

Personal Insurance Portfolio

Product Disclosure Statement (PDS)

Preparation date: 26 September 2005



This PDS contains information about the following products:

Income Care

basic income protection insurance

Income Care Plus

income protection insurance with extras

Business Overheads Cover

business expense insurance

Total Care Plan

life, total & permanent disability and trauma insurance.



This Product Disclosure Statement (PDS) is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (referred to in this PDS as 'CMLA', 'we', 'our', 'us'). Apart from CMLA, neither Commonwealth Bank of Australia ABN 48 123 123 124 nor its subsidiaries are responsible for any of the statements contained in this PDS. Commlnsure is a registered business name of CMLA.

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CMLA (the Insurer) is a wholly owned but non-guaranteed subsidiary of Commonwealth Bank of Australia.

Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products.

The information contained in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to an adviser before making a decision.

In this PDS, 'we', 'us' and 'our' refer to The Colonial Mutual Life Assurance Society Limited (CMLA) and 'you' and 'your' refers to the person to be insured and/or the proposed policy owner (where applicable).

You can only apply for a product by completing the current Personal Insurance Portfolio Application form.

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

While every effort has been made to ensure the information in this PDS is reliable, the Policy Documents form the basis of the products and should be read carefully. The examples and illustrations provided in this PDS are only intended to demonstrate how certain benefits are calculated. All benefits will be determined in accordance with the relevant policy conditions. No benefits are payable unless the relevant policy conditions are satisfied.

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Introduction

Why Commlnsure?

Commlnsure is a leader in the Australian insurance industry and is the insurance arm of the Commonwealth Bank Group. We offer a fresh approach to personal risk insurance, backed by a strong history – as one of Australia's largest life risk insurers, with over 2 million clients and a national presence dating back over 130 years to 1873.

Commlnsure aims to provide cover to more Australians by improving the accessibility and availability of personal risk insurance.

In 2005, Commlnsure received a swag of awards recognising our award-winning product range, excellent customer service and our commitment to leading industry and consumer education by building awareness of the need for insurance.

Our awards include:

- **'Life Insurance Company of the Year'**
Australia and New Zealand Institute of Insurance and Finance Awards 2005
- **'Best Life Insurance Company'**
Australian Banking & Finance Insurance Awards 2005
- **'Best Life Insurance Product'**
Australian Banking & Finance Insurance Awards 2005
- **'Term Life Product of the Year'**
Personal Investor Magazine Awards for Excellence in Financial Services 2005
- **'Trauma Product of the Year'**
Personal Investor Magazine Awards for Excellence in Financial Services 2005 (joint winner)
- **'Best Call Centre'**
Australian Banking & Finance Insurance Awards 2005

What is the Personal Insurance Portfolio?

The personal insurance which is set out in this Product Disclosure Statement (PDS) will help you to protect your current lifestyle and help ensure that your family will be provided for in the event of death, sickness or injury.

This PDS contains information about the following types of insurance:

Income Protection Insurance	
What is it?	A replacement income if you can't work at full capacity or at all, due to sickness or injury.
Who needs it?	Anyone who would find it difficult to make ends meet without their regular income.
Why do you need it?	You like your lifestyle but don't have never-ending savings to replace your regular income. To protect the income you earn. You have a family to provide for. You don't know when illness or injury might occur.
What policy is available?	Income Care or Income Care Plus
Where is it explained?	Section 1 – pages 9 and 16 of this PDS.

Business Expenses Insurance	
What is it?	Reimbursement of fixed operating expenses of your business if you can't work due to sickness or injury.
Who needs it?	Self-employed people with a key role in a small business.
Why do you need it?	Your business will continue to generate expenses even if you're not working. You need your business to keep operating. You don't want to have to sell your business. You don't know when illness or injury might occur.
What policy is available?	Business Overheads Cover
Where is it explained?	Section 1 – page 19 of this PDS.

Term Life Insurance	
What is it?	A lump sum payable on death or terminal illness.
Who needs it?	Anyone with debt and dependants.
Why do you need it?	If you die, you want to relieve your family of debt. You want to secure your family's financial future.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 21 of this PDS.

Total & Permanent Disability Insurance	
What is it?	A lump sum payable if you are totally and permanently disabled due to illness or injury.
Who needs it?	Anyone with debt and dependants.
Why do you need it?	If you can't work again, you'll need capital to survive. You will have greater expenses. You need to make provision for retirement. You want your family to maintain their lifestyle even if you can't work.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 27 of this PDS.

Trauma Insurance	
What is it?	A lump sum payable if you suffer a specified medical condition.
Who needs it?	Everyone.
Why do you need it?	Additional expenses are incurred when you have a major illness. You may need time to recuperate without financial stress. You may need to significantly restructure your lifestyle.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 29 of this PDS.

Applying for cover

You can apply for cover by using the Application form attached to the back of this PDS.

What if I want more information?

