OneCare and OneCare Super.

Regardless of whether stepped or level premium is selected, premium rates and premium factors are not guaranteed or fixed and insurers have increased premium rates in the past and may increase in the future.

Premium types

The way we calculate the premium depends on the premium type you select. The premium type applying to each Cover is shown on the Policy Schedule.

We offer the following two premium types, explained below:

- stepped premium
- level premium.

Under stepped premiums, we re-calculate the premium on each policy anniversary based on the life insured's age on that anniversary. The premium will also depend on various other factors such as the amount of Cover. Stepped premiums are likely to increase with age. The premium will also change when Cover changes. This includes changes to the amounts insured and monthly amounts insured due to indexation.

Under level premiums, we calculate the premium based on an age-based premium rate determined by the life insured's age at the **Cover start date**. This rate will apply until the policy anniversary when the life insured is age 65, unless we change the premium rates.

Level premiums are 'averaged out' over the policy duration, which means you generally have higher premiums than stepped during the initial years, but lower premiums in later years. If you are planning on keeping your policy for longer than 10 to 12 years, level premiums may save you money over the life of your policy.

Level premiums are only available for Life, TPD and Trauma Cover when the life insured is under age 65. On the policy anniversary when the life insured is age 65, level premiums will convert to stepped premiums. The premiums on or after 65 years will generally be significantly higher than premiums paid in earlier years. We will remind you about this change when the life insured approaches 65 so that you have time to seek advice and decide whether to continue the cover.

Under level premiums, if the amount insured increases, including for indexation, the premium for the increase depends on the life insured's age when the amount insured increases and the level premium rate for that age.

If the policy owner, or the life insured under OneCare Super, wishes to reduce the amount insured, we first reduce the latest issued level premium amount insured and premium. After this, we reduce each previously issued level premium amount insured and premium.

Policy Fee

Your premium includes a Policy Fee, which will be set out in the Policy Schedule. A Policy Fee is payable for each life insured under the policy, except an insured child under Child Cover.

Currently, a 3% loading applies to the Policy Fee if we agree to the premium being paid by half-yearly instalments. A 6% loading applies if we agree to the premium being paid by monthly instalments.

We may also adjust the Policy Fee where the way we calculate the premium for any of the Covers under the policy takes into account the costs of stamp duty we incur.

The Policy Fee (before any adjustments for the costs of stamp duty we incur) is set out in the table below:

Premium payment frequency	For policies commencing 29 March to 30 April 2021	For policies commencing on or after 1 May 2021
Yearly	$92.55 per year	$93.40 per year
Half-yearly	$95.32 per year ($47.66 per instalment)	$96.20 per year ($48.10 per instalment)
Monthly	$98.16 per year ($8.18 per month)	$99.00 per year ($8.25 per month)

We adjust the Policy Fee at 1 May each year by the indexation factor applying then. Once Cover is in place, this change to the Policy Fee takes effect for your policy on the policy anniversary on or following the date of the change.

The indicative illustration of the premium available from your **financial adviser** before you apply for Cover, and your Policy Schedule, will show the Policy Fees applicable, including any adjustments for the frequency of payment and for the costs of stamp duty explained above.

Premium discounts

Please see page 13 for information about premium discounts we offer.

Government charges

We will pay any stamp duty, tax, excise or other charges that the Commonwealth, or a State or Territory Government, impose or apply to this policy.

However, we reserve the right to recoup any such taxes or charges through the premium, and the right to increase the premium to cover any increase in, or addition to, these taxes or charges.

Unless stated otherwise, the premium you pay is inclusive of any applicable stamp duty, tax, excise or other government charges that apply to this policy.

Goods and Services Tax (GST) is not currently payable on insurance premiums for the policies described in this PDS.

Administration charges

We reserve the right to charge a fee to recoup the costs of administering any function that any Commonwealth, State or Territory Government requires of us in respect of this policy.

Payment of premium

Premiums are payable to OnePath Life.

Annual premiums for the policy must be paid by the policy anniversary date.

If we agree to premiums being paid by instalments, the relevant premium instalment amount must be paid by the relevant instalment date.

We may agree to premiums being paid by instalments and an approved payment method. If we do so, a payment frequency loading may apply.

The Policy Schedule will show the frequency of premium payments. We may increase or vary frequency loadings on instalment premiums by prior written notice to the policy owner, or the life insured under OneCare Super.

If there is more than one life insured or Cover under the policy, we will calculate the premium payable in respect of each life insured and each Cover. However, we consider the premium paid in full only when all amounts for each life insured have been paid.

Refunds if you cancel or change the policy

If the premium is paid by monthly instalments we will not refund any instalment payment if the policy is cancelled. Cover ends on the date we receive written notification of cancellation from the policy owner, or the life insured under OneCare Super. If you request a change to Cover so that the premium payable decreases, the change will apply to Cover from the date we confirm it, and the new premium will apply from the next monthly instalment due date.

If premiums are paid annually or half-yearly and the policy is cancelled, or changed so that the premium payable decreases, before the next annual or half-yearly instalment is due, we will pay a pro-rata refund to the policy owner.

If you have OneCare Super, any pro-rata refund will be paid to the Trustee as the policy owner. It is generally not possible for the refund amount to be retained by the Insurer as a pre-payment of future premiums, or for the Trustee to hold the surplus in an account for your benefit. However, the Trustee cannot release the pro-rata refund to you directly, unless you satisfy a condition of release. Please see page 133 for more information about conditions of release.

If you do satisfy a condition of release, the refund will be paid to you as a superannuation benefit less eligible adjustments.

If you do not satisfy a condition of release, the Trustee will transfer the refund, less eligible adjustments, to either:

- the superannuation fund from which the amount was originally rolled over to OneCare Super (if applicable), or
- another eligible superannuation fund you nominate by providing a new rollover instruction.

If the nominated superannuation fund does not accept the transfer, or you do not nominate a fund, the Trustee may transfer the monies to an eligible rollover fund (ERF).

For more information about the Trustee's current nominated ERF please see page 134.

Financial adviser commission

If you purchase your OneCare policy or OneCare Super through a **financial adviser**, we may pay your **financial adviser** commission. This payment is already incorporated into the premium we receive. Please see page 6 for further information about **financial advisers**.

We may also remunerate financial services dealer groups based on commercial arrangements. These payments are made by us.

FURTHER TERMS OF THE POLICY

No surrender value

This policy provides insurance Cover only. The Covers under this policy do not include an investment income or accruals from investing your premium. The policy has no surrender value.

Statutory funds

For OneCare Super policies only

We will place premiums for this policy in our Statutory Fund No.3 and pay any claims under this policy from this statutory fund.

We reserve the right to transfer all or any policies to any new or existing statutory fund or sub-fund in that statutory fund where the appropriate prudential regulator permits, if permission is necessary.

All other policies

We will place premiums for this policy in our Statutory Fund No.1 and pay any claims under this policy from this statutory fund.

We reserve the right to transfer all or any policies to any new or existing statutory fund or sub-fund in that statutory fund where the appropriate prudential regulator permits, if permission is necessary.

Governing law

This policy is governed by the law that applies within the state of New South Wales.

Policy anniversary

The first policy anniversary date is 12 months after the policy start date, which is shown on the Policy Schedule.

Remaining benefits where multiple Covers or lives insured

If there is more than one life insured or Cover under the policy and a benefit becomes payable in respect of one of them, the policy continues to insure the remaining persons and Covers.

This is subject to the conditions on when this policy ends. Please see below. It is also subject to the conditions for benefit reductions set out in each Cover section.

The premium must continue to be paid for the remaining life or lives insured and the remaining Covers.

When this policy ends

This policy will end on the earliest of the following:

- date we receive written notification from the policy owner, or the life insured under OneCare Super, to cancel the policy
- date we lawfully cancel and/or avoid the policy
- date we cancel the policy because the premium has not been paid when due
- ending of all Covers for all lives insured under the policy. The circumstances in which each Cover will end are set out in each Cover section in this PDS
- if the policy is held through super, the date the life insured ceases to be a member of the Fund or external master trust
- date the last life insured under the policy dies.

How to nominate and update beneficiary details

When applying for OneCare or OneCare Super, you may nominate beneficiaries to receive any Death Benefits payable.

OneCare (outside super)

Under OneCare held outside super, you can nominate the beneficiaries to receive any Death Benefit payable if a life insured dies, and the proportions of the Death Benefit each beneficiary is to receive. A nominated beneficiary can be an individual, trust, company or charitable foundation. We will confirm each nominated beneficiary in writing.

The nomination will apply to death benefits in respect of a life insured payable across all Covers under the policy. If you do not nominate a beneficiary, we will pay any Death Benefit to you as policy owner, or your estate.

If the total benefits payable to nominated beneficiaries is less than 100% of the total Death Benefit payable, we will pay the balance of the Death Benefit to you or your estate.

