



Living Security Program

Product Disclosure Statement

Life Protection Plan ▪ Life Protection Superannuation Plan

Recovery Protection Plan ▪ Income Protection Premier Plan

Income Protection Essential Indemnity Plan ▪ Income Protection Seniorguard Plan

Business Expenses Protection Indemnity Benefit Plan

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AC&L

This Product Disclosure Statement contains important information you should know about the above products.
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About Australian Casualty & Life

At Australian Casualty & Life (AC&L) we are committed to the long term financial security of our clients. To fulfil this commitment we offer a competitive range of Life and Recovery plans, as well as a wide range of Income Protection plans. What's more, we are committed to providing a standard of service and support that's second to none.

In October 1990, ACC Life (established 1960) and the Australian Casualty Company (established 1971) amalgamated and Australian Casualty & Life was born. Australian Casualty & Life, trademark of The National Mutual Life Association of Australasia Limited ABN 72 004 020 437, is part of a worldwide financial services group, the Global AXA Group. AXA operates in over 60 countries with total Group assets under management, administration and advice of 755 billion¹. The Group prides itself on growth, service and advice.

¹ As at 30 June 2003.

Insurance overview

Living Security Program

Living Security Program

AC&L offers you a choice of simple, flexible and cost effective insurance products to provide you with financial security when you need it most.

The Living Security Program is designed to meet your personal and business needs.

Personal Protection

The Living Security Program can provide cover for death, disablement or recovery insurance to protect:

- a family from the financial effects of losing the main income earner;
- a family from the loss of the primary homemaker – allowing the partner to continue working and use the benefits payable to fund childcare or home services; and
- a family from debts – such as a mortgage, personal loan or investment loan.

The Living Security Program can also provide cover in the event you suffer total disablement as a result of sickness or injury and are unable to work. It can provide you with a Total Disability Benefit to help protect your family from the financial impacts of becoming disabled.

Business Protection

The Living Security Program can provide cover for death, disablement or recovery insurance to protect:

- a business from the negative impacts of the loss of a key individual;
- a partner in a business from the difficulties associated with buying out a partner's share of the business; and
- a business loan from default as a result of the loss of a key individual.

If you are self-employed or a business owner it is also possible to protect your business from the financial impacts of total disablement by insuring up to 100% of your allowable business expenses.

Plans that are available under the Living Security Program

Each plan offered under the Living Security Program is a separate contract of insurance. You can also combine your plan with a range of optional benefits. The plans available are:

Life Insurance

Life cover pays a lump sum upon death or terminal illness. Under the Living Security Program, life cover is available as a superannuation or non-superannuation plan. The plans available include:

- Life Protection Plan; and
- Life Protection Superannuation Plan.

Recovery Insurance

Recovery protection provides a lump sum in the event you suffer one of a comprehensive list of medical conditions – including heart attack, stroke and certain cancers – or you die. The plan available is:

- Recovery Protection Plan.

Income Protection

The Living Security Program offers a range of income protection plans, aimed at providing you with a replacement income if you are unable to work due to sickness or injury. Your business expenses can also be covered under a separate plan. The plans available include:

- Income Protection Premier Plan;
- Income Protection Essential Indemnity Plan;
- Income Protection Seniorguard Plan; and
- Business Expenses Protection – Indemnity Benefit Plan.

Information contained in this document

This Product Disclosure Statement is a summary of some of the important terms and conditions of the plans available under the Living Security Program, as well as information regarding how to apply for cover.

This information will help you to decide whether this product will meet your needs, as well as assist you in comparing the types of cover available with others that you may be considering.

Although each section details the key information you should know about the benefits and features offered, including optional benefits, you should read this information in conjunction with your Plan Document (issued once cover commences), which sets out in detail the terms and conditions of the benefits under your plan.

In this Product Disclosure Statement and relevant Application form any references to 'us', 'we', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited.

In this Product Disclosure Statement, unless otherwise specified, 'you' means any potential customer who is likely to become either the person insured or the plan owner. However in the Application form, including the Personal Statement, 'you' means the person insured, unless the context requires it to be the plan owner.

It is also important to note that the plans contained in this Product Disclosure Statement are not designed to provide a cash value. We recommend you discuss your needs with your financial adviser regarding investment and superannuation products that are not outlined in this document.

Applying for cover

Living Security Program

Under the Living Security Program you can apply for one or a combination of products that are contained in this brochure.

Your financial adviser will be able to explain in further detail the features and benefits of each plan and will assist you in selecting the level of cover required to meet your needs.

How to apply for cover

To apply for any of the products contained in this document, you will need to complete a current Application form.

To assess your Application we need to obtain medical and financial information relevant to the type of cover you have selected to help us determine the following:

- if you are eligible for cover;
- the premium that is appropriate to your Application; and
- whether any special conditions or exclusions should apply.

Our assessment of your Application will take into account such matters as the health, occupation, income, residence and travel details of the person insured, as well as factors such as sporting and recreational pastimes.

As this type of information is key to our assessment of your Application, it is important that all questions on the Application form, including the Personal Statement, are completed accurately and in full.

In some instances it may not be possible to provide you with the cover you originally applied for but it may be possible for us to offer you revised terms. In this situation we shall send you a Revised Terms letter advising the terms we are able to offer you. You may be required to pay an additional premium, or an exclusion may be applied to your plan.

Incomplete, missing or inaccurate information may result in you not being eligible to claim for benefits or for your plan to be altered, made void or cancelled. It is important that you and the person insured read and understand your duty of disclosure and the implications of non-disclosure or misrepresentation, when completing your Application.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could be reasonably expected to know, is relevant to the

insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know; and
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Requests for additional information

In some instances it may be necessary for us to obtain further medical or financial information before your Application is finalised.

By providing a contact number in the Personal Statement, we can speed up your assessment by contacting you directly to obtain the additional information or to obtain clarification of information contained in your Application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

Although in many cases, completion of the Personal Statement at the back of the Application form is sufficient, it may be necessary to obtain medical or financial evidence, especially for large sums insured, or where we need further details of your medical history.

Any additional details that you believe will assist us in assessing your Application can also help minimise our need to request additional information.

If you find there is insufficient space when completing any section(s) of the Application form, you may attach a page(s) containing further information to the Application. Where additional pages are attached please ensure you sign and date each page.

Completing an Application form

To ensure your Application is processed efficiently, please ensure all information and details have been completed where requested. Your financial adviser will be able to assist you with this process.

The following checklist will also assist us to quickly process your Application:

- all relevant Application form questions have been answered;
- the Personal Statement and (where applicable) Supplementary Personal Statement have been completed;
- the Medical Authority form has been signed and completed;
- any alterations have been initialled;
- the Application has been signed and dated by you and the person insured;
- an instalment premium has been included with your Application; and
- if applicable, you have completed the Direct Debit Authority.

Where to send your Application

Once completed, please send your completed forms to our Customer Service Centre:

Australian Casualty & Life
GPO Box 5339
Sydney NSW 2001

Privacy

As part of the Application process it is necessary to collect personal, medical and financial information.

Our use and disclosure of the personal information you provide us in order to assess your Application is outlined on page 43 of this brochure.

Existing injuries or sickness

Please note we will not pay for an injury or sickness that occurred or began before the commencement date of your plan, unless you, or the person insured, informed us in writing about the injury or sickness when you applied for your insurance.

Information about your plan

Once we have processed and accepted your Application and first premium, you will receive the following:

- a Plan Document, setting out the terms and conditions of your plan;
- a Plan Schedule, outlining the regular premiums and the cover you have chosen.

You should read these documents carefully and contact your financial adviser or us, if you have any concerns.

Cooling-off period

After you sign up for your plan and receive your Plan Document, you have 14 days to check the plan meets your needs – this is known as the “Cooling-off period”.

Within this time you may cancel the plan and we will refund to you the premium paid. We require that your request be in writing.

Alterations

It is recommended you review your cover on a regular basis. Once your cover commences you can apply to make an alteration to your plan or increase your benefits.

In this instance, you may be required to provide additional information. Your financial adviser can assist you at this time.

Plan description

Life Protection Plan and Life Protection Superannuation Plan

The Plan

There are two plans available to choose from:

- Life Protection Plan; or
- Life Protection Superannuation Plan.

Both the Life Protection Plan and Life Protection Superannuation Plan pay a lump sum if you die or are diagnosed with a terminal illness and have 12 months or less to live.

Total and Permanent Disablement is available as an optional benefit in most cases.

Availability of cover

Under the Life Protection Plan entry ages are:

- 11 to 71 next birthday (with the plan renewable to age 99 for stepped premiums);
- 25 to 60 next birthday (with the plan renewable to age 65 for level premiums and will change to 'Yearly Stepped' from the first renewal date after you turn 65).

Under the Life Protection Superannuation Plan, entry ages are:

- 11 to 60 next birthday (with the plan renewable to age 70 for stepped premiums);
- 25 to 60 next birthday (with the plan renewable to age 70 for level premiums).

Under the Life Protection Superannuation Plan, the minimum entry age is dependent on being engaged in gainful employment for at least 10 hours a week at any time during the last two years.

Benefits

Both the Life Protection Plan and Life Protection Superannuation Plan will pay you or your dependants a lump sum amount if you:

- die whilst this plan is in force; or
- are terminally ill with 12 months or less to live.

Death Benefit

The amount we will pay, as a lump sum, in the event of your death is the sum insured that is noted in your Plan Schedule.

Additional benefits

	Life Protection Plan	Life Protection Superannuation Plan
Terminal Illness Benefit	✓	✓
Financial Plan Benefit	✓	✗
24 Hour Cover Benefit	✓	✓
Indexation of Cover Benefit	✓	✓
Nominated Events Benefit	✓	✓
Right to Automatically Upgrade this Plan	✓	✓

Terminal Illness Benefit

On our approval of a doctor's diagnosis that you are terminally ill with 12 months or less to live, we will pay an advance payment of the sum insured, up to \$2,000,000. Any balance will be payable on death.

In addition, for the Life Protection Superannuation Plan, you must have ceased gainful employment and we must receive a certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited by education, training or experience.

Please refer to page 17 for a full definition of Terminal Illness.

Financial Plan Benefit

This benefit only applies to the Life Protection Plan.

We will pay a reimbursement benefit of up to \$1,000 to a financial adviser who has provided a financial plan for the person insured or their dependant, once a death or terminal illness claim is admitted on the plan.

We will only pay this benefit once and the benefit will not reduce any other benefits payable under your plan. The financial plan must be provided by an AC&L authorised representative.

24 Hour Cover Benefit

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Indexation of Cover Benefit

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index (CPI) or 5% – whichever is greater – unless you decline the increase in writing. We will not increase it if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, indexation will not be applied to your benefit once it reaches \$1,500,000.

Nominated Events Benefit

This benefit allows you to increase your sum insured, without giving us any new medical evidence, if one of the following nominated events occurs:

- you take out or increase a first mortgage to buy or improve your home;
- you get married;
- you get divorced;
- you or your partner give birth to a child;
- you adopt a child; or
- your salary increases by at least 25% as a result of a promotion or a move to another job.

You cannot increase your benefit as a result of a salary increase, if the increase is a result of changes to your salary packaging arrangements, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

'Partner' means:

- your legal spouse; or
- a person living with you as your spouse on a domestic basis in good faith. This person can be the same sex as you.

You can only increase your sum insured under this benefit once in any 12 month period. You can increase your sum insured by 25% or \$100,000, whichever is lower. However, the maximum total amount you can increase your sum insured under this benefit over the period you have your plan is the lesser of:

- the amount of the sum insured under your plan excluding any previous Nominated Events Benefit increases and CPI increases; and
- \$1,000,000.

You can't make the increase:

- if the nominated event happens on or after your 50th birthday;
- if you are entitled to make or have made a claim under any plan you hold with us; or
- during any period in which we are not requiring you to pay the premium for your plan.