This PDS sets out important things you need to know about the Personal Insurance Portfolio. However, as you need to take your individual circumstances into account when applying for cover, it is sometimes difficult to decide what and how much insurance is most appropriate for your needs.

It is possible to package together cover for family members or business partners, in which case you should seek advice about the best way to do this.

If you need help with this product range, we suggest that you speak to an adviser. If you don't have an adviser, contact one of our Customer Service Consultants (details are on the inside back cover of this PDS) and we will arrange for an adviser to contact you at a convenient time

Section 1

Income Care Range

Summary

Products	
There are three types of income protection products available:	
Income Care	Basic income protection at an affordable price. Replaces up to 75% of your income. See page 9.
Income Care Plus	Comprehensive income protection. Provides the basic cover of Income Care, as well as a number of additional benefits designed to help you to get back to work. See page 16.
Business Overheads Cover	Covers the regular fixed operating expenses of your business if you are self-employed and totally disabled. See page 19.
Cover while your application is being considered	
Interim Accident Cover	Covers you for total disability caused by accident while we are processing your application for Income Care, Income Care Plus or Business Overheads Cover. See page 49.
Eligibility	
Age	Cover is available for people who are between the ages of 17 and 59 inclusive. However, under the Level Premium Rate option, cover is only available for people who are between the ages of 17 and 54 inclusive.
Factors	Some factors will affect the availability of cover. These include age, occupation, pastimes, financial circumstances and state of health.
Restrictions	Income Care Range is only available to people who are working full-time. A superannuation fund cannot own an Income Care policy with a benefit period greater than 2 years or an Income Care Plus policy. Income Care Plus and Business Overheads Cover are not available to people in occupations that we classify as heavy risk.
Benefits under Income Care and Income Care Plus	
Total Disability Benefit	Monthly benefit if you can't work due to sickness or injury. See page 9.
Partial Disability Benefit	Monthly benefit if you work at reduced capacity due to sickness or injury. See page 9.
Medical Professionals Benefit	A lump sum payment for medical professionals who acquire HIV, Hepatitis B or C. See page 10.
Reward Cover Benefit	A reward for keeping your cover – free accidental death cover. See page 11.
Rehabilitation Benefit	Helps cover the cost of participation in an approved rehabilitation program. See page 12.
Features of Income Care and Income Care Plus	
Recurrent Disability	The waiting period does not reapply if you go back to work after receiving certain benefits but need to claim again for the same sickness or injury. See page 10.
Extended Cover	Continuation of Total Disability Cover to age 70. See page 10.
Waiver of Premium	Premiums are not charged while you receive certain benefits. See page 10.
Guaranteed Insurability	Allows you to increase your cover without further evidence of health in the first 3 years of your cover. See page 11.
Cover While Unemployed/On Leave	Cover continues even if you are unemployed or on leave. See page 11.
Waiver of Premium if Unemployed	Your premium can be waived if you become involuntarily unemployed. See page 11.
Indexation	Aligns cover with inflation by automatically increasing it each year. See page 11.
Additional Benefits which apply only to Income Care Plus	
Rehabilitation Expenses Benefit	Helps cover the expenses involved in rehabilitation. See page 16.
Accommodation Benefit	Helps cover the cost of accommodating a family member who is away from home to be with you. See page 16.
Family Support Benefit	Helps cover a family member's lost income if they look after you. See page 16.
Home Care Benefit	Helps pay for a professional housekeeper. See page 16.
Bed Confinement Benefit	Helps pay for a nurse if you are bedridden. See page 16.
Transportation Benefit	Helps pay for emergency transport to a hospital within Australia. See page 17.

Additional Benefits which apply only to Income Care Plus (cont.)

Overseas Assist Benefit	Helps pay for your return home if you are totally disabled overseas. See page 17.
Specific Injuries Benefit	Pays a set amount if you suffer a specified injury. See page 17.
Crisis Benefit	Pays a benefit for up to six months if you suffer a medical crisis event. See page 18.
Death Benefit	Pays a lump sum if you die while you are entitled to certain benefits. See page 18.

Optional Extras to Income Care and Income Care Plus

Total and Permanent Disability Option	Offers you the choice of receiving a tax free lump sum benefit if you are totally and permanently disabled. See page 12.
Total and Temporary Disability Option	Provides cover for Total and Temporary Disablement only. You receive a premium discount as this option does not provide cover for total and permanent disablement. See page 13.
Increasing Claim Option	Benefits paid will increase yearly, in line with inflation. See page 13.
Accident Option	Pays a benefit if you are totally disabled during the waiting period as a result of an accident. See page 13.
Super Continuance Option	Allows you to cover regular superannuation contributions. See page 13.
Cash Back Option	Pays back some premiums when the policy ends, provided you do not claim. See page 14.
Premium Saver Option	A premium discount in return for some limits to the cover. See page 14.