If a nominated beneficiary dies before you, we will pay to you or your estate any benefits that would have been allocated to that beneficiary. If a nominated beneficiary is a trust, company or charitable foundation that no longer exists when the life insured dies, we will pay to you or your estate any benefits that would have been allocated to that beneficiary.

If you assign the ownership of your policy to a new policy owner, we will cancel your nominations.

Cover held through super

If you hold your Cover through a super fund, we will pay any Death Benefit under the policy to the trustee of your super fund.

If you choose OneCare Super, please refer to page 134 for details of how to nominate beneficiaries for any Death Benefit payable from the Fund.

If you hold your Cover through another super fund you should contact the trustee of that fund for information about nominating beneficiaries for any Death Benefit payable from the fund.

How to change policy owner

There may be tax consequences on transferring a policy depending on your particular circumstances. We recommend you seek advice from a tax adviser.

OneCare

If you are the policy owner, you can transfer or assign the ownership of your policy to another individual, company, trustee or legal entity. You can do so by completing a Memorandum of Transfer which, once it accords with all legal requirements, will be registered by us.

If there is more than one policy owner, we regard them as joint tenants and all owners will need to agree to the transfer. You cannot change the policy owner once you are **on claim** or eligible to claim.

OneCare Super

If you hold Cover through the Fund, and you want to continue your Cover under a different policy ownership, we may offer to cancel your policy and replace it with a new policy. You will be required to complete a new application and the new Cover will be on the same terms as your existing Cover and subject to the Cover options and premium rates applicable at the time. We may decline to replace your policy where you have made a claim under it, or are eligible to make a claim.

OneCare issued to other superannuation trustees

If you hold Cover through an external superannuation master trust, self-managed super fund or small APRA fund, and you want to continue your Cover under a different policy ownership, we may offer to cancel your policy and replace it with a new policy. You will be required to complete a new application and the new Cover will be on the same terms as your existing Cover and subject to the Cover options and premium rates applicable at the time.

Confirmation of transactions

We generally confirm transactions by issuing a letter of confirmation or a Policy Schedule.

You can request confirmation of your transactions and any other additional information about your policy in the following ways:

- call us on 133 667 between 8.30am and 6.00pm (Sydney time), weekdays, and have your query answered over the phone
- call us and ask us to send you a written confirmation of the transactions you have made
- email us at customer.risk@onepath.com.au

ONECARE SUPER

This section provides general information about OneCare Super. It does not form part of your policy.

OneCare Super is a superannuation product offering insurance benefits

OneCare Super is a superannuation product issued by OnePath Custodians Pty Limited ABN 12 008 508 496 AFSL 238346 (Trustee) as the trustee of the Retirement Portfolio Service (Fund) USI 61808189263001.

OneCare Super allows members of the Fund to arrange insurance cover as a way of securing death and disability benefits.

The Trustee is an issuer of this PDS and is responsible for the contents of this PDS.

This section of this PDS contains important information about OneCare Super and the Fund. You should read both this section and the sections providing information about the insurance offered through OneCare Super.

Under OneCare Super you are a member of the Fund

When you apply for OneCare Super, you apply to become a member of the Fund and you nominate the insurance benefits you require, subject to the terms of the OneCare Super policy and relevant superannuation law.

If your application for membership and insurance is accepted, you become a member of the Fund and an insurance policy is issued to the Trustee.

Membership of the Fund is generally open to all persons who are eligible to contribute to superannuation or have contributions made on their behalf.

Unlike some superannuation products, OneCare Super is not an investment product. This will be the case, whether or not superannuation contributions or rollovers are used to purchase Cover on your behalf. The amount of your contribution or rollover, plus any Rollover Rebate, will equal the yearly premium paid by the Trustee to OnePath Life for your Cover.

As a member of the Fund, you can make, or have made on your behalf, superannuation contributions or rollovers, from which the Trustee pays the premium for the insurance Cover provided under the OneCare Super policy. The Trustee does not charge any other fee for your membership of the Fund. The Trustee reserves the right to pass on to you any liability for government charges that may arise in the future.

The Trustee holds in a trust account any amounts it receives while your application is assessed. The Trustee will retain any interest payable by its bank on this account to meet administrative costs and bank fees incurred in operating the account. If your application is declined the Trustee will refund amounts paid as required by law.

Where a OneCare policy is cancelled or lapses, the membership to the Fund will cease upon the issue of the exit statement.

OneCare Cover available through OneCare Super

OneCare Super offers Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover.

However, not all benefits, features or options under these Covers are available under OneCare Super. The sections of this PDS dealing with each of the types of Covers explain where a benefit, feature or option is available through OneCare Super. Please see the section 'When the Trustee can pay benefits to you' on page 133 for more information about the conditions of release that must be satisfied before the Trustee can pay the insurance benefits to you.

When Income Secure Cover is structured through super you should be aware that payments through a temporary incapacity condition of release will be restricted by superannuation law. Benefits payable on the basis that you have satisfied the temporary incapacity condition of release must be paid as a non-commutable income stream (not a lump sum) for the purpose of continuing (in whole or part) the gain or reward you were receiving before the temporary incapacity, and for a period not exceeding the period of incapacity from employment of the kind engaged in immediately before the incapacity. This means that if you have returned to work on a part-time or limited basis, or in a different role because the **illness** or **injury** that caused you to cease working prevents you from performing your previous occupation, the income you earn plus payments from the Fund must not exceed 100% of your income from your previous occupation.

About the Fund

The Fund is a regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (Cth) (SIS). It is a registrable superannuation entity that has been registered with the Australian Prudential Regulation Authority (APRA).

The Fund is a resident regulated superannuation fund within the meaning of SIS and is not subject to a direction from APRA under section 63 of SIS.

The Fund is a complying superannuation fund, able to accept superannuation guarantee contributions as well as other additional employer contributions.

Regulation of the Trustee

The Trustee holds a Registrable Superannuation Entity Licence issued by APRA and an Australian Financial Services Licence issued by the Australian Securities and Investments Commission.

The Trustee must comply with superannuation and other law, including SIS. SIS sets out standards for managing superannuation funds. If the Trustee does not comply with the SIS standards, penalties may be imposed on the Trustee.

The Trustee is also regulated by the Trust Deed governing the Fund. The Trust Deed contains rules for operating, and paying benefits from, the Fund.

The Trustee administers the Fund in accordance with the Trust Deed.

The Trustee is responsible for ensuring the Fund:

- is administered in the best interests of its members
- complies with all legislative and regulatory requirements
- is administered in accordance with the Trust Deed.

You can find Trustee and executive remuneration disclosure and any other documents which must be disclosed in accordance with the superannuation law at onepath.com.au

You can obtain a free copy of the Trust Deed by contacting Customer Services on 133 667 or at onepath.com.au

How to pay premiums for OneCare Super

The costs for OneCare Super are the premium amounts. For more information about the premiums, please see pages 124 to 127.

The Trustee will pay the premiums due for Cover taken out for you using amounts paid into the Fund for this purpose. There are three options:

Option 1 – Superannuation contributions

The Trustee can meet the costs of insurance using superannuation contributions made to the Fund by you, or by another person on your behalf.

Certain contributions made to OneCare Super for the purpose of paying premiums may be tax deductible (please see page 136 for more information) and may also entitle you to a government co-contribution or low income superannuation tax offset, or where made by your spouse, entitle your spouse to a tax offset (please see pages 132 and 133 for more information). Contributions made to OneCare Super also count toward caps on contributions made in each financial year (please see page 136 for more information).

The Fund is subject to tax on concessional contributions it receives. The Fund is generally entitled to claim a tax deduction for insurance premiums paid from concessional contributions. Therefore, the tax payable on concessional contributions is generally offset by the tax deduction the Fund claims on insurance premiums paid from concessional contributions, if the member has provided a valid TFN.

The Fund is generally not subject to tax on non-concessional contributions it receives, unless the member provides a 'Notice of intent to claim or vary a deduction for personal super contributions' form in respect of the non-concessional contributions. The Fund is generally entitled to claim a tax deduction for insurance premiums paid from non-concessional contributions. Monies received as a result of this tax deduction are held for the benefit of all members in a Fund reserve account. Subject to meeting eligibility requirements, you may be entitled to claim a personal tax deduction for non-concessional contributions made during each year ending 30 June by lodging a 'Notice of intent to claim or vary a deduction for personal super contributions' form (see page 136 for more information).

Contributions can only be made with monies not yet paid into the superannuation system. For this reason, it is not possible to pay contributions from a bank account held by the trustee(s) of a self-managed super fund.

Option 2 – Internal rollover from a OnePath superannuation product

The premium for Cover can be paid into OneCare Super as an internal rollover from your account in any of the following products within the Fund:

- OneAnswer Frontier Personal Super
- OneAnswer Personal Super
- ANZ OneAnswer Personal Super
- OptiMix Superannuation.