You must apply for the increase within 30 days from the first renewal date after the nominated event happens. We will require proof of the nominated event.

During the first 6 months after the date of an increase, we limit your cover for the increase in the sum insured to accidental death cover only. That is, death as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Also, death must occur within 90 days of the injury occurring.

The Nominated Events Benefit does not apply under your plan if we impose any special conditions under your plan, for example, occupation loadings, premium loadings for medical conditions or pastime activities or any other exclusions. This benefit is not available if the Business Solutions Option is selected.

Right to Automatically Upgrade this Plan

If, in a later enhancement of the plan series of the Life Protection Plan or Life Protection Superannuation Plan – as part of the Living Security Program – we add to, improve or alter the benefits of the plan series, we will automatically

pass these changes onto you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade.

Options available

For an extra premium, you may choose one or more of the following options to add to your plan:

	Life Protection Plan	Life Protection Superannuation Plan
Premium Waiver Option	✓	✗
Total and Permanent Disablement Option	✓	✓
Future Care Option	✓	✓
Business Solutions Option	✓	✗

Premium Waiver Option

This Option only applies to the Life Protection Plan.

Under the Premium Waiver Option, entry ages are:

- for yearly-stepped plans, 18 to 55 for expiry age 99, or the expiry of your plan – whichever is earlier; or
- for level plans, 25 to 55 for expiry age 99, or the expiry of the plan – whichever is earlier.

Premium Waiver Option means you do not have to pay any further premiums for your plan, if, based on medical evidence, you are totally and permanently disabled by sickness or injury. The applicable definition of total and permanent disablement is the 'any occupation' version outlined on page 6.

Total and Permanent Disablement Option

Under the Total and Permanent Disablement Option entry ages are:

- for yearly-stepped plans, 18 to 60 for expiry age 65; or
- for level plans, 25 to 60 for expiry age 65.

The option sum insured is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined on page 6 and will depend on whether you:

- have the 'own occupation' version or the 'any occupation' version; and
- choose a Life Protection Plan or Life Protection Superannuation Plan.

Plan description

Life Protection Plan and Life Protection Superannuation Plan

You are totally and permanently disabled if you:

	Life Protection Plan	Life Protection Superannuation Plan
A Suffer a specific loss	✓	✓
B Are unable to work	✓	✓
C Are unable to perform domestic work	✓	✗
D Require future care	✓	✓

A 'specific loss' refers to the total and permanent loss of use of:

- both hands;
- both feet;
- one hand and one foot;
- the entire sight in both eyes;
- one hand and the entire sight in one eye; or
- one foot and the entire sight in one eye.

B 'unable to work' depends on which version of the option you hold:

(i) if you hold the 'own occupation' version, the following applies:

- you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation*; or

(ii) if you hold the 'any occupation' version, the following applies:

- you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation or any occupation you could reasonably be suited to by education, training or experience.

* If you have a Life Protection Superannuation Plan please refer to the section 'Important note for 'Own Occupation'

C 'unable to perform domestic work' refers to the following:

- you are unable to perform your usual unpaid domestic work for 6 continuous months;
- you are diagnosed by a doctor as having a permanent disability;
- you are permanently confined to the home; and
- you receive regular medical attention from a doctor.

Note: Part C only applies if you choose the Life Protection Plan.

D 'future care' refers to the permanent inability to perform at least two of the 'activities of daily living' listed below, without assistance:

- bathing/showering;
- dressing/undressing;
- eating/drinking;

- using the toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair or moving by walking, a wheelchair or with a walking aid.

Additionally if you have a Life Protection Superannuation Plan you must have ceased gainful employment and must be unable to ever again follow any occupation that you could reasonably be suited to by education, training or experience.

On the first renewal date after age 64, the total and permanent disablement definitions outlined opposite in paragraphs A, B and C no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph D, continues to apply until the first renewal date after you turn 69 (under the Life Protection Superannuation Plan) or 99 (under the Life Protection Plan).

You may choose a single or double Total and Permanent Disablement Option. You should note that if you choose the double option, this will only apply up to the first renewal date after age 64. After that, for the purposes of future care, outlined in paragraph D, the single option will apply.

In the case of the single option, any payment under the option reduces the amount of the sum insured for death or terminal illness under the Life Protection Plan or the Life Protection Superannuation Plan, by the option sum insured. This may mean the end of your cover if the sum insured under your plan and Total and Permanent Disablement Option are the same.

In the case of the double option, any payment under the Option does not reduce the sum insured under your plan for death or terminal illness. In fact, you will not need to pay any further premiums on your plan, except on the portion of the plan sum insured for death or terminal illness, if any, which is more than the Option sum insured.

Important note for 'Own Occupation'

In the event of a claim being admitted under the 'own occupation' version of the Option, we will pay the benefit amount to the trustee of the superannuation fund. The amount may not automatically be paid by the trustee to you immediately, as the trustee will have to consider whether you meet the permanent invalidity test under superannuation law (an 'any occupation' test). If you do not meet this test, the amount will be held in the fund on your behalf, until such time as entitlement to the benefit is triggered as permitted by superannuation laws, for example, on your permanent retirement from the workforce on or after age 55 or any later preservation age that applies if you were born after 30 June 1960, or on your death.

Future Care Option

Under the Future Care Option entry ages are:

- 18 to 71 for stepped premium plans; or
- 25 to 60 for level plans.

Under the Life Protection Superannuation Plan, the maximum entry age is 60.

The Option ceases:

- at age 69 for the Life Protection Superannuation Plan or at age 99 for the Life Protection Plan; or
- when the last option is offered or exercised, whichever is earlier.

The Option sum insured is payable if you require future care. You require future care if you are permanently unable to perform at least two of the 'activities of daily living' (outlined on page 6), without assistance.

In addition, for the Life Protection Superannuation Plan, you must have ceased gainful employment and we must receive a certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited to by education, training or experience.

Any payment made under the Option reduces the amount of the sum insured for death or terminal illness under the Life Protection Plan or Life Protection Superannuation Plan by the Option sum insured.

Business Solutions Option

This Option only applies to the Life Protection Plan.

Under the Business Solutions Option entry ages are:

- 18 to 60 for yearly stepped plans (and will expire at age 65); or
- 25 to 60 for level plans (and will expire at age 65).

The Business Solutions Option allows you to apply each year for future increases in the sum insured under your Life Protection Plan and any Total and Permanent Disablement Option (TPD Option) attached to your plan without the need for medical underwriting. When you exercise this Option and apply for future increases to the sum insured – in line with the increased value of your business – we will only require financial and supporting evidence of the increases in the value of your business, unless the conditions of this Option require otherwise.

Under this Option you must notify us each year whether or not you wish to apply for an increase.

For the duration of this Option, the maximum amount you can increase the sum insured to under any plans with death cover is the lesser of \$15,000,000 or five times the original sum insured under the plan.

For the TPD Option you can increase the sum insured, inclusive of all plans and options held with us that provide cover for total and permanent disablement, by the lesser of \$2,500,000 or five times the original sum insured under the Option.

Any increase in the sum insured is subject to our approval. At the time of applying for an increase you must provide us with financial and supporting evidence to our satisfaction. The conditions that apply for increases are explained in detail in the Plan Document.

Medical evidence will be required if your Application for increase is greater than \$2,000,000 or 25% of the sum insured in any plan year.

The Indexation of Cover Benefit will not be available for any plans covered under this Option.

This Option will expire in the following instances:

- the first renewal date after you reach age 65;
- you do not notify us in writing whether or not you wish to apply for an increase;
- the original reason for cover no longer exists; or
- after five consecutive years you have not increased the sum insured under the plans attached to this Option.

In addition the general exclusions for the plan, listed below, also apply.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

We will not pay a claim under the plan if you commit suicide within 13 months of:

- the date your plan starts; or
- your plan being restored.

If death was due to suicide committed within 13 months after an increase in the sum insured – not including automatic CPI increases – we will not pay the increase in the sum insured.

In addition, if you hold an Option under your plan, we will not pay a claim under the Option if it was caused by:

- you on purpose; or
- war or any act of war whether war is declared or not.

Statutory Fund

Life Protection Plans are written in a sub-fund of our No. 1 Statutory Fund.

Life Protection Superannuation Plans are written in a sub-fund of our No. 4 Statutory Fund.

Plan description

Life Protection Plan and Life Protection Superannuation Plan

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of premiums' on page 38);
- you are paid the full sum insured under the plan for terminal illness;
- a payment under the single Total and Permanent Disablement Option or Future Care Option reduces the sum insured under the plan to nil;
- on the first renewal date after you reach age 69 for the Life Protection Superannuation Plan or at age 99 for the Life Protection Plan;
- you no longer meet the employment conditions outlined on this page under 'Special employment conditions' for superannuation plans;
- you make a fraudulent claim; or
- you die.

Under the Life Protection Superannuation Plan, termination of your fund membership will be dependant on the governing rules of the fund.

Interim Accidental Death Cover

To offer you some protection while we are assessing your Application, we provide interim insurance cover to you for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premium for this cover. Conditions apply. For details see page 45 of this Product Disclosure Statement.

Nomination of beneficiaries

Under the Life Protection Plan, you can nominate between one and five beneficiaries on your plan. Where a beneficiary is nominated, any insurance monies payable upon your death will be payable to that beneficiary, and not form part of your estate.

When more than one beneficiary is nominated, beneficiaries will be treated as joint tenants. On the death of one of the nominated beneficiaries prior to the insurance monies becoming payable, the monies will be payable to the surviving joint owners. You can change your nomination of beneficiaries by advising us in writing.

Additional information if you select the Life Protection Superannuation Plan

Ownership of the plan

Where the plan is held under the Super Directions Fund ("the Fund"), the plan is owned by the trustee of the Super Directions Fund, N.M. Superannuation Pty. Ltd. The trustee is an

'approved trustee' under the Superannuation Industry Supervision (SIS) Act 1993 and has an appropriate level of indemnity insurance.

Where the plan is held under another superannuation fund, the plan is owned by the trustee of that superannuation fund.

In the event of a death claim being admitted, we will pay the sum insured to the trustee of your plan who will then provide the proceeds of the plan to one or more of the deceased member's dependants or to the deceased member's legal personal representative. Where a claim has been admitted for terminal illness or for total and permanent disablement, the trustee will, subject to the claim satisfying superannuation laws, provide the member with the proceeds of the plan.

The trustee will need to be satisfied that a permanent incapacity condition of release, as defined under superannuation law, has been met prior to making any payment from the fund.

If you do not meet the permanent incapacity condition of release, the Total and Permanent Disablement Benefit must remain in the fund until a condition of release has been met.

Membership of the Fund

Where the trustee is N.M. Superannuation Pty. Ltd., as the person insured under the plan, you will become a member of the Fund. The Fund is a regulated complying superannuation fund under SIS and Part IX of the Income Tax Assessment Act 1993. Your membership will be governed by the terms and conditions of the Trust Deed of the Fund (as amended from time to time).

Further information relating to the Fund can be obtained by requesting a copy of the Trust Deed or the last Trustee's Annual Report to Members.

Special employment conditions

As the Life Protection Superannuation Plan is issued under a superannuation fund, government legislation will limit the age to which you can pay the premium for the plan. Generally:

- before age 65 - if you cease to be gainfully employed full-time or part-time, you can only pay premiums for a further 2 years or to age 65, whichever is earlier; or
- you are aged 65 and over, but under age 70 – you can only pay premiums if you are employed for 10 hours or more per week; and
- you are aged 70 or over, you cannot pay premiums.

Death Benefit Options for Super Directions Fund Members

If you are a member of the Super Directions Fund, you can choose from three Options for distribution of your death benefit.