Benefits under Business Overheads Cover

Cover for Business Expenses	Reimburses regular fixed operating business costs. See page 19.
Waiver of Premium	Premiums are not charged while you receive certain benefits. See page 19.
Reward Cover Benefit	Reward for keeping your cover – free accidental death cover. See page 19.

Features of Business Overheads Cover

Indexation	Increases your cover each year in line with inflation. See page 19.
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Business Overheads Cover optional extra

Cash Back Option	Pays back some premiums when the policy ends, provided you do not claim. See page 20.
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Factors you need to choose

Policy Type (Income Care/ Income Care Plus)	If you select an agreed value policy, we agree to pay the monthly benefit you have insured (including any indexation increases) regardless of any reduction in your income since you took out the policy. Your average monthly income in the 12 months before applying for cover must justify the amount of cover you are issued with. For example, if the monthly benefit for which you are insured is \$3,000 and you become entitled to a Total Disability Benefit, we will pay you a Total Disability Benefit of \$3,000 per month even if the monthly income you were earning at the time you took out your cover decreased and would no longer justify a monthly benefit of \$3,000.	If you select an indemnity policy, the monthly benefit we will pay is the lesser of 75% of the average monthly income you earned in the 12 months before the claim and the insured monthly benefit amount (including any indexation increases). For example, if the monthly benefit for which you are insured is \$3,000 but your average monthly income was \$3,200 in the 12 months before becoming entitled to a Total Disability Benefit, we will only pay you a Total Disability Benefit of \$2,400 per month (i.e. 75% of \$3,200) and not the \$3,000 for which you were insured.
Monthly Benefit (Income Care/ Income Care Plus)	Up to 75% of income over the last 12 months, subject to a sliding scale. Subject to a minimum of \$1,500 per month (excluding any super continuance monthly benefit) and a maximum of \$25,000 (including any super continuance monthly benefit) per month.	
Monthly Benefit (Business Overheads Cover)	Indemnity style policy which covers up to 100% of regular fixed operating business expenses. Subject to a minimum of \$1,500 per month (if taken as a stand-alone policy) and a maximum of \$25,000 per month.	
Benefit Period (Income Care/ Income Care Plus)	Choice of 2 years, 5 years, to age 60 or to age 65. If you are in a heavy risk occupation, the maximum benefit period for total disability is 5 years and for partial disability the maximum is 2 years. See page 8.	

Factors you need to choose (cont.)

Waiting Period	Income Care/Income Care Plus: Choice of 14 days, 1 month, 2 months, 3 months, 6 months, 1 year or 2 years.	Business Overheads Cover: Choice of 14 days, 1 month, 2 months, 3 months or 6 months.
Premium Rate Option	Stepped Premium Rate: a Stepped Premium Rate means that generally the cost of your cover will increase as you get older. See page 35.	Level Premium Rate: a Level Premium Rate means that, up to age 65, your annual premium will not increase as a result of your age increasing each year. See page 35.
Cover Expiry Date	Choice of, to age 60 or age 65. See page 8.	

Occupation groups

	<p>The information you provide as part of your application will determine which of the following occupation groups we will categorise you into. This will affect the cost of your insurance and how some benefits apply to you. Your occupation group will appear on your Policy Schedule.</p> <p>'S' – Super Professional 'K' – Medical Occupations 'J' – Legal Occupations 'P' – Professional 'G' – Managerial 'C' – Clerical 'M' – Manual 'H' – Heavy Risk 'L' – Light Manual</p>	
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Costs and limitations

Premiums	Information about premiums, the policy fee, stamp duty and other aspects of the cost of this policy are on page 35.
Limitations	There are limitations that apply to this cover. See pages 14 and 20 for more information.

Income Care Range – some common terms

What do the terms mean?

Some common terms are used in this PDS in relation to the Income Care Range. This table explains what we mean when we use them. These terms are specifically defined in the policy and our explanations of them are subject to the policy definitions.

Term	Meaning
Benefit period	The maximum amount of time that we will pay you benefits for each claim.
Disability/disabled	This is the word we use to describe your inability to work due to sickness or injury. Totally disabled is when you can't work at all, and partially disabled is when you can only work in a reduced capacity.
Income producing duty	A duty of your occupation that generates 20% or more of your monthly income.
Monthly benefit	This is the amount you insure for, that we will pay you if you make a valid claim. You can insure up to 75% of your income from personal exertion, excluding superannuation contributions and business expenses, but before tax. If you are self-employed, you can include your superannuation contributions in the determination of your monthly benefit amount.
Cover expiry date	When you take out a policy, you choose how long you want your cover in place – the available choices are until you reach age 60 or age 65. Cover under your policy will cease on the cover expiry date, which is the anniversary of your policy start date before you reach the selected age.
Waiting period	This is the amount of time you have to be disabled before you can qualify for any disability benefits. You select your waiting period based on how long you can wait before you need a benefit to be paid.