You must complete a rollover authority which directs the Trustee to roll over money from the nominated account when premiums are due.

This direction will be a standing order and will apply to the first and all subsequent rollovers, until you withdraw it in writing. You must then nominate a different method of payment or request the Trustee cancel the policy.

Option 3 – External rollover

The annual premium for Cover can be paid into OneCare Super as an external rollover from your account with any complying superannuation fund.

If you choose this option, a rollover rebate of up to 15% of the premium payable may apply, reducing the amount required to be rolled over. Subject to law, the Trustee may cease to offer the rollover rebate at any time and for any reason.

You must complete an Enduring Rollover Request form, which directs the trustee of the nominated external super fund to rollover amounts to the Fund, as requested by the Trustee, at the start of the policy and at each policy renewal.

Some conditions apply to this rollover option:

- The rollover amount, plus any rollover rebate, must equal the yearly premium due. Some super funds may impose a minimum amount on partial withdrawals that may be higher than the rollover amount required. The Trustee is unable to accept transfers which exceed the exact amount required to pay the premium due, when combined with any rollover rebate applicable. If your fund rejects the request because it is below the minimum amount, or the Trustee rejects the transfer because it exceeds the amount required, you will need to provide new payment instructions.
- The Trustee can only accept from your nominated super fund rollovers on which any applicable fund tax has already been paid. Any rollover must fully comprise a tax-free component and/or a taxed element of a taxable component. The rollover will be rejected if it contains, in whole or in part, an untaxed element of a taxable component.
- The Trustee cannot accept rollovers which contain foreign transfer amounts (including UK transfers) or Kiwi Saver amounts.
- You may be able to roll over benefits from a self-managed super fund, although the transfer must be accompanied by a Rollover benefits statement issued by the trustee of the fund.

- If you cancel or change your policy so that a pro-rata refund of premiums is due, the Trustee will retain a corresponding pro-rata amount of any rollover rebate applied. Please see the section, 'Refunds if you cancel or change the policy' on page 127, for more information on how the Trustee must handle premium refunds it receives from the Insurer.
- Funds may have particular processing requirements that if not satisfied may prevent or delay the processing of rollovers. Funds may charge additional fees, set limits on the number of rollovers that can be processed in any one 12 month period, or cancel insurance held in the fund. You should make your own enquiries regarding the impact of any rollover on your benefits held in the nominated super fund before instructing the Trustee to request rollovers.
- If you have made contributions to your nominated fund, for which you intend to claim a tax deduction, but have not yet lodged the required notice of intention with the fund's trustee, the processing of a partial rollover from that fund may prevent you from claiming the deduction on the full amount of the contributions. You should ensure the trustee of your nominated fund has acknowledged your intention to claim a tax deduction in respect of your contributions before any rollovers are processed. Note that it is not possible to lodge a notice with us in respect of the transferred benefit we receive.

Paying OneCare Super premiums by internal or external rollover may have implications for tax on claim benefits

If you choose to pay OneCare Super premiums by internal rollover from another OnePath superannuation product, or by external rollover from another super fund with a service period start date earlier than the start date of your OneCare Super membership, there may be tax implications for disability super benefit payments and death benefit payments to non-dependants for tax purposes.

The service period start date may impact the determination of the tax-free and taxable components.

Please speak to your tax and **financial advisers** for further information.

Who can contribute to the Fund

The Trustee applies contributions to the Fund as premiums for the OneCare Super policy. To pay your premium through a super contribution, you must be eligible to make a super contribution, or to have a contribution made for you.

The following table outlines the rules relating to who can make super contributions.

Your age	Who can contribute?
Under 65	You, your spouse, your employer and a third party.
65 to under 67	You (including downsizer contributions), your spouse, your employer and a third party.
67 to under 75 †	You, your spouse, your employer and a third party, provided you meet the `work test'* or `work test exemption'‡. Your employer may make `mandated employer contributions'#. You may make downsizer contributions.
75 † and over	You may make downsizer contributions and your employer may make `mandated employer contributions'#.

* 'Work test' means you have been 'gainfully employed'^ for at least 40 hours during any 30 consecutive day period in the financial year in which the contribution is made. Even if you do not meet the `work test' you may still be eligible to make downsizer contributions.

‡ 'Work test exemption' means voluntary contributions may be made in a financial year if all of the following are satisfied:
- you have not met the 'work test'* for that financial year
- you have met the 'work test'* for the previous financial year
- you had a total superannuation balance below $300,000 on 30 June of the previous financial year, and
- you have not already relied on the 'work test exemption' for a previous financial year.

† Personal and employer contributions may be accepted on or before the 28th day after the end of the month in which you turn 75 if you have been 'gainfully employed'

^ For at least 40 hours during any 30 consecutive day period in the financial year that the contribution is made. Even after you turn 75 you may still be eligible to make downsizer contributions.

\# Mandated employer contributions are contributions:
- that reduce an employer's potential liability for the SG charge; or
- that are a payment of a shortfall component; or
- in or towards satisfaction of the employer's obligation under an agreement certified, or award made, on or after 1 July 1986 by an industrial authority.

^ 'Gainfully employed' means being employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Government co-contribution and low income superannuation tax offset

If you have made a personal (after-tax) contribution to a complying superannuation fund including the Fund, you may qualify for a government co-contribution.

If you are a low income earner, the Government may make a low income superannuation tax offset (LISTO) to your super for the tax paid on concessional contributions.

Conditions apply for government co-contributions and LISTO payments, and your entitlements will be assessed by the Australian Taxation Office (ATO).

As an insurance-only superannuation product without an accumulation balance, OneCare Super cannot accept government co-contributions or LISTO. You may wish to have the ATO direct your government co-contribution or LISTO to an alternative superannuation account.

Speak to your tax and **financial adviser** to see if you are eligible for the government co-contribution or LISTO.

Salary sacrifice

Salary sacrifice is an arrangement whereby an employer contributes to a superannuation fund instead of making an equivalent gross payment as salary. Salary sacrifice contributions are treated as concessional contributions.

Salary sacrifice contributions to superannuation are included in the definition of income for certain government payments. Your employer may be required to report salary sacrifice contributions to the ATO as reportable employer super contributions.

Before starting a salary sacrifice arrangement we recommend you speak to your tax adviser and **financial adviser**.

Spouse contributions

Spouse contributions are made from after-tax monies and are treated as non-concessional contributions.

Your spouse may be eligible for a tax offset of up to $540 when making a spouse contribution (conditions apply). Please speak to your tax adviser and **financial adviser** for eligibility requirements of this tax offset.

'Spouse' includes another person (whether of the same sex or a different sex) with whom you are in a relationship that is registered under a State or Territory law or a person who, whether or not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.

Bankruptcy

The *Bankruptcy Act 1966* (Cth) allows bankruptcy trustees to recover superannuation contributions made, prior to bankruptcy, with the intention to defeat creditors. An Official Receiver is also allowed to issue a notice to freeze a member's interest in a superannuation fund or to recover void contributions.

When the Trustee can pay benefits to you

There are rules in place to restrict when your super can be accessed. Where the terms and conditions of the OneCare Super policy are met, the Insurer pays the insurance benefit to the Trustee. These benefits will generally be categorised as preserved amounts and can only be accessed on meeting a 'condition of release'.

Generally, the Trustee pays your benefits from the Fund as a lump sum. However, the Trustee may pay your benefits as an income stream or a combination of a lump sum and an income stream (conditions apply). You may be able to transfer or roll over your benefits to another super provider.

Conditions of release include:

- reaching your **preservation age** and you have 'permanently retired'
- reaching age 60 and subsequently ceasing a 'gainful employment' arrangement
- reaching age 65, whether you have retired or not
- reaching your preservation age (payment restricted to a transition to retirement pension)
- 'permanent incapacity'
- severe financial hardship (conditions apply)
- compassionate grounds (conditions apply)
- 'terminal medical condition'
- 'temporary incapacity'
- death.

'**Permanently retired**' means ceasing an arrangement of gainful employment and never intending to be gainfully employed for 10 or more hours weekly.

'**Gainfully employed/Gainful employment**' means employed or self-employed for 'gain or reward' in any business, trade, profession, vocation, calling, occupation or employment.

'**Permanent incapacity**' means the trustee must be reasonably satisfied that you are unlikely, because of your ill-health (whether physical or mental), to engage in gainful employment for which you are reasonably qualified by education, training or experience.

'**Temporary incapacity**' means ill-health (whether physical or mental), that caused you to cease gainful employment (including temporarily) but does not constitute permanent incapacity.

'**Terminal medical condition**' means the following circumstances exist:

a. two registered **medical practitioners** have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a certification period that ends not more than 24 months after the date of the certification,

b at least one of the registered **medical practitioners** is a specialist practising in an area related to the illness or injury suffered by the person, and

c. for each of the certificates, the certification period has not ended.