Option 1 – Nomination of dependants

If you choose this Option, the trustee has discretion to pay your death benefit to one or more of your dependants or your legal personal representative (as defined in the governing rules of the Fund) in proportions it determines. You can nominate on the Application form who you would like the trustee to consider when paying your death benefit. However, the trustee will not be bound by this nomination.

A dependant who is selected by the trustee as a beneficiary of your death benefit can ask to receive payment in lump sum or pension form or a combination of both. This may depend on the financial and taxation situation of your dependant or dependants, who should seek taxation advice at the time the benefit is payable.

Option 2 – Make a category selection under the Super Category Solutions facility

If you make a category selection under the Super Category Solutions facility, the trustee will be required to pay your death benefit in accordance with the terms of the category you have chosen.

Under the Super Category Solutions facility, your death benefit can be paid to combinations of your spouse (as defined under the category selection facility), children, minor children and estate according to the category you choose. The form in which your death benefit is paid will also be determined under your category and can include lump sum and pension payments depending on your circumstances.

Details of the categories available and how to use the category selection facility are available in the Super Category and Binding Nomination Solutions Information brochure. You can obtain a copy of this brochure from your financial adviser or by contacting our Customer Service Centre on 1300 366 066.

Option 3 – Make a Binding Nomination

If you choose to make a binding nomination the trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- is valid;
- has been made in the prescribed manner;
- is received by the trustee before your death;
- has not expired; and
- the nominated person(s) is a dependant or legal personal representative.

If your nomination is no longer valid or has expired, the trustee will have discretion to determine to whom your death benefit is paid.

To be valid, a nomination must:

- be fully completed and signed by you;
- be witnessed by two people who are over 18 years of age and neither of whom are nominated on the form. Each witness must also sign and date the Witness Declaration section; and
- nominate one or more dependants or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change. We will send you a form before the end of three years to allow you to review your nomination. You may update your nomination by completing a new Binding Nomination form or by contacting our Customer Service Centre.

The following are some examples of what will occur if you do not update your binding nomination when your circumstances change:

- If an intended beneficiary has predeceased you and you have not updated your nomination, the trustee will pay that nominee's portion of the benefit to their estate. There will be no re-apportionment to your other nominees.
- If you divorce, the trustee will pay the benefit in accordance with your nomination, provided the nominee is a dependant.
- If you nominate your child as your beneficiary and then have another child, the trustee will only pay the benefit to the nominated child. Children not nominated will not receive any of your benefit.

If you wish to revoke a nomination, you must ensure that this notice is signed by two adult witnesses. The Binding Nomination form provides an option to revoke your nomination. Unless you replace a revoked nomination with a new nomination, the trustee will have discretion to determine to whom your death benefit is paid.

Further details on how to make a binding nomination are available in the Super Category and Binding Nomination Solutions Information brochure. You can obtain a copy of this brochure from your financial adviser or our Customer Service Centre on 1300 366 066.

A Binding Nomination form can be found in the Application form relating to this brochure.

Plan description

Recovery Protection Plan

The Plan

A significant medical trauma or illness can result in many unforeseen expenses. Recovery Protection can help you with the cost of out-of-pocket expenses, loss of income, rehabilitation, home help and child-care. It can also be used to clear your mortgage and other debts.

The AC&L Recovery Protection Plan can help provide for your financial needs by paying you a lump sum in the event of you suffering one of the listed serious medical conditions, or dying.

Availability of Cover

Under the Recovery Protection Plan cover is available between:

- 18 to 60 for yearly-stepped plans for expiry at age 65, or the expiry of your plan, whichever is earlier; or
- 25 to 60 for level plans, for expiry at age 65, or the expiry of your plan, whichever is earlier.

Benefits

Under this plan, we will pay you a lump sum if you suffer from one of the listed medical conditions, terminal illness or die during the term of the plan.

To be entitled to be paid a benefit, you must meet the conditions of the definition. See pages 14 to 17 for definitions of these medical conditions.

Cover for the listed medical conditions (except for terminal illness and loss of independency) can only continue until the first renewal date after you turn 64.

Cover for death, terminal illness and loss of independency can continue until the first renewal date after you turn 99.

Proof of occurrence of all medical conditions must be based on clinical, radiological, histological and laboratory evidence and evidence from an appropriate specialist medical practitioner. All evidence must be acceptable to us.

The following medical conditions apply:

- Alzheimer's Disease and other Dementias
- Angioplasty (minimum sum insured \$100,000)
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cancer (Malignant Tumours)
- Cardiac Arrest Outside a Hospital
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease

- Coma
- Coronary Artery Surgery
- Deafness
- Dementia
- Diplegia
- Encephalitis
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Loss of Independency
- Loss of Limbs
- Loss of Limbs and Sight
- Loss of Speech
- Lung Disease
- Major Head Trauma
- Major Transplant
- Medical Condition Requiring Life Support
- Medically Acquired HIV
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired HIV
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Stroke
- Surgery of the Aorta.

Death Benefit

We will pay you a lump sum in the event of your death. The amount to be paid is the sum insured.

Buyback Benefit

This benefit lets you repurchase instalments of life insurance cover after receiving the Recovery Protection Plan lump sum payment (unless the payment was for terminal illness or death), up to your first renewal date after age 64. If you repurchase the life cover on the first anniversary of your claim, for each of the next two anniversaries, you can repurchase further life cover. The amount of life cover you can purchase each time is $\frac{1}{3}$ of the amount paid under the Recovery Protection Plan.

Financial Plan Benefit

We will pay a one-off reimbursement benefit to a financial adviser of up to \$1,000 who has provided a financial plan for you or your dependants, once a claim is made on the plan for

death or terminal illness. The financial plan must be provided by an AC&L authorised representative.

24 Hour Cover

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Indexation Of Cover

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index (CPI) or 5%, whichever is greater, unless you decline the increase in writing. We will not increase it if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, we will not increase it if your sum insured is more than \$1,500,000.

Right to Automatically Upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Recovery Protection Plan, we add to, improve or alter the benefits of the plan series, we will automatically pass these changes onto you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade.

Optional benefits

For an extra premium, the following Options are available with your plan:

Total and Permanent Disablement Option

Under the Total and Permanent Disablement Option entry ages are:

- 18 to 60 for yearly stepped plans; or
- 25 to 60 for level plans with expiry at age 65, or the expiry of your plan, whichever is earlier.

The Option sum insured is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined as follows and will depend on whether you have the 'own occupation' version or the 'any occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss; or
- B are unable to work; or
- C are unable to perform domestic work.

A 'specific loss' refers to the total and permanent loss of use of:

- both hands;
- both feet;
- one hand and one foot;
- the entire sight in both eyes;
- one hand and the entire sight in one eye; or
- one foot and the entire sight in one eye.

B 'unable to work' depends on which version of the Option you hold:

(i) If you hold the 'own occupation' version, the following applies:

- you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation; or

(ii) If you hold the 'any occupation' version, the following applies:

- you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation or any occupation you could reasonably be suited to by education, training or experience.

C 'unable to perform domestic work' refers to the following:

- you are unable to perform your usual unpaid domestic work for 6 continuous months;
- you are diagnosed by a doctor as having a permanent disability;
- you are permanently confined to home; and
- you receive regular medical attention from a doctor.

You may choose a single or double Total and Permanent Disablement Option. If you choose the single option, then any payment under the Option means the end of your cover under the Recovery Protection Plan.

If you choose the double option, any payment under the Option does not affect your cover under the Recovery Protection Plan and, in fact, you will not need to pay any further premiums for the Recovery Protection Plan.

Business Solutions Option

Under the Business Solutions Option entry ages are:

- 18 to 60 for yearly stepped plans (and will expire at age 65); or
- 25 to 60 for level plans (and will expire at age 65).

Plan description

Recovery Protection Plan

The Business Solutions Option allows you to apply each year for future increases in the sum insured under your Recovery Protection Plan and any Total and Permanent Disablement Option (TPD Option) attached to your plan without the need for medical underwriting. When you exercise this Option and apply for future increases to the sum insured – in line with the increased value of your business – we will only require financial and supporting evidence of the increases in the value of your business, unless the conditions of this Option require otherwise.

Under this Option you must notify us each year whether or not you wish to apply for an increase. For the duration of this Option the maximum amount you can increase the sum insured to under any plans with trauma and life cover is the lesser of \$1,500,000 or five times the original sum insured under the plan.

For a TPD Option you can increase the sum insured, inclusive of all plans and Options held with us that provide cover for total and permanent disablement, by the lesser of \$2,500,000 or five times the original sum insured under the Option.

Any increase in the sum insured is subject to our approval. At the time of applying for an increase you must provide us with financial and supporting evidence to our satisfaction. The conditions that apply for increases are explained in detail in the Plan Document.

Medical evidence will be required if your application for increase is greater than \$2,000,000 or 25% of the sum insured in any plan year.

The Indexation of Cover benefit will not be available for any plans covered under this Option.

This Option will expire in the following instances:

- the first renewal date after you reach age 65;
- you do not notify us in writing whether or not you wish to apply for an increase;
- the original reason for cover no longer exists; and
- after five consecutive years you have not increased the sum insured under the plans attached to this Option.

In addition, the general exclusions for the plan, outlined on page 13, also apply.

Accelerated Buyback Option

This Option allows you to repurchase 100% of the amount paid to you for a claim under the plan, as life insurance cover, 12 months after you receive the payment under the plan. This does not apply if we paid a claim under the plan for terminal illness or if you have purchased additional life insurance

cover under the Buyback Benefit contained in your Recovery Protection Plan – see page 10.

Hepatitis B and Hepatitis C Option

This Option is only available to medical professionals such as general practitioners, dentists and surgeons.

We will pay a lump sum amount if you become infected with Hepatitis B or Hepatitis C as a result of an occupational incident.

An occupational incident means an incident that occurs whilst you are performing the usual duties of your normal medical or dental occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

However, we will only pay you this benefit if all the conditions for payment are satisfied. The conditions are explained in detail in the Plan Document.

Briefly, we require that:

- you provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of witnesses to the occupational incident;
- you provide us with proof that the occupational incident involved a definite source of the relevant infection; and
- you provide us with proof that a new infection with either Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - Hepatitis C antibody negative to Hepatitis C antibody positive; or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

We will pay the amount you are insured for, to a maximum of \$400,000. We will only pay you once under this Option. Also, payment under this Option will not reduce the lump sum under the Recovery Protection Plan.

Exclusions

We will not pay the lump sum under the Hepatitis B and Hepatitis C Option if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of the plan, or the date the plan is restored;
- a cure is available for the infection for which you are claiming. A 'cure' means any treatment which renders the infection inactive or non-infectious;
- we have paid you a benefit before because you became infected with Hepatitis B or Hepatitis C; or
- you are first diagnosed to be infected with Hepatitis B or Hepatitis C after you die.

In addition, the general exclusions for the plan outlined on this page, also apply.

Children's Trauma Option

You can elect to cover up to five of your children under your Recovery Protection Plan.

Children aged between 2 years and under 15 will be covered for a nominated sum insured (maximum \$50,000) against the following events:

Events subject to a 90 day waiting period:

- **Aplastic Anaemia** – refer to the definition on page 14.
- **Cancer (Malignant Tumours)** – refer to the definition on page 14.
- **Major Transplant** – refer to the definition on page 16.
- **Subacute Sclerosing Panencephalitis** – refer to the definition on page 17.
- **Viral Encephalitis** – refer to the definition on page 17.

Events not subject to a 90 day waiting period:

- **Diplegia** – refer to the definition on page 15.
- **Hemiplegia** – refer to the definition on page 15.
- **Loss of Limbs** – refer to the definition on page 16.
- **Loss of Limbs and Sight** – refer to the definition on page 16.
- **Major Head Trauma** – refer to the definition on page 16.
- **Paraplegia** – refer to the definition on page 17.
- **Quadriplegia** – refer to the definition on page 17.
- **Severe Burns** – refer to the definition on page 17.