How does the waiting period work?

There are some important aspects of the waiting period which you should understand:

- You need to be totally disabled for at least 14 days out of the first 19 consecutive days of the waiting period.
- You can return to work at full capacity for up to 5 consecutive days during the waiting period without having to start the waiting period again. The days you work are added to the end of the waiting period. (If your waiting period is more than 1 month, you can return to work for up to 10 days).
- You can select the waiting period that best suits you.

The waiting period starts:

- when you first consult a medical practitioner about the condition that is causing total disability or
- when you first stop working due to that condition (as long as you consult a medical practitioner within 7 days and provide reasonable medical evidence about when the condition began).

Are there different rules for some occupations?

If your Occupation Group is 'S', 'K', 'J' or 'P' and you take out Income Care Plus and/or Business Overheads Cover, you do not have to be totally disabled in the waiting period to qualify for a disability benefit. Provided you are partially disabled for 14 out of the first 19 consecutive days of the waiting period and you otherwise satisfy the waiting period, you will be eligible to receive a disability benefit.

Income Care – basic income protection cover

Income protection is insurance that covers your ability to earn an income. If, due to sickness or injury, you can't work at all, you will be paid a Total Disability Benefit. If you can work, but only in a reduced capacity, you will be paid a Partial Disability Benefit. These valuable benefits, and some additional benefits, form the basis of the Income Care policy.

What is provided under Income Care?

- Total Disability Benefit
- Partial Disability Benefit
- Recurrent Disability
- Waiver of Premium
- Waiver of premium if unemployed
- Medical Professionals Benefit
- Guaranteed Insurability
- Extended Cover
- Cover While Unemployed or On Leave
- Indexation
- Reward Cover Benefit
- Rehabilitation Benefit

How Income Care can work for you is explained below.

When is a Total Disability Benefit payable?

The Total Disability Benefit is paid to you if you are totally disabled for longer than the waiting period. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your cover expiry date.

Total disability means that because of sickness or injury, you are:

- unable to perform at least one income producing duty of your occupation and
- following the advice of a medical practitioner and
- not working.

The Total Disability Benefit we pay is the sum of the monthly benefit and any super continuance monthly benefit. For example, if you become entitled to a Total Disability Benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

What else you should know

- If you are categorised as belonging to our heavy risk occupation group, and you have selected a 5 year benefit period, after 2 years of total disability, total disability will mean that due to sickness or injury you are:
 - i) unable to perform any occupation for which you are reasonably suited by education, training or experience
 - ii) you are following the advice of a medical practitioner and
 - iii) are not working.
- Certain conditions apply if you are unemployed or on leave at the time of total disability. See page 11 'Cover while unemployed or on leave'.

When is a Partial Disability Benefit payable?

- If you are partially disabled after the waiting period has ended, some of the Total Disability Benefit will be paid, based on the reduction in your income. This is the Partial Disability Benefit. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your cover expiry date.

Partial disability means that, due to sickness or injury, you are unable to work in your own occupation at full capacity and:

- you are working in your own occupation in a reduced capacity, or working in another occupation and
- your monthly income is less than your Pre-Disability Income and
- you are following the advice of a medical practitioner.

We calculate the Partial Disability Benefit in accordance with the following formula:

$$\frac{(A - B) \times (\text{Monthly Benefit} + \text{any Super Continuance Monthly Benefit})}{A}$$

where 'A' is your pre-disability income and 'B' is your monthly income for the month for which Partial Disability is claimed.

For example, if you suffer a partial disability which results in your pre-disability income decreasing from \$4,000 to \$2,000 per month and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will calculate the Partial Disability Benefit to which you may be entitled as follows:

$$\frac{(\$4,000 - \$2,000) \times (\$3,000 + \$360)}{4,000} = \$1,680$$

What else you should know

- If you are categorised as belonging to our heavy risk occupation group, the maximum payment period for Partial Disability Benefits is 2 years.
- Certain conditions apply if you are unemployed or on leave at the time of partial disability. See page 11 'Cover while unemployed or on leave'.

What if I can work part-time when the waiting period ends?

If you have been totally disabled throughout the waiting period and then return to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to 3 months from the end of the waiting period if you are earning 20% or less of your pre-disability income.

Recurrent Disability Benefit

You won't have to go through the waiting period again if you suffer a recurrence of the same, or a related sickness or injury which results in total or partial disability within 12 months of returning to work on a full-time basis after receiving Total or Partial Disability Benefits or, if you select Income Care Plus, Specific Injuries or Crisis Benefits. The recurrence of your sickness or injury will be treated as a continuation of the original claim. If your benefit period is 2 or 5 years, this feature will only apply for recurrences within 6 months from the date you were last on claim.