'Preservation age'

Your preservation age depends on your date of birth. You can use the following table to work out your preservation age:

Date of birth	Preservation age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
After 30 June 1964	60

Temporary residents

You are a temporary resident if you hold a temporary visa under the *Migration Act 1958* (Cth).

If you are a temporary resident or have at any stage been a temporary resident and you are:

- not an Australian Citizen, New Zealand Citizen or permanent resident, and
- not, at any time, a holder of a Subclass 405 (Investor) visa or a Subclass 410 (Retirement) visa,

you may be able to access preserved benefit on the following grounds:

- eligibility for a Departing Australia Superannuation Payment (DASP)^
- permanent incapacity*
- terminal medical condition*
- temporary incapacity*
- death.

^ A DASP cannot be paid as an income stream. Also note that the Trustee must withhold and remit taxation on DASP. The rates may vary depending on your personal circumstances. Please consult your tax adviser.

* Refer to the definitions of these conditions of release above.

If you are a temporary resident and you permanently depart Australia and no longer hold a temporary resident visa, we are obliged to transfer your unclaimed super to the ATO after six months of your departure or cessation of your visa (as notified by the ATO). Irrespective of whether you later return to Australia or remain overseas, you can apply to the ATO for release of your super.

Transferred super benefits can be claimed via the ATO's website at ato.gov.au

On transfer of your super benefit to the ATO, you will cease to be a member of the Fund. Relying on an exemption granted by ASIC, we are not required to provide you with prior notification or an Exit Statement. We can provide you with further information about applying to the ATO for your superannuation monies should you wish to contact us.

If you become an Australian or New Zealand citizen or permanent resident, the obligation to transfer your super benefit to the ATO does not apply and you can continue to be a member of the Fund.

Transfer of balance

If you have not met a condition of release, the Trustee cannot make any payments directly to you. The Trustee will transfer your balance (less eligible adjustments) to an eligible super fund of your choice.

If you do not choose an eligible fund, the Trustee will roll over any such money into an eligible rollover fund (ERF) it nominates. For more information about the Trustee's current nominated ERF see below.

Eligible Rollover Fund

The Trustee's current nominated eligible rollover fund (ERF) is:

Australian Eligible Rollover Fund
Jacques Martin Administration & Consulting Pty Limited
Locked Bag 5429
Parramatta NSW 2124
Phone 1800 677 424

We will notify you if the ERF changes in the future.

Set out below is a summary of some of the significant features of the Australian Eligible Rollover Fund (AERF), current as at the date of the preparation of this PDS. For detailed information about the AERF, please read the AERF's PDS or contact the AERF directly.

The Trustee of the AERF is Perpetual Limited ABN 84 008 416 831.

If your benefits are transferred to the AERF:

- You will cease to be a member of the Fund and become a member of the AERF, meaning you will be subject to its governing rules, including a different fee structure.
- Investment choice will not be available. Your benefits will be invested in a diversified portfolio with exposure to both growth assets (equities and property) and defensive assets (fixed interest and cash). There is no guarantee that investment returns will not be negative.
- The AERF is unable to accept any ongoing contributions from you or your employer; however, rollovers from other super funds may be permitted.
- The AERF does not offer insurance benefits.

Death Benefit

If you die while your Cover is in force, the Insurer pays any insurance benefits payable under the OneCare Super policy to the Trustee.

You can nominate who you wish to receive your death benefit in the event of your death by making either a Lapsing or a Non-lapsing nomination. You can nominate your dependants, your estate (called your 'Legal Personal Representative') or a combination of both.

You cannot nominate beneficiaries who do not fall into one of these categories. It is important to note that at the time the Trustee receives your nomination, the Trustee will not check whether your nominated beneficiary(ies) are your dependants or your Legal Personal Representative.

Your nomination will only apply to the death benefit payable from OneCare Super. If you have another super interest under the Fund, you must complete a separate nomination form for any death benefits payable from that other superannuation product.

It is important that you read the following information so you choose the most appropriate option for you.

Who is a 'Legal Personal Representative'?

Legal Personal Representative means an executor of the will or administrator of the estate of a deceased person, the trustee of the estate of a deceased person, the trustee of the estate of a person under a legal disability, or a person who holds an enduring power of attorney granted by a person, however:

a. subject to (b) below, a person does not have a Legal Personal Representative unless:
   - a grant of probate has been made,
   - letters of administration have been issued, or
   - such equivalent authority as the Trustee determines for jurisdictions outside Australia has been conferred on a person, and

b. if the Trustee is reasonably satisfied that the value of the estate is less than the amount which the Trustee from time to time specifies as the 'probate limit', then the Trustee may for all purposes treat a person who does not meet the criteria in (a) but who the Trustee is reasonably satisfied will, in practice, be informally performing the role of executor or administrator as if they were the Legal Personal Representative.

Who can be a dependant?

Under superannuation law and the Fund's Trust Deed, a dependant includes:

- your 'spouse'. 'Spouse' includes another person (whether of the same sex or a different sex) with whom you are in a relationship that is registered under a State or Territory law or a person who, whether or not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple;
- your children (including an adopted child, a stepchild, or an ex-nuptial child, a child of your spouse, or someone who is considered your child under family law);

- any other person who the Trustee believes is or was at the time of your death, financially dependent on you;
- any other person with whom you have an 'interdependency relationship at the time of your death' (see below).

Interdependency relationship

Two people (whether or not related by family) have an 'interdependency relationship' if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship can also exist where two people who (whether or not related by family) have a close personal relationship but do not meet the other criteria listed above because either or both of them suffer from a physical, intellectual or psychiatric disability or they are temporarily living apart. The Trustee will rely on superannuation laws to determine the circumstances that two persons have an interdependency relationship.

Nominating a beneficiary

You can nominate, cancel or change your nominated beneficiaries by completing the Trustee's Nomination of Beneficiaries Form which is available from the website onepath.com.au or by contacting Customer Services on 133 667. For your nomination to be effective, you will need to comply with all legal requirements outlined in the following paragraphs.

Your nomination may be, or become, defective if certain events occur. Refer to the following sections for further information about these events. You should revise your nomination if any of these events occur. You should review your nomination regularly to ensure it is still appropriate for you. It is very important that you keep your nomination up-to-date and in line with your personal circumstances so it continues to be effective.

Your OneCare Super Annual Statement provides details of any nominations you have made.

1. Lapsing nomination

If you give the Trustee a Lapsing nomination that satisfies all legal requirements, the Trustee must pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided:

- each nominated beneficiary is a dependant or your Legal Personal Representative at the time of your death
- your Lapsing nomination is current when you die, i.e. the form containing the nomination has been confirmed or amended within three years after the day it was first signed, or last confirmed or amended by you;
- your Lapsing nomination is in writing and two persons over the age of 18 years who are not nominated beneficiaries have witnessed you signing your nomination.

2. Non-lapsing nomination

This is the nomination of a beneficiary(ies) that, if it satisfies all legal requirements, will not expire over time, and the Trustee is required to pay your money to your nominated beneficiary(ies) in the proportions you have specified. This is subject to the nominated beneficiary(ies) being either a dependant at the time of your death or your Legal Personal Representative (estate) and your non-lapsing beneficiary nomination being current at the time of your death.

However, it will become invalid if you marry, enter into a defacto or like relationship with a person of either sex or become separated on a permanent basis from your spouse or partner since the nomination was made.

3. No nomination, defective nomination or cancelled nomination

If you choose not to make a nomination, do not make a valid nomination, or cancel your existing nomination, or to the extent your nomination is defective (i.e. does not meet a requirement under the trust deed or superannuation law), the Trustee will pay your death benefit to your Legal Personal Representative if your estate is solvent. If there is no Legal Personal Representative, or your estate is insolvent, the Trustee will pay your Death Benefit to your spouse (if more than one spouse, in equal shares).

If you do not have a spouse, the Trustee will pay your Death Benefit to one or more of your dependants (as determined by the Trustee) and if no dependants, the Trustee will pay your Death Benefit in accordance with the relevant law.

If you do not have either a Lapsing or Non-lapsing nomination, or you nominate your Legal Personal Representative as a beneficiary, you should consider making a will or altering your will to cover your death benefit.

Death Benefit payments

Generally, the Trustee pays a Death Benefit as a lump sum. However, the Trustee may pay a Death Benefit as an income stream or a combination of a lump sum and an income stream. Superannuation rules restrict the amount and who can receive a death benefit income stream. If you are eligible to receive an income stream, you may be able to roll over and start the income stream with another super provider.

The rules governing death benefit super income streams including those paid to a child are complex and you should speak to your **financial adviser**.

Proceeds of crime

Generally, your superannuation benefits may not be cashed or rolled over, where the Trustee must comply with a forfeiture order which allows the proceeds of crime to be recovered from your superannuation.