We will not pay a benefit for this condition if it is directly or indirectly attributable to, or consequential upon intentional self-injury or injury caused by you.

After age 15 all events covered under the Recovery Protection Plan (except for Terminal Illness and Death) will apply. (See page 10 for events covered under the Recovery Protection Plan).

Upon turning 21, the in-built life insurance component of the Recovery Protection Plan will be activated and the plan will vest, automatically transferring ownership to the life of the child insured.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

We will not pay a claim under the plan if:

- you commit suicide within 13 months of the date your plan started or the date your plan is restored. If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic CPI increases – we will not pay the increase in the sum insured;
- your medical condition was caused by you on purpose;
- you had the medical condition before your plan began and you did not tell us about it; or
- in the case of cancer, coronary artery surgery, heart attack and stroke, the medical condition occurs within 90 days of the date the plan starts or is restored.

In addition, if you hold the Children's Trauma Option we will not pay a claim under the plan if, in the case of Aplastic Anaemia, Cancer (Malignant Tumours), Major Transplant, Subacute Sclerosing Panencephalitis or Viral Encephalitis, the medical condition occurs within 90 days of the date the plan starts or is restored.

Additionally, if you hold the Total and Permanent Disablement Option, we will not pay a claim under the Option if it was caused by:

- you on purpose; or
- war or any act of war, whether war is declared or not.

Statutory Fund

Recovery Protection Plans are written in a sub-fund of our No. 1 Statutory Fund.

Plan description

Recovery Protection Plan

Guarantee

Provided you pay your premium and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you reach age 99. However, after the first renewal date after you reach age 64, the plan only covers for death, terminal illness and loss of independency. There are no other guarantees except the benefits stated in the plan.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of premiums' on page 38);
- you are paid a benefit under the plan which reduces the sum insured to nil;
- on the first renewal date after you reach age 99. However, after the first renewal date after you reach age 64, the plan only covers you for death, terminal illness and loss of independency;
- you make a fraudulent claim; or
- you die.

Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we provide interim insurance cover for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premiums for this cover. Conditions apply. For details see page 45 of this Product Disclosure Statement.

Definitions

Alzheimer's Disease and other Dementias

The certain diagnosis of Alzheimer's Disease or Dementia, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living' (as outlined on page 6).

Angioplasty

The first treatment of a coronary artery obstruction by balloon angioplasty, other catheter based techniques, or endoscopic surgery, where at least one of the following criteria have been met:

- the obstruction is giving rise to impairment of ventricular function;
- the obstruction is giving rise to disabling symptoms; or
- the obstruction is associated with unstable angina pectoris or myocardial infarction.

To be entitled to Angioplasty, you must have a minimum sum insured under the plan of \$100,000. In the case of Angioplasty, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for Angioplasty.

Aplastic Anaemia

The total persistent aplasia of bone marrow.

Benign Brain Tumour

A life threatening non-cancerous tumour in the brain which gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. This must result in at least a 25% permanent impairment of whole body function.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine, are excluded.

Blindness

The total and permanent loss of the sight in both eyes.

Cancer (Malignant Tumours)

The occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term 'cancer' also refers to leukaemia, lymphoma and Hodgkin's disease unless excluded below.

The following are excluded:

- tumours classified as carcinoma in situ;
- malignant melanomas classified as Clark Level 1 or 2;
- malignant melanomas of less than 1.5mm Breslow thickness;
- other skin cancers;
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification;
- lymphocytic leukaemia classified as Binet stages A and B or Rai stages 0, I and II;
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period;
- Kaposi's Sarcoma;
- other tumours associated with HIV infection.

Cardiac Arrest Outside a Hospital

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation; and
- is not associated with any clinical procedure; and
- is documented by electrocardiographic (ECG) changes; and
- occurs outside a hospital or other medical facility.

Cardiomyopathy

The impairment of the ventricular function of the variable aetiology resulting in significant physical impairment to the degree of at least Class 4 of the New York Heart Association of cardiac impairment and resulting in the person insured being unable to perform his or her usual occupation.

Cardiomyopathy related to alcohol or drug abuse is specifically excluded.

Chronic Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Chronic Liver Disease

End stage liver disease resulting in cirrhosis and with the following features:

- permanent jaundice (the serum bilirubin level must be continuously over 50 mmol/L);
- portal hypertension; and
- Ascites or Encephalopathy or Hepatorenal Syndrome.

Coma

Total failure of cerebral function as shown by total, unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least seven days. Coma directly resulting from alcohol or drug abuse is excluded.

Coronary Artery Surgery

Coronary artery bypass grafting surgery performed via open chest surgery as a consequence of coronary artery disease.

The following are excluded:

- coronary artery surgery which is performed using a technique which does not require open-chest surgery, for example:
 - endoscopic intervention;
 - angioplasty;
 - laser techniques; and
 - other catheter techniques.

Deafness

The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

Dementia

Significant failure of brain function causing permanent defect. There must be a continual need for professional supervision and/or in-patient care. Also, there must be an established deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing.

Diplegia

Total and permanent loss of the use of both sides of the body due to injury or sickness.

Encephalitis

Severe inflammation of brain substance which results in significant and permanent neurological sequelae, with at least 25% impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

Heart Attack

The death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack; and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

The following are excluded:

- chest pain which does not meet the diagnostic requirements above;
- chest pain not related to a heart condition.

Heart Valve Surgery

The undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

Hemiplegia

Total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of Independency

As a result of an injury or sickness, the person insured is permanently unable to perform at least two of the five 'activities of daily living' (outlined on page 6), without assistance.

Plan description

Recovery Protection Plan

Loss of Limbs

The total and permanent loss of:

- the use of both hands;
- the use of both feet; or
- the use of one hand and one foot.

Loss of Limbs and Sight

The total and permanent loss of:

- the use of one hand and the sight in one eye; or
- the use of one foot and the sight in one eye.

Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.

Lung Disease

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

Major Head Trauma

Cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25% impairment of whole body function.

Major Transplant

The receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas.

Medical Condition Requiring Life Support

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

In the case of a medical condition requiring life support, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for a medical condition requiring life support. Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

Medically Acquired HIV

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the person insured;
- assisted reproductive techniques;
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

Motor Neurone Disease

The certain diagnosis of Motor Neurone Disease (amyotrophic lateral sclerosis) and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living' (as outlined on page 6).

Multiple Sclerosis

The certain diagnosis of Multiple Sclerosis and where there is an associated neurological deficit resulting in the permanent inability to perform at least one of the 'activities of daily living' (outlined on page 6).

Muscular Dystrophy

The diagnosis of Muscular Dystrophy certified by a Consultant Neurologist, where there is an associated neurological deficit which causes the permanent inability to independently perform at least one of the specified 'activities of daily living' (outlined on page 6).

Occupationally Acquired HIV

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the person insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all of the following are proven to our satisfaction:

- proof of the accident giving rise to the infection;
- proof that the accident involved a definite source of the HIV infection; and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

HIV infection resulting from any other means, including sexual activity and the use of recreational intravenous drugs, is excluded.

Also, no payment will be made where a cure has become available prior to the accident causing the infection. 'Cure' means any treatment which renders the HIV inactive or non-infectious.

Paraplegia

Total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.

Parkinson's Disease

Certain diagnosis of Parkinson's Disease. The condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25% impairment of whole body function.

Pneumonectomy

The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.

Primary Pulmonary Hypertension

Primary pulmonary hypertension associated with right ventricular failure. Pulmonary hypertension associated with chronic lung disease is specifically excluded.

Quadriplegia

Total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.

Severe Burns

Third degree burns to at least 20% of the person insured's body surface area.

Stroke

The damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.

The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack;
- cerebral symptoms associated with reversible neurological deficit;
- cerebrovascular disorder of the eye or optic nerve;
- symptoms due to migraine or headache;
- brain tissue damage caused by head injury.

Subacute Sclerosing Panencephalitis

The certain diagnosis of Subacute Sclerosing Panencephalitis.

Surgery of the Aorta

Surgery performed via a thoracotomy or laparotomy to replace or repair an abnormality of the aorta. Surgery performed using catheter techniques only is excluded.

Terminal Illness

Any illness, which in our opinion, will result in the death of the person insured within 12 months, regardless of any treatment that might be undertaken. Our decision will be based on medical evidence provided to us by the person's insured doctor, and any other medical evidence that we may require.

Viral Encephalitis

The certain diagnosis of Viral Encephalitis and where there is an associated neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

Plan description

Income Protection Premier Plan

The Plan

The Income Protection Premier Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 75% of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

Availability of cover

Under the Income Protection Premier Plan, entry ages are:

- 18 to 55 for expiry age 60;
- 18 to 60 for expiry age 65.

Benefits

The benefits available under the Income Protection Premier Plan are listed opposite.

The exclusions which apply are listed on pages 24 and 25.

General information including the amount of cover, waiting periods and benefit periods available are outlined on pages 24 and 25.

The Premier Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB' and 'B' (see Table below). Your financial adviser can assist you with your appropriate category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

The following lists the benefits of the Premier Income Protection Plan:

- Total Disability Benefit
- Attempted Return to Work
- Partial Disability Benefit
- Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit
(available only to doctors, dentists and surgeons)
- Nursing Care Benefit
- Rehabilitation Program Benefit
- Rehabilitation Expenses Benefit
- Workplace Modification Benefit
- Early Cash for Specific Injuries
- Early Cash for Specific Medical Conditions
- Death Benefit
- Indexation of Cover
- Waiver of Premium
- Family Member's Accommodation Benefit
- Travel Costs Benefit
- Direct Family Member Benefit
- Income Replacement Bonus Benefit
- Special Care Benefit
- Elective or Cosmetic Surgery Benefit
- Recurring Disablement
- Unemployment Premium Waiver
- Unemployment Benefit
- Leave Without Pay Benefit
- Right to Automatically Upgrade this Plan
- Right to Take Out a Seniorguard Plan
(available only to 'MP', 'AA', and 'A' occupations)
- 24 Hour Cover.

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of your tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

For occupation groups classified as 'B', the following applies:

After the first 2 years of a claim, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, and training or experience, and you are not working in any occupation (whether paid or unpaid), and are under medical care.

Cause of disablement

We will decide whether your total disablement is caused by an injury or sickness based on medical and other evidence. 'Injury' means accidental bodily injury. 'Sickness' means sickness or disease which first manifests after the plan commenced. However, if your total disablement does not start until 30 days or more after the date of an injury, we will classify the cause of your disablement as a sickness and the maximum period we will pay you for your disablement is your benefit period for sickness.

Benefit amount

When you make a claim for total disability, the benefit you are insured for, known as 'the monthly benefit', is what you will be paid, including any Consumer Price Index (CPI) increases for inflation you are entitled to.

You will be paid your full monthly benefit even if your income drops after you take out the plan (except if you have the indemnity option) unless the following applies:

- we may reduce your monthly benefit if any amounts are received from common law settlements, paid sick leave from your employer or any other disability income, sickness or accident plan that was not disclosed to us in your Application for the injury or sickness you are claiming for under the plan;
- if you are classified by our underwriters as an 'A', 'BA', 'BB' or 'B' occupation, we may further reduce your benefit if any amounts are received from legislation (other than social security).

We will reduce any benefit we pay you for total disability or partial disability by the amounts which are paid from these sources.

No matter what your occupation, we will not reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against business expenses.

Benefit payment

If you are entitled to be paid because you are totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance. In the event you are partially disabled, we will pay you monthly in arrears.