Waiver of premium while on claim

You don't have to pay any premiums which fall due while a Total or Partial Disability Benefit is payable or, if you select Income Care Plus, a Specific Injuries or Crisis Benefit is payable. You must continue to pay premiums throughout the waiting period, however, if your waiting period is 3 months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

Medical Professionals Benefit

If you are a medical professional, this benefit provides a lump sum if, as a result of you contracting HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C:

- the medical association which authorises you to practise your profession prohibits you from continuing to perform or assist in exposure prone medical procedures that could expose a patient to the infection from which you suffer and
- you cease to perform or assist in exposure prone medical procedures.

The lump sum benefit we will pay you is the lesser of:

- 6 times the total of your monthly benefit and any super continuance monthly benefit
- \$100,000.

In no event will we pay you a benefit less than \$10,000.

To illustrate, if you become entitled to the Medical Professionals Benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the lump sum benefit we will pay you is \$20,160 (i.e. 6 x (\$3,000+\$360)) as this is less than \$100,000.

What else you should know

- This benefit is only available to occupations classified as medical (occupation group 'K') who are:
 - i) performing or assisting in exposure prone procedures monthly on average or more frequently
 - ii) have made reasonable efforts to comply with relevant and readily available current State and Commonwealth Departmental guidelines dealing with infection of health care workers.

Eligibility for this benefit continues for as long as your occupation continues to fall within Occupation Group 'K'.

- This benefit can only be paid once, but can be paid in addition to other benefits payable under the policy.

This benefit will not be payable if, before you contract HIV, Hepatitis B or Hepatitis C, the Australian Government or relevant government body has approved a medical treatment which if applied to you:

- would be likely to make it improbable that the relevant infection could be transmitted to patients for whom you perform or assist in medical procedures and
- would allow the medical association or body which authorises or licenses you to practise your Occupation Group 'K' profession to revoke its prohibition on you performing or assisting in exposure prone medical procedures.

Extended Cover

Under Extended Cover, we will extend your Total Disability cover beyond your cover expiry date of age 65 and up until the policy anniversary date prior to your 70th birthday. If cover is extended, it will be based on the following conditions:

- the waiting period will be the greater of 1 month and the waiting period which applied as at your cover expiry date
- the benefit period will be 1 year
- any benefit payable will be determined on an indemnity basis
- the maximum monthly benefit we will pay is \$25,000.

What else you should know

- Extended cover is only available to the following occupation groups: 'C', 'G', 'P', 'J', 'K', 'S'.
- Cover will only be extended if your cover expiry date is to age 65 and you are not entitled to receive a benefit for the month before your cover expiry date.
- If you select the Total and Temporary Disability (TTD) Cover Option you are not eligible for extended cover.
- If you have selected the Premium Saver Option, the option will cease on the policy anniversary date prior to your 65th birthday and the premium discount on your policy will not apply during the Extended Cover period.
- Only a Total Disability benefit and, if applicable, Reward Cover Benefit will be payable on account of the Extended Cover. No other benefits will be payable.
- If you select the Level Premium Rate option, the Stepped Premium Rate option will apply once cover is extended beyond the cover expiry date.

Guaranteed Insurability

Within the first 3 years of your cover commencing and before you reach age 55, you can increase your monthly benefit (and any super continuance monthly benefit) by up to 10% without any further evidence of health.

You can only apply for an increase under this feature once and the increase you apply for must be in line with an increase in your monthly income.

To increase your cover, you must apply in writing and proof to our satisfaction must be provided of your income over the previous 2 years.

What else you should know

- You must apply for an increase within 30 days of the policy anniversary date. The increase will take effect from the next premium due date after we accept the increase in cover.
- No benefit will be payable on account of the increased cover if, at the time you apply for it, a benefit is payable.

Cover while unemployed or on leave

Cover will continue if you become unemployed or go on maternity, paternity or long service leave, as long as you continue to pay premiums. However, if you have been unemployed or on leave for 12 months or more immediately preceding a claim, the definitions of total and partial disability which you will need to satisfy will change to take into account the fact that you have not been at work. If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, the maximum benefit we will pay is 60% of your monthly benefit.

Waiver of premiums if you are unemployed

If you become involuntarily unemployed prior to turning age 65, we will waive your premium for up to 3 months over the duration of your policy.

To be eligible for this benefit, you must notify us and register with a Government approved unemployment agency within 30 days of first becoming involuntarily unemployed.

What else you should know

- You do not need to be receiving unemployment benefits from the Government to qualify for this benefit.
- The waiver of premium will not apply if, immediately before becoming involuntarily unemployed, you were self-employed.
- For the waiver to apply, your policy must have been in force for a continuous period of 6 months before you became involuntarily unemployed.
- Your premium will be waived for a maximum of 3 months during the life of the policy.

Indexation keeps your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits under this policy.

Reward Cover Benefit provides an incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your cover with us for 3 years or more. After your cover has been in place for 3 years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following 5 anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before your cover ends.

If, at the time of your accidental death, you also have a Total Care Plan or a Life Protection policy, we will double the amount paid under the Reward Cover Benefit.