Taxation

The taxation information provided on the following page is based on our interpretation of the taxation laws and rulings that were current when this PDS was prepared. This PDS relies upon that legislation, and its practice and interpretation, continuing. The information is of a general nature only, and does not constitute tax advice. We recommend you seek tax advice specific to your personal circumstances, from a tax adviser.

Tax on contributions

Concessional contributions

Generally, concessional contributions are taxed at the concessional rate of 15% within the Fund (the effective tax rate may be lower after taking into account any allowable deductions such as insurance premiums). However, you may have an additional 15% tax liability for certain concessional contributions if your adjusted taxable income exceeds $250,000 in the financial year. As OneCare Super does not maintain an account balance for you, the Trustee will not be able to release amounts from the Fund to meet this tax liability. You will need to nominate a different super fund to pay the tax.

Generally, concessional contributions include:

- employer contributions (including salary sacrifice contributions)
- personal contributions for which a tax deduction is allowed (see below).

Can I claim a tax deduction for contributions?

Generally, individuals may be able to claim an income tax deduction for personal superannuation contributions.

Before you can claim a deduction you will need to lodge with the Trustee a 'Notice of intent to claim or vary a deduction for personal super contributions' form available at onepath.com.au or from the ATO website. The notice is only effective once the Trustee acknowledges that it has accepted your notice (conditions apply). Please contact Customer Services on 133 667 or the ATO for more information.

A tax deduction for personal contributions may only be claimed on a proportional basis where we receive a 'Notice of intent to claim a tax deduction for super contributions' form after we have paid a partial withdrawal or rollover. You cannot submit a notice to claim a deduction for contributions that have been used in whole or part to start a pension, or if you have already lodged your tax return for that year (other conditions apply). Please see your tax adviser to determine your eligibility to claim a tax deduction.

Caps on concessional contributions

An annual cap on concessional contributions applies on a financial year basis. The cap for the 2020/21 financial year is $25,000.

You may be able to make 'carry-forward' concessional super contributions if you have a total superannuation balance of less than $500,000 as at 30 June of the previous financial year and have unused cap amounts.

Concessional contributions over the cap are included in your assessable income and taxed at your marginal tax rate less a 15% tax offset. Interest charges also apply to account for the deferral of tax.

You may elect to withdraw up to 85% of your excess concessional contributions from a superannuation fund to help you pay this tax. As OneCare Super does not maintain an account balance for you, the Trustee will not be able to release amounts from the Fund. You will need to nominate a different super fund to pay the tax.

Any concessional contributions in excess of the cap not effectively withdrawn from super will also count toward the non-concessional contributions cap.

Non-concessional contributions

Generally, non-concessional contributions include:

- personal contributions for which no tax deduction has been allowed; and
- spouse contributions.

An annual non-concessional contributions cap applies on a financial year basis and is $100,000 (2020/21). However, this cap is reduced to nil if your total superannuation balance as at 30 June of the previous financial year is greater than or equal to the general transfer balance cap of $1.6 million (2020/21)^.
If you have more than one super account, your non-concessional contributions made to all of your funds count towards the non-concessional contributions cap.

^ The general transfer balance cap, currently $1.6 million, will be indexed to $1.7 million on 1 July 2021.

The consequence of this indexation to the general transfer balance cap of an individual will depend on their personal circumstances. The ATO will calculate the entitlement to indexation and the personal transfer balance cap, which will be based on the information reported to and processed by the ATO.

Generally, if you are eligible and under age 65 at any time during the financial year, you may be able to make non-concessional contributions of up to three times the annual non-concessional contributions cap under the 'bring-forward' arrangements.

The 'bring-forward' cap is $300,000 (2020/21) depending upon your total superannuation balance as at 30 June of the previous financial year. The bring-forward is automatically triggered when your after-tax contributions are more than $100,000 in a particular financial year.

A terminal medical condition payment to another superannuation or pension fund is not a rollover superannuation benefit for taxation purposes. The payment is treated as if the member received it as a tax-free lump sum and made a personal contribution. Generally, the contribution is assessed against the non-concessional contributions cap or if a tax deduction has been claimed, the amount claimed is assessed against the concessional contributions cap.

You should speak to your tax adviser for further information on terminal medical condition payments as consequences may apply.

If you exceed the non-concessional contributions cap you can choose (or the Commissioner of Taxation may direct) how the excess is taxed:

- You can withdraw all of your excess non-concessional contributions and 85% of associated earnings from another super fund, or another product within the Fund (other than your OneCare Super interest which does not maintain an account balance). In this case, the full associated earnings amount will be included in your assessable income. It will be taxed at your marginal tax rate less a 15% tax offset for tax paid in the relevant super fund.
- If you do not withdraw the excess non-concessional contributions from another super fund, you will receive an excess non-concessional contributions tax assessment. The excess amount will be taxed at 47%. The Fund will not be able to pay this tax as it does not maintain an account balance for you. You must nominate another super fund.

- If you do not have any money or assets in any super fund, you can advise the ATO (or the Commissioner of Taxation may make a direction). In this case, the full associated earnings amount will be included in your assessable income. It will be taxed at your marginal tax rate less a 15% tax offset.

Tax on benefits paid from super

For lump-sum withdrawals

Age 60 or over

A lump-sum withdrawal from your OneCare Super is tax-free if you are aged 60 or over.

Under age 60

Your benefit will generally consist of two components – taxable and tax-free. You are required to draw down proportionately from these components. Tax is not payable on the portion of the lump-sum payment made from the tax-free component of your benefit.

The tax-free component may be increased if your payment qualifies as a disability super benefit. For more information contact your tax adviser.

The table below shows the maximum rates of tax payable on the taxable component of lump-sum withdrawals if you have provided your TFN:

Your age	Maximum rate of tax (including the Medicare levy of 2%)	
Preservation age to age 59 (inclusive)	Amount up to low rate cap*	0%
	Amount over low rate cap*	17%
Under preservation age		22%

* The low rate cap threshold for the 2020/21 financial year is $215,000 (the amount may be indexed but in $5,000 increments only).

For income stream payments

Age 60 or over

OneCare Super income stream payments from the Fund are generally tax-free if you are aged 60 or over.

Under age 60

Your benefit will generally consist of two components – taxable and tax-free. You are required to draw down proportionately from these components. The tax-free and taxable proportions are set at the commencement of your income stream.

Tax is not payable on the portion of the payment that is made from the tax-free component of your benefit. The amount that is paid from the taxable component of your benefit will form part of your assessable income and will be taxed at your marginal rate. If you have reached your preservation age or are being paid a disability super income stream, you will generally be entitled to a 15% tax offset on the taxable component.

If you received a payment while you were under age 60 at any time in the financial year, the trustee will send you a PAYG Payment Summary at the end of each year showing the income and the tax that has been withheld under PAYG withholding requirements (if any) that you will need to include in your tax return.

Transfer balance cap

Generally, a transfer balance cap limits the total amount of super benefits that can be transferred into the 'retirement phase'. The cap applies to all of your 'retirement phase' accounts.

Generally, if the cap is breached, the excess transfer balance and a notional earnings amount must be removed from retirement phase. An excess transfer balance tax applies to total notional earnings at a rate of 15% for the first breach since 1 July 2018 and 30% for any subsequent breach.

You should speak to your tax adviser for further information on transfer balance caps as consequences may apply.

Temporary incapacity benefits

The Trustee must deduct tax at the PAYG withholding rates that apply to ordinary salary and wages. The tax offset for some superannuation benefit payments does not apply to income protection benefits.

If you do not provide your TFN, the Trustee must withhold at the rate of 47% (2020/21).

Permanent incapacity benefits

Any benefits paid as a result of permanent incapacity may be paid as a lump sum or an income stream and taxed in accordance with the tax rules for lump sum payments and income stream payments. The tax-free component may be increased if your payment qualifies as a lump sum disability super benefit.

Tax-free terminal medical condition benefit payments

Tax and superannuation laws allow members who have a 'terminal medical condition' (as defined under these laws) to receive their lump-sum payments tax-free. For more information contact your tax adviser.

Taxation of super on death

The tax treatment of a death benefit payment depends on whether a death benefits dependant or non-dependant ultimately receives that benefit. The definition of a dependant for tax purposes may differ from the definition of dependant under superannuation law. For more information contact your tax adviser.

Payment of a death benefit to a dependant

A lump sum death benefit paid to a death benefits dependant is tax-free. A death benefits dependant includes a spouse*, former spouse, child under 18 years of age, or someone who had an interdependency relationship with, or was financially dependent on the deceased at the time of death.

A death benefit income stream is tax-free where either the deceased or the death benefit beneficiary is age 60 or over. Where both the deceased and the death benefit beneficiary are under age 60, the death benefits income stream will generally consist of only two components, taxable and tax-free. Tax is not payable on the tax-free component.

Generally, the taxable component will be taxed at the beneficiary's marginal tax rate with a 15% tax offset available.