Attempted Return to Work

The following applies if the waiting period you have is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Partial Disability Benefit

If you are totally disabled for at least 14 days, then return to work on reduced duties, and earn less than your pre-disability income due to your continuing disability, we will pay a Partial Disability Benefit proportionate to your income loss. However, you will not be entitled to be paid before the end of the waiting period.

If you are classified by our underwriters as a 'B' occupation, the maximum total period we will pay you for a claim under the Partial Disability Benefit is 2 years.

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit

(Only available to doctors, dentists and surgeons).

We will pay a lump sum amount if you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an occupational incident.

An occupational incident means an incident that happens whilst you are performing the usual duties of your normal medical or dental occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

Plan description

Income Protection Premier Plan

However, we will only pay you this benefit if all the conditions for payment are satisfied. The conditions are explained in detail in the Plan Document. Briefly, we require that:

- you provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of witnesses to the occupational incident;
- you provide us with proof that the occupational incident involved a definite source of the relevant infection; and
- you provide us with proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive;
 - Hepatitis C antibody negative to Hepatitis C antibody positive; or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

The lump sum amount we pay will be the lesser of:

- 6 times your monthly benefit; or
- \$100,000.

We will only pay you once under this benefit. This benefit can be paid in addition to the Total Disability Benefit, and other benefits available under this plan.

Nursing Care Benefit

This benefit applies if you are totally disabled, under the full-time care of a registered nurse and confined to bed for more than 2 days in a row during the waiting period. We will pay 1/30th of the monthly benefit for each day after the first 2 days you are so confined during the waiting period.

This benefit is only payable during the waiting period, for up to 180 days.

Rehabilitation Program Benefit

If you are totally disabled for at least the length of the waiting period and because of your total disability you take part in a rehabilitation program, we will pay an additional 50% of the monthly benefit after the waiting period for up to 12 months while you are participating in the program. We must approve the program first.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, we will pay up to 6 times your monthly benefit to cover the expenses of rehabilitating yourself. These expenses include buying goods – for example, equipment designed to assist you to re-enter the workforce – and expenses of any rehabilitation program, including our WorkAssist program. The Rehabilitation Expenses Benefit is paid in addition to the monthly benefit. We must approve the expenses first.

Workplace Modification Benefit

This benefit provides assistance if, because of your total disability, a workplace modification is needed to allow you to return to gainful employment.

We will reimburse you a lump sum amount of up to the lesser of 2.5 times your monthly benefit or \$5,000 for the expenses incurred in modifying your workplace. We must approve the expenses first.

Early Cash for Specific Injuries

Whether you are totally disabled or not, your plan provides benefits for 21 specific injuries. We will pay you the monthly benefit for the period of time set out in the table below. However, we will not pay you for more than your benefit period for injury and we will only pay you for one specific injury per claim, even if you suffer more than one injury. This benefit is payable immediately – there is no waiting period. The injuries covered are listed in the table below:

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
▪ Your arms and legs due to spinal cord injury or disease – quadriplegia	60 months
▪ Your legs due to spinal cord injury or disease – paraplegia	60 months
▪ Both hands or both feet	24 months
▪ Entire sight in both eyes	24 months
▪ One hand and one foot	24 months
▪ One hand and the entire sight in one eye	24 months
▪ One foot and the entire sight in one eye	24 months
▪ One arm or one leg	18 months
▪ One hand, one foot or entire sight in one eye	12 months
▪ Thumb and index finger from same hand	6 months

Continued overleaf

Specific injury	How long we pay you for
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

If, after the defined payment period ends, you are totally or partially disabled because of the specific injury we are paying you for, we will pay you for the total disablement or partial disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Early Cash for Specific Medical Conditions

Whether you are totally disabled or not, and if your waiting period is 90 days or less, your plan provides benefits for a minimum defined period of up to 6 months if you suffer one of the following specific medical conditions: severe burns, cancer (malignant tumours), chronic kidney failure, coronary artery surgery, heart attack, heart valve surgery, stroke or major organ transplant. The medical conditions are specifically defined in the Plan Document and the definition must be met before you will be entitled to be paid. There is no waiting period for this benefit.

If, after the defined payment period ends, you are totally or partially disabled because of the specific medical condition we are paying you for, we will continue to pay you for total disablement or partial disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Death Benefit

If you die while your plan is still current we will pay a lump sum to your estate equal to three times your monthly benefit.

Indexation of Cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index (CPI) up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase in writing.

Waiver of Premium

Once we are paying you a benefit under your plan, except for Nursing Care Benefit, Day 4 Accident Option or Travel Costs Benefit, you are not required to pay any more premiums for the period while you are on claim.

Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Family Member's Accommodation Benefit

This benefit pays an amount if a direct family member has to stay more than 100km away from home, or has to be with you (and stay) when you are totally disabled more than 100km away from home. We will pay the family member's accommodation expenses, up to \$200 per day for up to 30 days.

However, you are not entitled to be paid during the waiting period.

Who is a direct family member?

A direct family member is:

- your legal husband or wife;
- a person living with you as your spouse on a domestic basis in good faith. He or she can be of the same sex as you;
- your mother, father, mother-in-law or father-in-law; or
- your child.

Travel Costs Benefit

We will refund the cost of transportation home if you are totally disabled for more than 30 days, continue to be totally disabled, and wish to return home to your place of residence.

We will pay the lesser of:

- a single standard economy airfare to your nearest airport or if necessary, a medical facility in Australia by the most direct route; or
- 3 times your monthly benefit.

Transportation benefits are not payable on costs that you are insured for or entitled to seek reimbursement from elsewhere.

Plan description

Income Protection Premier Plan

Direct Family Member Benefit

We will pay the Direct Family Member Benefit if you have been receiving Total Disability Benefits for more than 30 days and a direct family member ceases employment because of your total disability.

For each month the direct family member does not work (up to 6 months), we will pay the lesser of:

- the Total Disability Benefit;
- the amount the direct family member would have earned if you had not been totally disabled; or
- \$2,000.

A direct family member is defined in the Family Member's Accommodation Benefit section on page 21 (some conditions apply).

Income Replacement Bonus Benefit

If you are totally disabled before age 50, are receiving the benefit for total disability and are permanently unable to perform at least 2 of the 'activities of daily living', without assistance, we will increase your monthly benefit by up to 33 $\frac{1}{3}$ %. Your monthly benefit, plus this increase, cannot be more than your average monthly pre-disability income in the 12 months immediately prior to the date you became totally disabled. We will pay you this increased monthly benefit for a maximum of 2 months.

The 'activities of daily living' are set out on page 6 under Section (d) 'Future Care'.

The increased monthly benefit is not payable whilst you are receiving a benefit under Early Cash for Specific Injuries, Early Cash for Specific Medical Conditions, Special Care Benefit or Direct Family Member Benefit.

Special Care Benefit

If you have been paid total disability benefits for more than 30 days and continue to be totally disabled, are confined to bed and totally dependent on the care of a registered nurse or a personal care attendant, as agreed by our doctor, we will pay you a benefit. The amount we pay is your monthly benefit or \$2,000, whichever is lower, for up to 6 months.

This benefit cannot be paid if the Direct Family Member Benefit is being paid or has been paid. This benefit is paid in addition to your Total Disability Benefit.

Elective or Cosmetic Surgery Benefit

After your plan has been in force or restored for 6 months, if you are totally disabled due to elective, cosmetic or donor transplant surgery, then your condition will be deemed a sickness and the monthly benefit will be payable after the waiting period.

Recurring Disablement

If you suffer a relapse and again become totally or partially disabled within 6 months of returning to work after the last period in which we paid you for total or partial disability, we will treat it as the same claim and you will go straight back onto benefits without having to go through the waiting period again. We will pay benefits up to the balance of the benefit period.

Unemployment Premium Waiver

If you are involuntarily unemployed and inform us in writing, we will pay your premium for up to three months. For this to apply, the plan must have been in force for a continuous six month period and you must register with an approved Government employment agency within 30 days of becoming unemployed.

Unemployment Benefit

If you are involuntarily unemployed, are registered with a Government approved agency and are actively seeking employment, we will allow you to continue the plan for up to 15 months. You must continue paying premiums whilst you are unemployed except when the Unemployment Premium Waiver applies.

Leave Without Pay Benefit

If you take leave without pay we will continue to cover you for up to 12 months. You must continue paying the premiums whilst you are on leave.

Right to Automatically Upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Premier Plan, we add to, improve or alter the benefits of the plan you hold in the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

Right to take out a Seniorguard Plan

If you are classified as a 'MP', 'AA' or 'A' occupation and we end your plan because the plan has reached the first renewal date after you turn 65, you have the right to apply for an AC&L Seniorguard Plan, provided that plan is available at the time you apply. When applying, you do not

have to give us any medical evidence, or evidence about your pursuits, pastimes or place of residence. Under the Seniorguard Plan, you may be covered for income protection until the first renewal date after you turn 75.

The level of cover available under the Seniorguard Plan may be more limited than that available under this plan.

Also, the level of cover cannot be more than 2/3 of the amount you are insured for under this plan. To be accepted for cover under the Seniorguard Plan, you must be gainfully employed full-time, you must have had no claims under this plan in the two years prior to the date this plan ended, and we must have received your Application within 60 days after this plan ends.

24 Hour Cover

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Optional benefits

Further protection is available through the Options listed below.

Optional benefits at an extra cost are:

- Claims Escalation Option (a choice of 5% or 7%);
- Lump Sum Accident Option;
- Day 4 Accident Option;
- Future Cover Option;
- Child Care Benefit Option;
- Premium Pause Option; and,
- Blue Ribbon Plus Option (only available to doctors, dentists and surgeons).

Optional benefits at a reduced cost:

- Indemnity Option.

Claims Escalation Option

If we are paying you for total disability for more than 3 months, the Claims Escalation Option will automatically increase your monthly benefit after 3 months. We will do this every 3 months after that, provided you continue to be totally or partially disabled.

The amount of the increase will be the lower of one quarter of the annual percentage increase in the CPI and one quarter of either 5% or 7% (depending on which you choose).

Lump Sum Accident Option

This Option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum

payable for death or for a particular injury is shown in the table below:

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand (at the same time)	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

Under this Option we will pay you up to a maximum of 100% of the lump sum, even if you suffer more than one injury as a result of the same or different accidents.

Day 4 Accident Option

(Only available if your plan has a 14 or 30 day waiting period).

If you are totally disabled due to an injury for more than 3 days in a row during the waiting period, this Option will pay 1/30th of the monthly benefit for each day of total disability during the waiting period from the 4th day of total disability. It is not payable if benefits are being paid for Nursing Care, a Specific Medical Condition or a Specific Injury.

Future Cover Option

If you choose this Option, you can increase your monthly benefit by up to 20% on every 3rd renewal date after this Option began, without having to give us any new medical evidence. You must tell us in writing that you want to make the increase within 30 days after the relevant renewal date.

You can't make the increase if:

- you are over age 55;
- you have made a claim in the last 6 months; or
- after the increase, the benefit will be more than 75% of your monthly income at that date.

If you choose this Option and you become totally disabled, we will increase your monthly benefit by 33½% for the first 30 days.

Plan description

Income Protection Premier Plan

Child Care Benefit Option

If you are totally disabled and were paying for child care for a continuous period of at least 3 months immediately prior to your total disability, we will pay you an additional amount, after the waiting period. We will do this for each day you continue to be paid for total disability, and you continue to pay for child care. You must first provide us with satisfactory evidence of the child care payments and ensure that the child carer is registered with the relevant Federal authority.

We will pay you the lesser of 75% of the daily amount you pay for child care or \$30 per day, and we will continue to pay this for up to 6 months for any one claim. The maximum you will be entitled to for all claims under this benefit is \$4,000.

Premium Pause Option

You may elect to take this Option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan – except for Nursing Care Benefit, Day 4 Accident Option or Travel Costs Benefit - you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

Blue Ribbon Plus Option

(Only available to doctors, dentists and surgeons).