Specific exclusions apply to the Reward Cover Benefit. A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

Rehabilitation Benefit

A Rehabilitation Benefit is payable if you are totally disabled while you participate in a rehabilitation program approved by us. The benefit we will pay is 50% of the monthly benefit (and any super continuance monthly benefit). For example, if you become entitled to the benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay \$1,680 (i.e. 50% x (\$3,000 + \$360)).

The benefit will be paid for up to 12 months, in addition to any other benefit payable. The benefit starts to accrue as soon as you begin the program and is paid monthly in arrears.

An approved rehabilitation program is one approved by us. This excludes programs providing hospital treatment or ancillary health benefits (as defined in the National Health Act 1953) as that legislation prevents us paying a benefit for these programs.

How can I tailor my Income Care cover?

You can tailor your Income Care cover further by selecting from the following options:

- Total and Permanent Disability (TPD) Cover Option
- Total and Temporary Disability (TTD) Cover Option
- Increasing Claim Option
- Accident Option
- Super Continuance Option
- Cash Back Option
- Premium Saver Option.

How these options can work for you is explained below.

Total and Permanent Disability (TPD) Cover Option

The TPD Cover Option provides you with greater choice in the event of your total and permanent disability.

Under the TPD Cover Option, if before the cover expiry date you suffer a Total and Permanent Disability (TPD), you can choose to receive a tax free lump sum benefit instead of the monthly benefit you would have received for your disability. If we pay you a lump sum benefit under this option, no other benefit will be payable on account of your cover and your cover will end.

If you choose to receive a lump sum benefit, it will be treated as a tax free payment, unlike a monthly benefit which is treated as income and taxable for income tax purposes (see 'Taxation' on page 40).

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

- \$2,500,000
- an amount equal to 'A' times the **Annualised Monthly Benefit**, where:

Annualised Monthly Benefit is 12 times the total of your monthly benefit and any super continuance monthly benefit, increased with indexation but as reduced by any benefit offsets which would have applied to your monthly benefit had you not chosen to receive a lump sum benefit.

'A' is:

- 15, if your age next birthday is less than 40 years
- 13, if your age next birthday is between the ages of 40 and 44 inclusive
- 11, if your age next birthday is between the ages of 45 and 49 inclusive
- 9, if your age next birthday is between the ages of 50 and 55 inclusive
- 65 minus your age next birthday when the lump sum benefit becomes payable, if your age next birthday is 56 or more

when the lump sum benefit becomes payable.

If the lesser of the above amounts is a nil or negative amount, no lump sum benefit is payable.

To illustrate, if:

- at age 42 you become TPD, become entitled to the TPD Cover benefit and choose to receive that benefit and
- your Annualised Monthly Benefit is \$40,320

the lump sum TPD Cover benefit we will pay is \$524,160 (i.e. 13 x \$40,320), as this is less than the maximum of \$2,500,000.

For the purpose of this option, the following TPD definition will apply:

Total & Permanent Disablement means you:

- have been absent from active employment as a result of Sickness or Injury for a period of 6 consecutive months and
- at the end of the 6 months you continue to be incapacitated to such an extent that you will be unlikely to engage in your own occupation ever again and
- are under the regular treatment, and following the advice, of a medical practitioner

or

- have suffered Loss of Limbs or Sight (as defined on page 48).

Despite the above, if you have been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes your Total & Permanent Disablement, then Total & Permanent Disablement means you:

- have been through Sickness or Injury unable to perform domestic duties or child rearing and have been confined to the home for a period of 6 consecutive months and
- are under the regular treatment, and following the advice of, a medical practitioner and
- continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and
- will be so disabled for life

or

- have suffered Loss of Limbs or Sight (as defined on page 48).

What else you should know

- If you select this option, you cannot select the TTD Cover Option, the Cash Back Option or the Premium Saver Option.
- This option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- You cannot choose to receive your benefit as a lump sum if, in our opinion, the sickness or injury that causes your TPD will lead to your death within 12 months.
- This option is only available if you select a benefit period to age 65.

Total and Temporary Disability (TTD) Cover Option

The TTD Cover Option provides you with a premium discount but prevents you from claiming benefits in the event you become TPD (as defined on page 12).

This means that if you become TPD you will not be eligible for any benefits under the policy and your cover under the policy will end.

What else should you know

- If you select this option, you cannot select the TPD Cover Option, Cash Back Option or Premium Saver Option.
- If you select this option, the Extended Cover feature will not apply.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- This option is only available if you select a benefit period to age 65.

Increasing Claim Option – keeping benefits in line with inflation

The Increasing Claim Option is designed to help offset the impact of inflation. Once you have received Total or Partial Disability Benefits for more than 12 months, we will increase the monthly benefit by the indexation factor (up to 7.5%) every 12 months for as long as you continue to receive the benefits.