Payment of a death benefit to a non-dependant

A lump sum death benefit paid to a person who is not classified as a death benefits dependant will generally consist of taxable and tax-free components. No tax is payable on the tax-free component. The taxable-taxed element will be taxed at a maximum rate of 17% (including Medicare levy of 2%). Where life insurance Cover was in force at the date of death, the benefit may also include a taxable-untaxed element which will be taxed at a maximum rate of 32% (including Medicare levy of 2%).

Special tax concessions apply to lump sum death benefits paid in respect of a person who dies in the line of duty as a member of the Defence Force, member of the Australian Federal Police or the police force of a State or Territory, or as a protective services officer. A non-dependant who receives a lump sum death benefit in these circumstances is taxed as if they were a death benefits dependant.

* Your spouse includes another person (whether of the same sex or a different sex) with whom you are in a relationship that is registered under a State or Territory law or a person who, whether or not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.

Payment of a death benefit to your estate

A lump-sum payment to your estate will be taxed depending on whether your dependants or non-dependants ultimately receive your benefit. Your Legal Personal Representative is responsible for tax arrangements when your estate pays the benefit to your beneficiary(ies). The Medicare levy does not apply to payments from an estate.

Providing your Tax File Number (TFN)

Taxation and super law does not require you to provide your TFN to the Trustee and declining to provide it is not an offence. However, for OneCare Super, if you do not provide your TFN, the Trustee will not be able to accept your application for membership of the Fund.

The Trustee and any third party engaged by the Trustee to provide superannuation administration services ("third party administrator") relating to this product are authorised to collect your TFN under super laws.

If you do provide your TFN to the Trustee or third party administrator:

- they will only use the TFN for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient and calculating tax on any superannuation payment you may be entitled to and providing information to the ATO, such as reporting details of contributions for lost member reporting and monitoring of contribution caps
- they may provide the TFN to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider that is to receive your transferred benefits in the future. However, the Trustee and third party administrator will not pass your TFN to any other fund if you tell the Trustee or third party administrator in writing that you do not want it to pass the TFN on.

However, if you do not give the Trustee or third party administrator your TFN, either now or later:

- they will not be able to accept member contributions, and you will be liable to pay additional tax on concessional contributions
- you may pay more tax on your benefits than otherwise. (You may be able to get this back at the end of the financial year in your income tax assessment)
- it may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which the Trustee and third party administrator can use your TFN and the consequences of not providing it may change in the future if the law changes.

Incorrect TFNs

The ATO may notify us of any incorrect TFNs we have recorded on our system. If your TFN is incorrect, we will endeavour to contact you and/or your employer or financial planner (where authorised) to request a correct TFN. If we are unable to obtain a correct TFN for you:

- the incorrect TFN will be removed from our system
- you may be charged 'no TFN-quoted contributions tax' on concessional contributions
- we may be required to refund any personal contributions
- you will receive a notice from the ATO advising that we hold an incorrect TFN for you and what the tax consequences of this may be for you.

In these circumstances, the Trustee may be unable to continue to pay the premiums, and your insurance may be cancelled after the Insurer provides the required notice (see page 127 for more details).

In some circumstances, the ATO may provide us with a corrected TFN, which we will then update on your account. Alternatively, based on the information supplied, the ATO may not be able to confirm whether the TFN we hold for you is correct or not. In this situation, we may contact you, your employer or your financial planner (where authorised) to confirm the details provided.

Protecting Your Super Account Balances

To prevent erosion of account balances, superannuation law requires that:

- Unless members elect otherwise, trustees must not provide insurance to a member if the member's account is 'inactive' for a period of 16 months
- An account is 'inactive' if no contribution or rollover is paid into it
- Notices with prescribed content about 'inactive' accounts are to be sent to members at 9, 12 and 15 month intervals.

You should contact your financial adviser for more information on the above measures.

KEY INFORMATION YOU SHOULD KNOW

The information provided in this section does not form part of your policy.

Taxation

The taxation information provided below is based on our interpretation of the taxation laws and rulings that were current when this PDS was prepared. This PDS relies upon that legislation, and its practice and interpretation, continuing.

The information is of a general nature only, and does not constitute tax advice. We recommend you seek tax advice specific to your personal circumstances, from a tax adviser.

The information applies to types of OneCare policy ownership other than OneCare Super. For taxation information on OneCare Super, please see pages 135 to 138 of this PDS.

Cover held outside super

Whether premiums paid for OneCare Cover are tax deductible and whether OneCare benefits paid are assessable for tax depends on various factors. These factors include the type of Cover insured, who owns the policy, and who pays the premium.

Where you hold the policy for personal purposes, the premium paid is not tax deductible and benefits paid under the policy are generally not assessable as income or capital gains.

However, premiums paid for insurance Cover that is intended to replace income, such as income protection Cover, or for the purposes of carrying on a business such as Business Expense Cover are generally tax deductible. Any benefits received under such Cover will generally be assessable as income.

Where a policy is held by an employer or for business insurance purposes, the taxation implications are complex and depend upon the circumstances of the business or employer. For more information contact your tax adviser.

Cover held within super (as trustee of a self-managed super fund)

The premiums for a policy held by the trustee(s) of a self-managed super fund are generally tax deductible to the trustee depending on the extent to which they relate to the fund's liability to pay:

- a superannuation death benefit
- a superannuation benefit because of a terminal medical condition
- a disability superannuation benefit
- an income stream because of temporary incapacity.

The gross amount of any benefit that is payable under a policy held by the trustee(s) of a self-managed super fund will be paid to the trustee. The trustee is responsible for determining any tax liability in respect of a benefit that it receives into or distributes from the self-managed super fund.

The amounts received by the fund members or beneficiaries may have special tax treatment which does not necessarily depend on the nature of the original insurance claim payment.

We recommend you seek professional tax advice.

Enquiries and Complaints

We value your feedback regarding our performance and we're committed to resolving any concerns you may have.

Customer Services is your first point of contact for any enquiries, raising concerns or providing feedback. Our contact details are below. We will do our best to resolve your concerns genuinely, promptly, fairly and consistently, and keep you informed of the progress.

If you are not satisfied with the response to your complaint or feedback, your concerns will be escalated to our Complaints Resolution Centre.

If your Cover is held via OneCare Super:

OnePath Custodians Pty Limited

Phone	133 667
Email	insurancefeedback@onepath.com.au
In writing	GPO Box 4148 Sydney NSW 2001

If your enquiry or complaint does not relate to OneCare Super:

OnePath Life Limited

Phone	133 667
Email	insurancefeedback@onepath.com.au
In writing	GPO Box 4148 Sydney NSW 2001

Further Help – the Australian Financial Complaints Authority (AFCA)

If your concerns have not been resolved to your satisfaction, you can lodge a complaint with AFCA who provides fair and independent financial services complaint resolution that is free to consumers.

Website	afca.org.au
Email	info@afca.org.au
Telephone	1800 931 678 (free call)
In writing	Australian Financial Complaints Authority GPO Box 3 Melbourne VIC 3001

Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.

Risks of insurance

You should be aware of the following insurance risks:

- your chosen insurance may not provide appropriate Cover for your needs. Your **financial adviser** can help you choose insurance that is most appropriate for your needs and circumstances
- the amount of insurance selected may not adequately cover the life insured if they suffer **illness** or **injury**
- the cost of your Cover may increase over time and the premium rates are not guaranteed (please see pages 124 to 127 for more information about how premiums may change)
- we may not pay a benefit in some circumstances because an exclusion applies to your Cover. Please see the section, 'We will not pay a benefit in some circumstances' on pages 17 to 19 for full details
- future new Cover or increases in Cover may not be available to the life insured due to health reasons. You should not cancel existing policies or allow them to lapse until any new Cover is accepted and current
- if you do not pay the premiums when due, or in the case of OneCare Super, make contributions or rollovers to the Fund, so that the Trustee can pay premiums, we may cancel the policy after giving notice. If the policy is cancelled it will no longer provide cover and we will not pay any claims. You may apply to reinstate cover although cover only recommences once we approve your application, and our approval is not guaranteed
- if you do not comply with your duty of disclosure, we may cancel your policy or avoid Cover and not pay any claim. The duty of disclosure is explained on page 10.
- benefits paid to the trustee of a super fund may only be released to you if permitted by the governing rules of the super fund and the law. Consult your trustee or **financial adviser** for information on whether and when benefits can be released to you.