We will pay a lump sum amount if you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an occupational incident.

An occupational incident means an incident that happens whilst you are performing the usual duties of your normal medical or dental occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

However, we will only pay you this benefit if all the conditions for payment are satisfied. The conditions are explained in detail in the Plan Document. Briefly, we require that:

- you provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of witnesses to the occupational incident;
- you provide us with proof that the occupational incident involved a definite source of the relevant infection; and

- you provide us with proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:

- HIV antibody negative to HIV antibody positive;
- Hepatitis C antibody negative to Hepatitis C antibody positive; or
- Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

We will pay the amount you have insured for, up to a maximum of \$400,000. We will only pay you once under this Option.

Exclusions

We won't pay the lump sum under the Blue Ribbon Plus Option if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of this plan or the date this plan is restored;
- a cure is available for the infection for which you are claiming. A 'cure' means any treatment which renders the infection inactive or non infectious;
- we have paid you a benefit before because you became infected with HIV, Hepatitis B or Hepatitis C; or
- you are first diagnosed to be infected with HIV, Hepatitis B or Hepatitis C after you die.

In addition, the general exclusions for the plan outlined below, also apply.

Indemnity Option

If you make a claim under your plan and you have the Indemnity Option, the monthly benefit we pay is the lesser of the monthly benefit insured for and 75% of your average monthly income over the 2 years we have not been paying you a benefit under the plan. Where you choose this Option you will pay a reduced premium.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan.

General information

Amount of cover

You can insure up to 75% of your gross income less any business expenses incurred, but before tax.

If you are an employee you can insure up to 75% of your total salary package. Income does not include investment or interest income.

The maximum monthly benefit available will be subject to the limit applicable at the time you applied for the plan.

Waiting periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60, 90, 180, 365 days and 2 years. Occupation groups classified as 'BA' or 'BB' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled. Not all waiting period and benefit period combinations are available to all occupation categories.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, to age 60 or to age 65. If we classify your occupation as 'B' you can choose from 2 years or 5 years. However, not all benefit periods are available with all waiting periods. Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

More than one benefit at a time

We won't pay the following benefits at the same time:

- total disability and specific injury;
- partial disability and specific injury;

- nursing care and specific injury;
- total disability and specific medical condition;
- partial disability and specific medical condition;
- nursing care and specific medical condition;
- direct family member benefit and special care benefit;
- nursing care and day 4 accident;
- specific injury and day 4 accident;
- specific medical condition and day 4 accident; or
- specific medical condition and specific injury.

Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons detailed below. There are no guarantees except the benefits stated in the plan.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 38);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a sickness and injury benefit period to age 60, in which case your Plan will end on the first renewal date after you reach age 60);
- you make a fraudulent claim;
- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government employment agency;
- you are voluntarily unemployed for more than 30 days; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 44 of this Product Disclosure Statement.

Plan description

Income Protection Essential Indemnity Plan

The Plan

The Income Protection Essential Indemnity Benefit Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 75% of your pre-disability income (net of business expenses but before tax) subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

Under this plan pre-disability income is defined as your average monthly income over the last 2 years we have not been paying you a benefit under the plan.

Availability of Cover

Under the Income Protection Essential Indemnity Plan entry ages are:

- 18 to 55 for expiry age 60;
- 18 to 60 for expiry age 65.

If you select the benefit period to age 60, the maximum entry age is 55 next birthday.

Benefits

The benefits available under the Income Protection Essential Indemnity Benefit Plan are listed opposite.

The exclusions which apply are detailed on page 29.

General information including the duration of cover, waiting periods and benefit periods available, are outlined on page 29.

The Income Protection Essential Indemnity Benefit Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB', 'B' and 'SRD' (see Table below). Your financial adviser can assist you with your appropriate category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.

Eligible occupation groups (continued)

Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.
Occupation Group SRD	Individuals in volatile, hazardous or particularly unusual occupations such as bartenders, roofing workers, tugboat crew (not deep sea). Only yearly renewable plans are available to this occupation group (refer to page 30).

The following lists the benefits of the Income Protection Essential Indemnity Plan:

- Total Disability Benefit;
- Attempted Return to Work;
- Partial Disability Benefit;
- Rehabilitation Expense Benefit;
- Indexation of Cover;
- Waiver of Premium;
- Recurring Disablement;
- Unemployment Benefit;
- Leave Without Pay Benefit;
- Right to Automatically Upgrade this Plan; and
- 24 Hour Cover.

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, for the first 2 years of a claim you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

After the first 2 years of a claim you are only totally disabled if, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and not working in any occupation (whether paid or unpaid), and under medical care.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical Care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of 2 years benefits for any and all claims arising from any of the following conditions:

- Chronic Fatigue Syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

For example, if you receive benefits for a recognised mental disorder for 18 months and at a later date suffer from Chronic Fatigue Syndrome for 12 months, you will only be entitled to receive benefits for 6 months in respect of your claim for Chronic Fatigue Syndrome.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatment and complications arising from a mental disorder.

Benefit amount

When you make a claim for total disability, the benefit you are insured for, 'the monthly benefit' including any CPI increases for inflation you are entitled to, is what you will be paid, subject to a maximum of 75% of your pre-disability income.

We may reduce your monthly benefit if any amounts are received from legislation (other than social security), common law settlements, paid sick leave from your employer or any other disability income, sickness or accident plan for the injury or sickness you are claiming for under the plan. We will reduce any benefit we pay you for total disability or partial disability by the amounts which are paid from these sources.

No matter what your occupation, we won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against business expenses.

Benefit payment

If you are entitled to be paid because you are totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance. In the event you are partially disabled, we will pay you monthly in arrears.

Cause of disablement

We will decide whether your total disablement is caused by an injury or sickness. 'Injury' means accidental bodily injury. 'Sickness' means sickness or disease which first manifests after the Plan began. However, if your total disablement does not start until 30 days or more after the date of an injury, we will classify the cause of your disablement as a sickness and the maximum period we will pay you for your disablement is your benefit period for sickness.

Attempted return to work

The following applies if the waiting period you have is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Partial Disability Benefit

If you are totally disabled for at least 14 days, then return to work on reduced duties, and earn less than 75% of your pre-disability income due to your continuing disability, we will pay a Partial Disability Benefit. However, you will not be entitled to be paid before the end of the waiting period. The amount we pay is the lesser of:

A – B or C – B

where:

A is 75% of your pre-disability income;

B is your income during the month in which you are partially disabled;

C is your monthly benefit.

The maximum amount we will pay you for a claim under the Partial Disability Benefit is 2 years.

Plan description

Income Protection Essential Indemnity Plan

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, we will pay up to 6 times your monthly benefit to cover the expenses of rehabilitating yourself. These expenses include buying goods – for example, equipment designed to assist you to re-enter the workforce and expenses of any rehabilitation program, including our WorkAssist program. The Rehabilitation Expenses Benefit is paid in addition to the monthly benefit. We must approve the expenses first.

Indexation of Cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index (CPI), up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase.

Waiver of Premium

Once we are paying you a benefit under your plan, except for Day 4 Accident Option, you are not required to pay any more premiums for the period while you are on claim.

Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Recurring Disablement

If you suffer a relapse and again become totally or partially disabled within 6 months of returning to work after the last period in which we paid you for total or partial disability, we will treat it as the same claim and you will go straight back on to benefits without having to go through the waiting period again. We will pay benefits up to the balance of the benefit period.

Unemployment Benefit

If you are involuntarily unemployed, are registered with a Government approved agency and are actively seeking employment, we will allow you to continue the plan for up to 15 months. Additionally, you must notify us within 3 months of the date the unemployment begins and you must continue paying the premiums whilst you are involuntarily unemployed.

Leave Without Pay Benefit

If you take leave without pay we will allow you to continue the plan for up to 12 months. You must continue paying premiums whilst you are on leave.

Right to Automatically Upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Essential Indemnity Benefit Plan, we add to, improve or alter the benefits of the plan you hold in the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

24 Hour Cover

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Optional benefits

For an extra premium, the following Options are available with your plan:

- Claims Escalation Option (5%);
- Lump Sum Accident Option;
- Day 4 Accident Option (not available to occupations we classify as 'SRD');
- Premium Pause Option.

Claims Escalation Option

If we are paying you for total disability for more than 3 months, the Claims Escalation Option will automatically increase your monthly benefit after 3 months. We will do this every 3 months after that, provided you continue to be totally or partially disabled.

The amount of the increase will be the lower of one quarter of the annual percentage increase in the CPI and one quarter of 5%.

Lump Sum Accident Option

This Option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the Table below.

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand (at the same time)	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

Under this Option we will pay you up to a maximum of 100% of the lump sum, even if you suffer more than one injury as a result of the same or different accidents.

Day 4 Accident Option

(Only available if your plan has a 14 or 30 day waiting period, not available to occupations we classify as 'SRD' or to plans with a 5 year injury only benefit period).

If you are totally disabled due to an injury for more than 3 days in a row during the waiting period, this Option will pay 1/30th of the monthly benefit for each day of total disability during the waiting period from the 4th day of total disability. It is not payable if benefits are being paid for Nursing Care, a special Medical Condition or a Specific Injury.

Premium Pause Option

You may elect to take this Option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan – except for Day 4 Accident Option – you do not have to pay the premium for any Life Protection

Plan and/or Recovery Protection Plan you hold, for the period of claim.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan.

General information

Amount of cover

You can insure up to 75% of your gross income (less any business expenses incurred but before tax). If you are an employee you can insure up to 75% of your salary package. Income does not include investment or interest income.

However, it is important to note that when making a claim, your benefit will be subject to the lesser of the sum insured or the average monthly income over the two years we have not been paying a benefit under the plan.

Waiting periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60 and 90 days. Occupation groups we classify as 'BA', 'BB' and 'SRD' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled. Not all waiting period and benefit combinations are available to all occupation categories.

Plan description

Income Protection Essential Indemnity Plan

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, 5 years (injury only), to age 60 or to age 65. If we classify your occupation as 'B' you can choose from 2 years or 5 years. Not all benefit periods are available with all waiting periods.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Renewability of plan

If your occupation group is classified as 'AA', 'MP', 'A', 'BA', 'BB' or 'B', provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons mentioned below. There are no other guarantees except the benefits stated in the plan.

However, if we classify your occupation as 'SRD', the plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal on existing or varied terms, or we may decline to offer renewal.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of premiums' on page 38);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a benefit period to age 60, in which case your plan will end on the first renewal date after you reach age 60);
- if we give you notice on any renewal date that your plan is to end (for 'SRD' occupations only);
- you make a fraudulent claim;
- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government employment agency;
- you are voluntarily unemployed for more than 30 days; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 44 of this Product Disclosure Statement.

Plan description

Income Protection Seniorguard Plan

The Plan

The Income Protection Seniorguard Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 50% of your pre-disability income (net of business expenses but before tax) at the time of making a claim, up to a maximum of \$6,000.

Under this plan pre-disability income is defined as your average monthly income over the last two years we have not been paying you a benefit under the plan.

Availability of cover

Under the Income Protection Seniorguard Plan entry ages are:

- 60 to 69 with expiry age 75.

Benefits

The benefits available under the Income Protection Seniorguard Plan are listed below.

The exclusions that apply are detailed on pages 32 and 33. General information including the amount of cover, waiting periods and benefit periods available are outlined on page 33.

The plan is available to white collar occupation groups which we classify as 'MP', 'AA', and 'A' (see Table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working Environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.

The following lists the benefits of the Income Protection Seniorguard Plan:

- Total Disability Benefit;
- Early Cash for Specific Injuries;
- Right to automatically upgrade this plan;
- 24 Hour Cover; and
- Waiver of Premium.