What else you should know

This option is not available to heavy risk occupations and does not apply under Extended Cover.

Accident Option – allows payments to start during the waiting period

If you are totally disabled due to an injury for 3 days in a row during the waiting period, you will be paid a benefit under the Accident Option. The benefit is 1/30th of the monthly benefit for each day that you are totally disabled and, in the case of Income Care Plus, not eligible for any Specific Injuries Benefit, Crisis Benefit or Bed Confinement Benefit. That is, if you become entitled to this benefit and your monthly benefit is \$3,000, we will pay you \$100 a day (i.e. 1/30th of \$3,000).

The benefit will continue for as long as you are totally disabled, up until the waiting period ends. If you are still totally disabled, your normal monthly benefit will then be paid.

What else you should know

- This option is only available if you select a 14 day or 1 month waiting period.
- This option is not available to heavy risk occupations.

Super Continuance Option

The Super Continuance Option allows you to also insure your regular superannuation contributions, so that your super will continue to accumulate during periods of total and partial disability.

The super continuance monthly benefit is the amount that we will pay as a personal contribution in your name to your nominated superannuation plan during periods of disability. You can insure 100% of superannuation contributions made by you or your employer in the 12 months preceding the application, to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in income for the purpose of determining the monthly benefit.

When we determine your total cover, we combine any super continuance monthly benefit you apply for with the monthly benefit amount. The maximum is generally \$25,000.

Any time you receive a Total or Partial Disability Benefit, the super continuance monthly benefit, or a proportion of that benefit, will be paid directly to your nominated superannuation plan. The amount we will pay is the lesser of the insured amount and the actual average monthly contributions made by you or your employer in the 12 months prior to claim. For example, if the super continuance monthly benefit for which you are insured is \$360 but the average monthly contributions made by you or your employer in the 12 months before you became entitled to a Total Disability Benefit was \$300, we will only pay a super continuance monthly benefit of \$300 and not the \$360 for which you were insured.

If the Increasing Claim Option applies, we will also increase the super continuance monthly benefit.

Cash Back Option

The Cash Back Option entitles you to a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for 3 years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long you keep your policy for. If you cancel your policy after 3 years, you will receive a refund of 13% of premiums, increasing each year until the maximum refund of 20% (after the policy continues for 10 years or more) is reached.

For example, if over 12 years you pay total premiums of \$22,000 and you then become entitled to a refund under the Cash Back Option, you will receive a refund of \$4,400 (i.e. 20% of \$22,000).

What else you should know

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- This option cannot be selected if you select the Premium Saver Option, TTD Cover Option or the TPD Cover Option.
- No interest is payable on a refund.

Premium Saver Option – Reducing the cost of cover

The Premium Saver Option provides a premium discount in return for certain restrictions on the cover provided.

If you make a claim for a benefit due to mental illness, we will only ever make up to 24 monthly benefit payments in total for that sickness over the life of the policy. Once those 24 payments are made, no further benefits will be payable for that mental illness or any other mental illness which is directly or indirectly caused by, or related to, that mental illness.

For the purpose of this option:

- benefit payments mean Total and/or Partial Disability Benefits or, in the case of Income Care Plus, the Crisis Benefit and may be for one or more periods of disability or for one or more claims and
- mental illness means any disorder classified in Axis I of the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (APA) or such successor or replacement publication (or, if none, such comparable publication selected by us) current at the time the disability or condition, to which the relevant claim relates, first became apparent and
 - includes, but is not limited to, mood and anxiety disorders, depressive illness, eating disorders and disorders related to substance abuse or dependency, but
 - despite the above, excludes Alzheimer's disease and dementia, as well as any illness or disorders caused by head injuries (except where the dementia or head injury is related to any substance abuse or dependency).

What else you should know

- If you have selected a benefit period to age 60 or age 65, and you have not selected the Cash Back Option, TPD Cover Option or TTD Cover Option, you can apply for the Premium Saver Option.
- The Premium Saver Option must be taken out when you first apply for cover and, if taken out, cannot be cancelled.
- The Premium Saver Option is not available with a 1 or 2 year waiting period.

What are the limitations and benefit offsets?

You need to be aware of the following limitations which will affect the cover provided by Income Care.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including multiple pregnancy, post natal depression, threatened miscarriage, participation in an IVF or similar program and conditions commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first 6 months of your policy or within 6 months of reinstatement, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.

Your benefits may be reduced if you receive other disability payments which exceed 10% of your pre-disability income:

- as a result of a workers compensation or motor accident claim, or any claim under similar State or Federal legislation or
- from any other insurance that provides income payments due to sickness or injury, unless we have expressly agreed not to apply a reduction.

Any lump sum payment you receive will, for the purpose of the reduction, be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum.

The reduction in your benefits will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment, exceeds the greater of either 75% of your Pre-Disability Income or the total of the monthly benefit and any super continuance monthly benefit
- a Partial Disability Benefit, when combined with your monthly income and any other payment, exceeds 100% of your pre-disability income.