In addition to the risks of insurance generally as set out above, you should be aware of the following risks of holding insurance through OneCare Super:

- the Trustee can only pay you a benefit if you satisfy a condition of release. Please see page 133 for information about accessing superannuation benefits
- if you change your mind about OneCare Super, you will usually be unable to receive a cash refund of contributions made, as preservation rules will generally require such amounts to be transferred to another complying superannuation fund. Please see page 133 for more information about accessing superannuation benefits
- benefits paid from the Fund are superannuation benefits for tax purposes so that, depending on your personal circumstances, more tax may be payable than would otherwise apply if the same insurance was held in non-superannuation ownership. Please see pages 137 and 138 for more information about the taxation of superannuation benefits
- limits apply to the amount you can contribute to super each year. Amounts you contribute to this product will reduce the amount you may be able to contribute to other superannuation products for retirement savings. Please see page 136 for more information about caps on superannuation contributions
- paying premiums by rollover from another superannuation fund may reduce the amount of retirement savings you may otherwise have available. There may be tax implications for disability lump sum benefits or death benefits paid to non-dependants for tax purposes, where the rollover is paid from a fund which commenced before your OneCare Super membership, or which itself received rollovers from an earlier commencing fund. Please see page 131 and speak to your tax and **financial advisers** for more information
- the governing laws may change in the future, impacting the appropriateness of holding insurance in superannuation.

Interim Cover

OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238341 can provide you with Interim Cover at no cost.

It is subject to all the following:

- the terms and conditions which apply to the Cover(s) being applied for as set out in this PDS
- the description in this PDS
- the following additional terms and conditions for Interim Cover.

Terms used for Interim Cover

'Application Form' means either a current OneCare paper Application Form, a OneCare Express electronic Application Form or any other method we accept which is completed in respect of a policy as described in this PDS.

'Life insured' means the person(s) nominated in the application as the life to be insured.

'Policy owner(s)' means the person(s) nominated in the application as the policy owner(s).

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, we provide the Interim Cover to the life insured while we assess the application for insurance and the application for membership of the Fund. Any benefits payable under this Interim Cover do not form part of the life insured's superannuation entitlements held in the Fund.

Eligibility for Interim Cover

Interim Cover is only available if the life insured is:

- for Life Cover – aged between 15 and 75 years
- for TPD Cover – aged between 15 and 60 years
- for Trauma Cover – aged between 15 and 65 years
- for Income Secure Cover or Business Expense Cover – aged between 19 and 60 years, and **gainfully employed** or self-employed, performing his/her normal duties and receiving salary, reward or profit
- for Living Expense Cover – aged between 19 and 60 years
- for Child Cover – aged between 2 and 15 years
- for Extra Care Cover, Extra Care Accidental Death Benefit only – aged between 15 and 60 years.

Interim Cover does not apply if the Cover applied for in the Application Form is either of the following:

- to replace existing insurance which is still in force, whether with us or another insurer
- would normally be declined or deferred under our current underwriting rules.

Commencement of Interim Cover

Interim Cover will only commence when we or an authorised adviser receives a fully completed, signed and dated OneCare application. If applying using OneCare's electronic application, the application must be 'submitted' or 'pending submission'.

If using the 'Tele-Interview' or 'Online Questionnaire' service, Interim Cover will commence once the electronic application has been submitted for you to complete the 'Tele-Interview' or 'Online Questionnaire'.

For Interim Cover to continue, we must receive one of the applicable payment options below within 14 days of the date we or an authorised adviser receives your fully completed, signed and dated application:

- a valid Direct Debit Authority, an authority to charge your credit card or Internal Rollover Authority for paying the first premium
- enduring rollover authority to pay premiums via External Rollover (for OneCare Super only)
- a valid external superannuation fund or master trust member number (for OneCare External Superannuation policies).

For Interim Cover to continue for those applications using 'Tele-Interview' or the 'Online Questionnaire' service, the 'Tele-Interview' or 'Online Questionnaire' must be completed by you within 28 days of the date we receive your electronic application indicating your preference for you to complete 'Tele-Interview' or 'Online Questionnaire'.

Interim Cover Benefit

Life Cover

If you have applied for Life Cover for a life insured, and that life insured dies during the term of this Interim Cover, we will pay the Interim Cover Benefit for Life Cover.

TPD Cover

We will pay the Interim Cover Benefit for TPD Cover if all the following apply:

- you have applied for TPD Cover for a life insured
- the life insured becomes **totally and permanently disabled** during the term of the Interim Cover
- the life insured satisfies the survival period conditions set out in this PDS.

The definition of **TPD** will be that applied for in the application and as outlined in this PDS, except for the SuperLink SIS Own Occupation, Own Occupation and Business TPD definition where the SuperLink SIS Any Occupation or Any Occupation definition will apply.

If the life insured does not meet the survival period conditions set out in this PDS and has applied for:

- Life Cover with attached TPD Cover, we will pay the Death Benefit under Life Cover
- Stand alone TPD Cover or Trauma Cover with attached TPD Cover, we will pay a Limited Death Benefit of $10,000.

Trauma Cover

We will pay the Interim Cover Benefit for Trauma Cover if all the following apply:

- you have applied for Severity Trauma, Trauma Comprehensive or Trauma Premier Cover for a life insured
- the life insured suffers one of the following listed trauma conditions as a result of an **injury** during the term of the Interim Cover
- the life insured satisfies the survival period conditions set out in this PDS.

The trauma conditions are:

- **blindness (permanent in both eyes)**
- **burns (severe)**
- **coma (of specified severity)***
- **deafness (permanent in both ears)**
- **head trauma (permanent and irreversible)**
- **intensive care (prolonged)***
- **loss or paralysis of limb (permanent).**

Trauma conditions marked with a '*' are excluded from Severity Trauma Cover.

If the life insured does not meet the survival period conditions set out in this PDS and has applied for:

- Trauma Cover attached to Life Cover, we will pay the Death Benefit under Life Cover
- Stand-alone Trauma Cover or Trauma Cover attached to TPD Cover, we will pay the Limited Death Benefit of $10,000.

A **medical practitioner** must certify the trauma condition and our medical adviser must agree to the certification. We reserve the right to require the life insured to undergo an examination or other reasonable tests.

Income Secure Cover, Business Expense Cover and Living Expense Cover

If you have applied for the above Covers for a life insured, and that life insured is **totally disabled**, or **significantly disabled** for Living Expense Cover, we will pay a monthly Interim Cover Benefit. We will pay from the end of the waiting period applied for in the application. We pay for the lesser of:

- the period of **total disability** or **significant disability**, as applicable
- six months.

The definition of **totally disabled** for Income Secure Cover and Business Expense Cover, and **significantly disabled** for Living Expense Cover, and the terms which apply to the benefits we pay are as outlined in this PDS.

We will not pay any other benefits, standard features or extra cost options under Interim Cover.

Child Cover

We will pay the Interim Cover Benefit for Child Cover if all the following apply:

- you have applied for Child Cover for an insured child
- that insured child dies or suffers one of the following listed trauma conditions as a result of an **injury** during the term of the Interim Cover.

The trauma conditions are:

- **blindness (permanent in both eyes)**
- **brain damage (permanent impairment)**
- **burns (severe)**
- **deafness (permanent in both ears)**
- **head trauma (permanent and irreversible)**
- **loss or paralysis of limb (permanent)**.

The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by our medical adviser. We reserve the right to require the insured child to undergo an examination or other reasonable tests.

Extra Care Cover

If you have applied for Extra Care Cover for a life insured, and they suffer an **accidental death** during the term of this Interim Cover, we will pay the Interim Cover Benefit for Extra Care Cover. Extra Care Terminal Illness Benefit and Extra Care Extended Needle Stick Benefit are not provided under Interim Cover.

Interim Cover maximum limits

For each Cover, the Interim Cover Benefit we will pay will be the lesser of the:

- amount insured applied for
- maximum amount payable under Interim Cover for each Cover as specified below:
  - Life Cover – $1 million*
  - TPD and Trauma Cover – $500,000*
  - Income Secure and Business Expense Cover – $5,000 per month†
  - Living Expense Cover – $2,000 per month
  - Child Cover – $200,000
  - Extra Care Cover – Accidental Death Benefit only – $500,000
- difference between the benefit amount applied for and any existing insurance with OnePath Life which is to be replaced
- reduced amount insured that would be offered where under its current underwriting rules, OnePath Life would offer a lower sum insured to that applied for in the Application Form
- reduced amount insured the loaded premium would purchase when compared to the standard premium, where under its current underwriting rules OnePath Life would apply or has offered to accept the application with a premium loading.

* We pay this amount or the **equivalent instalment amount** calculated by OnePath Life based on the nominated term of the instalment.

† A maximum of $30,000 will be payable in total benefits for Income Secure Cover and Business Expense Cover.

Where under its current underwriting rules OnePath Life would offer Cover subject to special terms and conditions, such special terms and conditions will apply to the Interim Cover.

If Cover was applied for a life insured across multiple policies and we pay less than the amount insured applied for, we pay each policy owner a share of the total amount paid in proportion to the amounts applied for.

Interim Cover claims

If you claim before an underwriting decision has been made on the life insured, our claims assessment will not proceed until an underwriting assessment is complete.

The claim will be denied if the appropriate underwriting decision on the calendar day preceding the **injury** or **illness** for which the Interim Claim is made, would have been to deny or exclude that claim.