All plans are yearly renewable – refer to page 33.

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, you are not capable of doing

the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum of 2 years benefits over the life of the plan for any and all claims arising from any of the following conditions:

- Chronic Fatigue Syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatment and complications arising from a mental disorder.

Benefit amount

When you make a claim for total disability, the benefit you are insured for the 'monthly benefit', is what you will be paid, (subject to a maximum of 50% of your pre disability income) unless the following applies.

We may reduce your monthly benefit if any amounts are received from legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan for the injury or sickness you are claiming for under the plan. We will reduce any benefit we pay you for total disability by the amounts which are paid from these sources.

We won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or

Plan description

Income Protection Seniorguard Plan

any business overheads disability insurance indemnifying you against any business expenses.

Benefit payment

We pay half of the monthly benefit at the middle of the month and the other half at the end of the month, for which you are entitled to be paid.

Early Cash for Specific Injuries

Whether you are totally disabled or not, your plan provides benefits for 13 specific injuries. We will pay you for the period of time set out in the table below. We will only pay you for one specific injury per claim, even if you suffer more than one injury. There is no waiting period for this benefit. The injuries covered are listed in the following Table:

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
▪ One or more toes	2 months
▪ One or more fingers	1.5 months
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

If, after the defined payment period ends, you are totally disabled because of the specific injury we are paying you for, we will pay you for total disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Right to Automatically Upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Seniorguard Plan, we add to, improve or alter the benefits of the plan you hold in the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

24 Hour Cover

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Waiver of Premium

Once we are paying you a benefit under your Plan you are not required to pay anymore premiums for the period while you are on claim.

Also, if we receive your completed form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Optional benefits

For an extra premium, the following Option is available under the Income Protection Seniorguard Plan.

Premium Pause Option

You may elect to take this Option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

Certain exclusions or limitations may apply to the benefits you receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

General information

Amount of cover

You can insure up to the lesser of 50% of your average monthly gross income (less any business expenses incurred but before tax) or \$6,000. If you are an employee you can insure up to the lesser of 50% of your average monthly total salary package or \$6,000. Income does not include investment or interest income.

However, it is important to note that when making a claim, your benefit will be subject to the lesser of the sum insured or the average monthly income over the last two years we have not been paying a benefit under the plan.

Waiting periods

Your entitlement to be paid for total disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30 and 60 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year or 2 years.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Renewability of plan

There are no guarantees except the benefits stated in the plan. Also, this plan is yearly renewable and will be reviewed each annual renewal date. We may offer renewal or revised terms or we may decline to offer renewal.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 38);
- you permanently retire from the workforce;
- if we give you notice on any renewal date that your plan is to end;
- on the first renewal date after you reach age 75;
- you make a fraudulent claim; or
- you die.

Interim insurance cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury. Conditions apply. For details see page 44 of this Product Disclosure Statement.

Plan description

Business Expenses Protection – Indemnity Benefit Plan

The Plan

The Business Expenses Protection – Indemnity Benefit Plan protects your business in times when you are unable to work due to sickness or injury, by covering the monthly expenses of the business.

Availability of Cover

Under the Business Expense – Indemnity Benefit Plan the entry age is:

- 18 to 60 with expiry age 65.

Benefits

The benefits available under the Business Expenses Protection – Indemnity Benefit Plan are listed below.

The exclusions which apply are detailed on page 36.

General information including the duration of cover, waiting periods and benefit periods available, are outlined on pages 36 and 37.

This plan is only available to 'MP', 'AA', 'A' occupations and selected 'BA', 'BB', and 'B' self-employed individuals (see Table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or White collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

The benefits available under the Business Expenses Protection – Indemnity Benefit Plan are:

- Total Disability Benefit;
- Attempted Return to Work;
- Death Benefit;
- Waiver of Premium;
- Indexation of Cover;

- Recurring Disablement; and
- Right to Automatically Upgrade this Plan.

Total Disability Benefit

We pay you a monthly benefit if you are totally disabled. You are totally disabled if due to injury or sickness you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of 2 years benefits over the life of the plan for any and all claims arising from any of the following conditions:

- Chronic Fatigue Syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatments and complications arising from a mental disorder.

Benefit amount

You can insure for up to 100% of your business expenses. The amount you insure for is called the monthly benefit. In the event of a claim we will pay up to the monthly benefit to reimburse actual monthly business expenses incurred. The expenses covered and not covered are listed on page 35.

Benefit payment

If you are entitled to be paid because the person insured is totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance.

Expenses covered

The following expenses are covered:

- property rates and taxes on business premises;
- rent or the regular interest instalment payment of any loan or mortgage which solely relates to the conduct of the business;
- business expenses such as electricity, gas and water rates, general insurance premiums, cleaning, laundry, heating and telephone accounts, leasing of equipment or motor vehicles, dues to professional bodies;
- salaries of employees who do not contribute directly to your earnings or your business' earnings and costs directly related to those salaries (for example, superannuation); and
- other fixed expenses which are normal and customary in the conduct and operation of your business.

If you are a co-owner of the business, the expenses will be your fair and reasonable share of expenses having regard to the ordinary manner in which profits and any losses of the business are allocated between the co-owners.

Expenses not covered

The following expenses are not covered:

- goods, wares or merchandise or stock in trade;
- depreciation of real estate;
- depreciation of equipment;
- remuneration, however paid, to you or to any other person who directly contributes to your earnings or those of the business;
- remuneration, however paid, to members of your family;
- any expenses which are not regularly paid or payable; and
- taxes levied in respect of the expenses or outgoings of your business (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of benefits payable under this plan.

The amount we pay may be reduced by your earnings

If you earn any money from the business during a period for which we are paying a claim, the amount you earn in any month may be deducted from the business expenses we pay. Before deducting that amount, we will reduce it by any 'special costs', i.e. any amounts paid by the business in any way to a replacement, or to any other employee at the business who generated those earnings. However, we will only deduct net earnings i.e. earnings less 'special costs', if net earnings are more than or equal to the difference between your monthly business expenses and your insured monthly benefit.

Attempted Return to Work

The following applies if the waiting period you have applied for is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have applied for is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Death Benefit

If you die while your plan is still current, we will pay a lump sum to your estate equal to three times your monthly benefit.

Waiver of Premium

Once we are paying you a benefit under your plan, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Indexation of Cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index (CPI), up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase in writing.

Recurring Disablement

If you suffer a relapse and again become totally disabled within 6 months of returning to work after the last period in which we paid you for total disability, we will treat it as the same claim and you will go straight back on to benefits without having to go through the waiting period again.

Plan description

Business Expenses Protection – Indemnity Benefit Plan

Right to Automatically Upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Business Expense Protection Indemnity Benefit Plan, we add to, improve or alter the benefits of the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

Optional benefits

For an extra premium, the following Options are available with your plan:

- Lump Sum Accident Option;
- Premium Pause Option.

Lump Sum Accident Option

This Option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the Table below:

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand (at the same time)	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

Under this Option we will pay you up to a maximum of 100% of the lump sum, even if you suffer more than one injury as a result of the same or different accidents.

Premium Pause Option

You may elect to take this Option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan.

General information

Waiting periods

Your entitlement to be paid for total disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60 and 90 days. Occupations classified as 'BA' or 'BB' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Not all waiting period and benefit period combinations are available to all occupation categories.

Benefit period

The maximum time we will pay you for any one claim is 12 months after benefit payments started. However, this period can be extended if the total amount we have paid you is less than 12 times your insured monthly benefit and you continue to be totally disabled. In this case, we will continue to pay you for up to a further 12 months, or until the total amount we have paid you equals 12 times your insured monthly benefit, whichever is shorter. Not all waiting period and benefit period combinations are available to all occupation categories.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons mentioned below. There are no other guarantees except the benefits stated in the plan.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of premiums' on page 38);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65;
- you make a fraudulent claim; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefits besides total disability caused by an injury. Conditions apply. For details see page 44 of this Product Disclosure Statement.

Premiums and charges

Living Security Program

Premiums

Minimum premium

The minimum annual premium is \$200. This includes the plan fee and other charges.

Premium tables

Your premium depends on the benefits you have chosen and your age, sex, smoking status, medical history and general health.

For Income Protection and Business Expense plans, your premium also depends on the waiting period and benefit period you choose.

Copies of our standard premium rate tables are available on request.

Payment of premiums

Once your Application has been accepted, and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For the plan to remain current, you must pay the premium, including any charges, when they are due.

We may end the plan if the premium is more than 30 days late. However, we will give you a further 20 business days written notice before we end it for this reason.

You can pay yearly, half yearly or by monthly* instalments.

Premium structure

There are 2 premium structures available to you:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

However, you may choose to activate the 'Premium Freeze' facility at any time.

By exercising this facility, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums, excluding charges, remain the same for a given level of cover throughout the term of the plan.

The plan term is specifically defined at commencement.

For our Life Protection Plan, Life Protection Superannuation Plan and Recovery Protection Plan, premiums will only change if:

- you request a change in your sum insured;
- you choose to have your sum insured automatically increased to keep pace with inflation (refer to the Indexation of Cover Benefit); or
- we review the premium rates for all plans of this type.

For our Income Protection Premier Plan, Income Protection Essential Indemnity Plan, Seniorguard and Business Expense Plan, premiums will only change if:

- you request a change in your Total Disability Benefit;
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (refer to the Indexation of Cover Benefit);
- we review the premium rates for all plans of this type; or
- we review your occupation category.

Packaging

The Life Protection Plan, Life Protection Superannuation Plan, Recovery Protection Plan, or any plan from the Living Security Program can be bundled together as one package, either at the time this insurance is applied for or at a later date. You can do this, provided that either the person insured or the plan owner under all plans is the same, and there are not more than five different persons insured in the package.

There must also be a common premium payment method (direct debit or cheque), premium payment frequency and plan renewal date. In this case, we will charge only one plan fee, regardless of the number of plans in the package.

What are the charges?

All of the charges that apply to our plans are fully described in this section. We undertake not to apply any new charges, other than government taxes and charges, without your specific consent.

Plan fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package.

* Please refer to page 39 of this Product Disclosure Statement for full details of the Direct debit request service agreement.

The amount and the frequency of the plan fee depend on how frequently you pay the premium, as shown below:

Frequency	Plan fee
Yearly	\$75.00
Half-yearly	\$41.50
Monthly	\$7.50

The plan fee may be increased each year at renewal time by any percentage increase in the Consumer Price Index (CPI).

Instalment fee

An instalment fee applies if you choose to pay more frequently than annually. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Government stamp duty

A government stamp duty is imposed on all of the plans outlined in this document.

However for your Income Protection Premier Plan, Income Protection Essential Indemnity Plan, Seniorguard or Business Expense Protection Plan, the amount varies depending on your state of residence and is calculated as a percentage of the total premium, including the plan fee. For these plans, stamp duty is payable in addition to your insurance premium.

Variations

We reserve the right to vary charges as described below:

- the plan fee may be increased to account for the effects of inflation;
- we can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type;
- the premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- we will only deduct premiums from your chosen account. Your Plan Schedule shows the premium amount and how often we have agreed to deduct it.
- we assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- if the payment date is a weekend or public holiday, we will debit your account on the next business day following the public holiday.
- we will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- the bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Changing your payment details

- you may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 1300 366 066 or your financial adviser.

Can we help?

- if you have any queries about your direct debit agreement please contact our Customer Service Centre on 1300 366 066 or your financial adviser.
- we undertake to respond to queries concerning disputed transactions within 5 working days of notification.

Taxation

Living Security Program

Taxation

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Life Protection Plan and Recovery Protection Plan

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disablement or major trauma are generally free of income tax in the hands of the plan owner.