Exclusions on Interim Cover

No benefit will be payable in respect of Interim Cover if the Interim Cover event results directly or indirectly from any of the following:

- anything happening to the life insured in war. This exclusion does not apply to Life Cover or the Extra Care Accidental Death Benefit
- an intentional self-inflicted act
- the life insured engaging in any sport, pastime or occupation which would not normally be covered under our current underwriting rules
- the life insured engaging in any sport or pastime where the insured had the option to be covered for that sport or pastime by selecting to pay a higher premium at quotation stage but chose not to
- any condition the life insured knew about before Interim Cover started
- any condition for which the life insured consulted a qualified **medical practitioner** before the date of the Application Form
- for Income Secure Cover, Business Expense Cover and Living Expense Cover only – the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months **totally disabled** from the date the pregnancy ends and continues to be **disabled**, we will pay benefits. We will pay from the end of that three month period, or the end of the waiting period if greater
- for Severity Trauma and Income Secure Essentials Cover the life insured's **illicit drug use**
- if you claim before the underwriting decision has been made for a life insured we will consider the appropriate underwriting decision for the calendar day preceding the **injury** or **illness** for which the Interim Claim is made. If the appropriate decision would have been to deny or exclude that claim, we will deny the claim.

Duration of Interim Cover

Interim Cover, in respect of the Cover applied for, will end and your eligibility for Interim Cover will automatically cease on the earlier of the following:

- the date we accept, decline or defer the application in respect of the life insured
- the date the policy owner(s) withdraws the application
- the date we cancel this Interim Cover at our complete discretion by written notice to the policy owner
- 21 days from the date we offer varied terms of acceptance of the application, such as a premium loading or exclusion, requiring acceptance by the policy owner
- the date the life insured ceased to be at work for Income Secure Cover and Business Expense Cover
- the life insured attaining the Cover expiry age specified below:
  - Child Cover – 15 years
  - TPD/Income Secure/Business Expense/Living Expense and Extra Care Covers – 60 years
  - Life Cover – 75 years.

Privacy Statement

OnePath Life and OnePath Custodians will collect, use, store and disclose your personal information in accordance with the Privacy Policy available at onepath.com.au/insurance/privacy-policy for OnePath Life and onepath.com.au/superandinvestments/privacy-policy for OnePath Custodians. You may also request a free copy of the Privacy Policies by contacting Customer Services on 133 667.

Please read the information contained in this section carefully, as it describes how OnePath Life and OnePath Custodians, as joint issuers of this PDS, handle your personal information. In this section, any reference to your personal information may include (if authorised and required) any health or other sensitive information that OnePath Life and OnePath Custodians may hold about you.

Your personal information

OnePath Custodians is the issuer of OneCare Super. OnePath Life is the issuer of OneCare, as well as the administrator of OneCare Super. Both OnePath Custodians and OnePath Life ('we', 'us', 'our') collect your personal information when you deal with us, our agents, our related bodies corporate, our service providers or your financial adviser.

OnePath Custodians and OnePath Life use your personal information to issue and administer your products and services. If you do not provide us with your personal information, we may not be able to issue and/or administer this product.

We may use and disclose your personal information to our related bodies corporate and organisations, including service providers and those in an alliance with us, to distribute and manage our products and services, carry out business functions, enhance customer service, provide information about other products and services that may be of interest to you, undertake analytics activities and as further set out in our Privacy Policies.

In disclosing or using your personal information as described above, we may also send your personal information overseas, as set out in our Privacy Policies. Any overseas disclosure does not affect our commitment to safeguarding your personal information and we will take reasonable steps to ensure any overseas recipient complies with Australian privacy laws.

Privacy Policies

More information can be found in our Privacy Policies, which can be obtained from our websites specified below or by contacting Customer Services on 133 667.

OnePath Life's Privacy Policy is available at onepath.com.au/insurance/privacy-policy

OnePath Custodians' Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy

Each Privacy Policy sets out when we may collect information from a third party, how you can access and/or correct your personal information, how you can make a privacy complaint, and how we deal with any privacy complaints.

OnePath Life and OnePath Custodians marketing and privacy

OnePath Life and OnePath Custodians may use and disclose your personal information to send you information on its products and services from time to time. Each of us may also disclose your personal information to our respective related companies or organisations (including our respective alliance partners), to enable those organisations to send you information about their products and services where they may be of interest to you.

You can opt out of OnePath Life and/or OnePath Custodians using and disclosing your personal information for these purposes at any time by contacting Customer Services on 133 667 to withdraw your consent.

Direct Debit Request Service Agreement

This applies if you are paying premiums by Direct Debit.

Our commitment to the bank account holder

We will:

- arrange for funds to be debited from the nominated account as authorised in the Direct Debit Request
- give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless you request the change
- keep information about your Direct Debit Request private and confidential unless otherwise required by the Bulk Electronic Clearing System (BECS) rules. You acknowledge that we may be required to disclose details of your direct debit request to our sponsor bank to assist with the checking of any incorrect or wrongful debits to your nominated accounts

If the date on which we usually debit your account falls on a weekend or public holiday, we will debit your account on the next working day.

Your commitment to us

It is your responsibility to:

- ensure the nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with the financial institution if you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in the nominated account, the financial institution may charge a fee and/or interest. We will not charge a fee. You may arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us by providing notice to us or through your nominated financial institution. We must receive notice at least 14 days before the next debit is due.

If you consider that your account has been debited incorrectly, you should contact us directly. We will investigate your query.

If we find that your account has been incorrectly debited, we will arrange for the financial institution to adjust your account, including interest and charges, accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with our reasons and any evidence for our finding in writing.

If we cannot resolve this matter, you can refer it to the financial institution, which may lodge a claim on your behalf.

About the application

By completing the application, you:

- confirm that:
  - each life insured and policy owner has received, read and understood this Product Disclosure Statement dated 29 March 2021
  - each life insured and policy owner has read and understood the questions in the application
  - your **financial adviser**, as applicable, is acting as agent for you and the life insured in completing and submitting the application, whether electronically or by any other method we accept
- acknowledge:
  - the duty of disclosure to OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238341
  - the obligation on the policy owner and life insured to disclose and not misrepresent any matter material to OnePath Life deciding whether to issue a policy and/or Cover and what terms and conditions to offer
  - that the duty of disclosure continues until OnePath Life has issued the policy. OnePath Life may agree to backdate the risk commencement date for the policy/Covers, and issue the written contract of insurance or relevant Policy Schedule after the risk commencement date. If it does so, the duty of disclosure obligations and the requirement not to misrepresent any matter continues until the written contract of insurance or relevant Policy Schedule is issued by OnePath Life
  - that the policy owner and/or life insured may provide further information after OnePath Life has issued a written contract of insurance or Policy Schedule. You acknowledge that if any such information would have been relevant to the original assessment, OnePath Life reserves its right to provide amended contract terms or cancel and/or avoid any Cover or the whole contract of insurance
  - that each statement regarding this policy is true and complete, including statements made to OnePath Life, to any other person regarding this policy and in the application. This applies even if someone other than you or the life insured completed part or all of the application
  - OnePath Life will rely on statements made in the application, to other persons regarding this insurance and the life insured's Personal Statement in deciding whether to issue a policy and what terms and premium to offer
- authorise:
  - any **medical practitioner** or other professional to disclose any information they may possess about the life insured to OnePath Life regarding this insurance or any claim made under it
  - OnePath Life to approach any person named in the application to verify any aspect of it, to disclose to OnePath Life any information they may possess about the policy owner or the life insured.

OneCare Super – additional acknowledgments

By completing an application for OneCare Super, you confirm to OnePath Custodians, the trustee of the Fund, that you:

- are applying to join the Fund
- agree to be bound by the governing rules of the Fund
- understand that payments to and from the Fund may only be made if the governing rules of the Fund and superannuation law allow
- acknowledge that OnePath Life and OnePath Custodians will rely on the application and any statement you make and declare that you have not withheld any material information concerning the application
- understand that OnePath Custodians will be free from all liability until the application has been accepted and the Policy Schedule is issued.

Application monies held on trust

While we are considering an application for Cover, we will hold any monies you pay us in a trust account until we decide on your application. Any policy payments or deductions required by law are similarly processed using a holding account.

We will retain any interest that is payable by our bank on these accounts to meet administrative costs and bank fees incurred in operating these accounts.

If you later add to your Cover, we may be required to hold any additional money in this account.

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Customer Services
Phone 133 667
Email customer.risk@onepath.com.au

Risk Adviser Services
For use by financial advisers only

Phone 1800 222 066
Email risk.adviser@onepath.com.au

OnePath Life
GPO Box 4148
Sydney NSW 2001

OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238341
OnePath Custodians Pty Limited (OnePath Custodians) ABN 12 008 508 496 AFSL 238346 RSE L0000673
Retirement Portfolio Service (the Fund) ABN 61 808 189 263 RSE R1000986

OnePath