Generally, lump sums paid to beneficiaries upon your death would not be assessable. Nomination of beneficiaries does not affect a plan's Capital Gains Tax (CGT) position, since there is no change in the beneficial ownership of the plan.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, to buy out a partner's share in the business), then there is no tax deduction and no tax should normally be payable on the benefits.

CGT will not apply to proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Life Protection Superannuation Plan

Depending on your circumstances, tax deductions or rebates for premiums may be available.

As the plan is written as a superannuation plan, the taxation aspects are complex and depend on individual circumstances at the time. The following is a brief summary:

- contributions made by an employer to a superannuation fund to secure cover for the benefit of employees, or to provide benefits for dependants of employees, may be tax deductible.
- contributions made by an individual to a superannuation fund to secure personal cover may in certain circumstances be tax deductible if the person is self-employed, substantially self employed or an employee who is ineligible for any employer superannuation support. If the

person is an employee who receives employer superannuation support, then contributions by an individual would not ordinarily be tax deductible.

However, in certain circumstances, the person may be entitled to a tax rebate if his or her taxable income is below the set limit:

- if a benefit becomes payable, any tax must be deducted before a benefit is paid. Generally, death and disablement benefits receive concessional tax treatment. In certain circumstances (for example, a death benefit paid to a dependant, where the death benefit is within the deceased's Reasonable Benefit Limit), benefits may be paid free of tax.
- if an 'own occupation' Total and Permanent Disablement Option claim is paid to the trustee of the superannuation fund, and it must be held in the fund, any investment earnings of that held amount may be subject to tax at the prevailing rate applicable to superannuation funds (currently a maximum of 15%).

Superannuation Surcharge

The Superannuation Contributions Tax (Assessment and Collection) Act 1997 imposes a tax, up to a maximum of 15%*, on certain types of superannuation contributions made in respect of:

- high income earners (annual income of more than \$94,691 for the 2003/2004 financial year, then indexed annually); and
- some persons who do not provide their tax file numbers to the relevant superannuation fund.

If your plan is issued under the Super Directions Fund, currently, we pay the surcharge tax for you. This may change in the future and you may be required to pay this tax.

If you are a member of a fund other than the Super Directions Fund, the trustee of your fund may require you to meet the surcharge obligations.

To determine whether or not the surcharge tax impacts you, please contact your accountant or tax adviser.

* The Commonwealth Government has proposed reducing the surcharge to 13.5% for 2002/03, 12% for 2003/04 and 10.5% for 2004/05 and subsequent years. At the time of publication, this proposal has yet to be legislated.

Income Protection Premier Plan, Income Protection Essential Indemnity Plan, Seniorguard and Business Expense Protection Plan

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are assessable income.

However, premiums paid for the Lump Sum Accident Option, the Blue Ribbon Plus Option and the Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option are not tax deductible and benefits received are not assessable for income tax.

Goods and Services Tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Applying for benefits

Living Security Program

We are committed to paying genuine claims. In doing so we make certain we will be here to pay any future claims and can continue to offer affordable premiums to our clients not claiming benefits.

How to apply for benefits under your plan

To apply for benefits for a plan held under the Living Security Program, you can contact your financial adviser or our Customer Service Centre on 1300 366 066 from anywhere in Australia for the cost of a local call.

When contacting us, you will be asked to provide the following details:

- Plan number(s);
- Full name of plan owner;
- Full name of person insured;
- Nature of claim; and
- Name and address for correspondence.

Your Plan Document outlines important information regarding when you will be required to notify us.

Once we have been notified, we will send you information about our claims process and a claim form for the type of benefits you are applying for.

Completing a claim form

Before we can assess your eligibility for benefits, we will need you to complete a claim form. A claim form provides us with key information regarding the nature of your application.

To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim form are complete and accurate, and where requested, any supporting documentation is attached to your application for benefits.

Submission of an incomplete form will result in delays in your application being assessed.

Should you require assistance in completing a claim form, please contact our Customer Service Centre on the number listed above.

Assessing your application for benefits

When assessing an application for benefits, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your Plan Document.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the Plan Document you received at the time your cover commenced.

Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information in order to assess your claim. This may include such things as information about your health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review your previous medical history and financial information relating to the type of cover you have, and so it is important that you completed the Application form and Personal Statement accurately as this may impact your eligibility for benefits. Please read the sections on page 2 outlining Your Duty of Disclosure.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide financial information or satisfactory documentation when requested.

Where possible, we will notify you of any outstanding requirements to avoid lengthy delays in your application for benefits being processed. Additionally, we may access our network of qualified medical and financial specialists and consultants to assist you through the claims process. This may include arranging for one of our trained staff to visit you by appointment or to attend a specialist facility relevant to your application for benefits.

Benefit payments

Once we have established that your application for benefits has met the terms and conditions of your plan, we will arrange for your benefits to be paid.

It is important to note that before a payment can be made under superannuation plans, the trustee of the fund must approve the benefit payment. In such cases payment is made to the trustee. Where N.M. Superannuation Pty Ltd is the Trustee, payment is made as directed by the Trustee based on legislative guidelines.

We will notify you once your application for benefits has been approved.

For ongoing disability claims we will assist you wherever possible to facilitate your claim, recovery to good health and return to work where possible.

Enquiries and privacy

Living Security Program

Enquiries

If you have an enquiry about your Living Security Program, please contact your financial adviser or our Customer Service Centre on 1300 366 066 from anywhere in Australia for the cost of a local call.

Complaint resolution

If you have a complaint, please advise our Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan. The Service Centre address is:

Australian Casualty & Life
GPO Box 5339
Sydney NSW 2001.

Life Insurance

If you are not satisfied with our handling of your complaint, the Financial Industry Complaints Service is available to you. The Financial Industry Complaints Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs. The Complaints Service can be contacted on (03) 9629 7050 in the Melbourne Metropolitan area or toll free on 1800 335 405. Alternatively, you can write to:

Financial Industry Complaints Service
PO Box 579
Collins Street West Post Office
Melbourne VIC 8007.

Life Protection Superannuation Plan

If you hold a Life Protection Superannuation Plan and it is issued under a superannuation fund other than the Super Directions Fund, you should contact the trustee of the superannuation fund in the first instance, rather than us. The fund should have formal procedures in place to deal with any enquiries and complaints.

Regardless of which superannuation fund your Life Protection Superannuation Plan is issued under, if you are not satisfied with the resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 884 114, for the cost of a local call. The Tribunal is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

The Tribunal may be able to assist you to resolve your complaint, but only after you have made use of our own complaints handling process. Once the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation, which involves assisting the parties to come to a mutual agreement. If conciliation is unsuccessful, the

complaint is formally referred to the Tribunal for a determination, which is binding on all parties. The Tribunal's address is:

Superannuation Complaints Tribunal,
Locked Bag 3060
GPO Melbourne VIC 3001
Telephone 1300 884 114

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AC&L. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your Application for insurance or for the purposes of assessing any claim you may make under the plan. This includes information about health, financial situation, occupation and lifestyle.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your Application for insurance and any subsequent claim, AC&L may need to disclose your personal information to other parties, such as reinsurers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Australia Group companies.

You are entitled to request reasonable access to information we have about you. AC&L reserves the right to charge an administration fee for collating the information you request.

Interim Insurance Cover Certificate

Living Security Program

(For Income Protection and Business Expense applicants only)

Person to be insured

Application dated

The insurer gives INTERIM INSURANCE COVER to the person applying for the Income Protection Plan or Business Expense Plan, as the case may be, for the total disability of the person to be insured, caused by an injury. You do not have to pay any extra premium for this cover.

It should be noted that this cover does not apply where your waiting period is 90 days or more or where the plan applied for is to replace an existing plan held with us. Nor does it cover the person insured for any benefit besides total disability caused by an injury.

All the conditions of the Australian Casualty & Life plan you have applied for relevant to the payment of a benefit for total disability, apply to this cover, as modified by the following conditions:

1 What monthly cover is provided?

A The amount of cover provided is the lowest of:

- the amount of the monthly benefit you applied for; and
- the maximum amount of cover we would allow under our underwriting rules; and
- \$5,000.

B The cover is limited to the total disability of the person to be insured which lasts at least for the length of the waiting period you applied for.

The total disability must be caused by an injury which occurs after the date this cover starts. The person to be insured is not covered for any other benefit – for example, you will not be entitled to a benefit for Nursing Care, a Specific Injury or a Specific Medical Condition and the person to be insured is not covered under any Option you have applied for.

C The benefit period under this cover will be 12 months if you have applied for an Income Protection Plan, and 6 months if you have applied for a Business Expense Protection Plan.

D We will stop paying under this cover as soon as one of the following happens:

- the person insured stops being totally disabled;
- the person insured dies;
- the benefit period under this cover ends;

- we have been paying you the benefit for 12 months for Income Protection Plan, or 6 months for Business Expense Protection Plan;
- the total amount we have paid you under this cover equals \$30,000.

2 Commencement of Interim Cover

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount, are received at the Australian Casualty & Life's Branch Office or Head Office.

3 Length of Interim Cover

This cover automatically ends as soon as one of the following happens:

- we notify you of our acceptance, rejection or acceptance with conditions of your Application;
- we advise you that this cover has been cancelled;
- you withdraw your Application; or
- 60 days pass from the date this cover commences.

No benefit will be payable under this cover for total disability caused by an injury which occurs after cover ends.

4 Exclusions

In addition to reasons listed in this Product Disclosure Statement under the heading 'Exclusions', no benefit is payable under this cover if total disability is caused or contributed to by:

- AIDS, AIDS related conditions or HIV infection;
- football injuries (all codes); or
- a sickness.

5 We rely on what you tell us

You acknowledge that you have read the section on page 2 of the Application for this Product Disclosure Statement headed 'Important information for valued plan holders' and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

Signature of plan owner

Dated

Signature of intermediary

Dated

Interim Accidental Death Cover Certificate

Living Security Program

(For Life Protection, Life Protection Superannuation and Recovery Protection applicants only)

Person to be insured

Application dated

The insurer gives INTERIM INSURANCE COVER to the person applying for the Life Protection Plan, Life Protection Superannuation Plan or Recovery Protection Plan, as the case may be, for the accidental death of the person to be insured on the terms and conditions set out below. You do not have to pay any extra premium for this cover. All the relevant conditions of the Life Protection Plan, Life Protection Superannuation Plan or Recovery Protection Plan you applied for relating to payment of a claim apply to this cover, to the extent that they are relevant.

Please note, this cover does not apply if the plan you applied for is to replace an existing plan held with us.

1 What cover is provided?

- A The amount payable on accidental death is the amount of the benefit payable for death that you applied for, up to a maximum amount of \$500,000.
- B The cover is for death of the person to be insured as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Death must occur within 90 days of the injury occurring.

2 Commencement of Interim Cover

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount, are received at Australian Casualty & Life's Branch Office or Head Office.

3 Length of Interim Cover

This cover automatically ends as soon as one of the following happens:

- we notify you of our acceptance, rejection or acceptance with conditions of your Application;
- we advise you that this cover has been cancelled;
- you withdraw your Application; or
- 60 days pass from the date this cover commences.

No benefit will be payable under this cover for accidental death which occurs after cover ends.

4 Exclusions

No benefit is payable under this cover if accidental death is caused or contributed to by:

- suicide, whether sane or insane;
- intentional self injury, including intentional contraction of bacteria or virus;
- an accident which occurred before the commencement date of this interim cover;
- war or invasion; or
- engaging in any sport, pastime or occupation which would not normally be covered by Australian Casualty & Life at standard rates.

5 We rely on what you tell us

You acknowledge that you have read the section on page 2 of the Application form for this Product Disclosure Statement headed 'Important information for valued plan holders' and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

Signature of plan owner/person to be insured (if applying for superannuation)

Dated

Signature of intermediary

Dated

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AC&L

Australian Casualty & Life

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