A reduction will not be made to your benefits if the other payment received is:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy
- a sick, long service or annual leave payment.

If your benefits are reduced, part of the premium you paid us in the last 12 months will be refunded in proportion to the reduction of the benefit.

Income Care Plus – income protection cover with extras

In addition to the valuable benefits and options provided by Income Care, Income Care Plus offers a comprehensive list of benefits.

The same limitations and benefit offsets that apply to Income Care also apply to Income Care Plus, see page 14.

In most cases, we restrict the payment of benefits under Income Care Plus to one at a time. Generally, we will pay you the most generous of the benefits.

If you are categorised as belonging to our heavy risk occupation group, you are not eligible to apply for Income Care Plus.

What additional benefits are provided under Income Care Plus?

- Rehabilitation Expenses Benefit
- Accommodation Benefit
- Family Support Benefit
- Home Care Benefit
- Bed Confinement Benefit
- Transportation Benefit
- Overseas Assist Benefit
- Specific Injuries Benefit
- Crisis Benefit
- Death Benefit

How these additional benefits can work for you is explained below.

Rehabilitation Expenses Benefit

If you are totally disabled, we will reimburse the expenses of participation in an approved rehabilitation program, or the expenses of working or attempting to return to work. Some examples of expenses covered under the Rehabilitation Expenses Benefit are the cost of travelling to attend a program or the cost of structural changes to your home or office.

This benefit pays up to 6 times the monthly benefit (and any super continuance monthly benefit). If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$20,160 (i.e. 6 x \$3,360). However, if the rehabilitation expenses incurred are \$10,000, we will only pay \$10,000 on account of the benefit, as that is less than \$20,160.

We must approve the expense before it is incurred. We will not pay you amounts for which you have already been reimbursed.

Accommodation Benefit

If you are totally disabled and confined to bed, and on medical advice you stay more than 100 kilometres from home or travel to a place more than 100 kilometres from home, you will be eligible to receive \$250 a day to help cover the costs of accommodating an immediate family member (i.e. your spouse, de facto spouse, parent, parent-in-law or child) who has to be away from home to be near you. This benefit is payable for up to 30 days in any 12 month period.

Family Support Benefit

If, due to total disability, you are totally dependent on an immediate family member for essential everyday home care needs to enable you to live at home (excluding nursing or similar services), and this causes a reduction in the family member's income, we will pay a benefit to you to subsidise their income. We will pay the lesser of the reduction in income or 50% of the monthly benefit (and any super continuance monthly benefit), for up to 3 months, starting from the end of the waiting period.

If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$1,680 (i.e. 50% x \$3,360). However, if the reduction in the family member's income is \$1,000, we will only pay \$1,000 on account of the benefit as that is less than \$1,680.

Home Care Benefit

If you are still totally disabled after the waiting period, are confined to or near a bed (other than in a hospital or similar institution) and are totally dependent upon a paid professional housekeeper for essential everyday home care needs (excluding nursing and similar services), we will pay the lesser of \$150 a day or 100% of the monthly benefit (and any super continuance monthly benefit) to you for up to 6 months to help cover the cost, provided you continue to qualify for the benefit and are not receiving the Family Support Benefit or Accommodation Benefit.

Bed Confinement Benefit

If you are totally disabled and confined continuously to bed for at least 3 days during the waiting period and a medical practitioner certifies that the continuous care of a registered nurse is required, we will pay 1/30th of the monthly benefit (and any super continuance monthly benefit) for each day (including the first 3 days) you continue to qualify for the benefit. This benefit is payable for up to a maximum of 90 days or till the end of the waiting period, if shorter.

For example, if you become entitled to this benefit and your monthly benefit is \$3,000 and you have no super continuance monthly benefit, we will pay you \$100 a day (i.e. 1/30th of \$3,000).

Transportation Benefit

If, as the result of a condition that causes your total disability, you must be transported to a hospital within Australia in an emergency, we will pay you \$200 towards transportation expenses.

Overseas Assist Benefit

If you are totally disabled for at least a month while outside Australia and decide to return to Australia because of continuing total disability, we will reimburse your return economy airfare to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere. The maximum amount payable is 3 times the monthly benefit (and any super continuance monthly benefit). If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$10,080 (i.e. 3 x \$3,360). However, if your return economy airfare to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere is \$5,000, we will only pay \$5,000 on account of the benefit as that is less than \$10,080.

Specific Injuries Benefit

If, as a result of an injury, you suffer one of the events in the table below, we will pay the monthly benefit (and any super continuance monthly benefit) each month up to the payment period shown below, whether you are capable of returning to work or not. Benefits begin from the date of the injury. If you are totally or partially disabled at the end of the payment period, then a Total or Partial Disability Benefit may be payable. This benefit only applies if you have a waiting period of 3 months or less.

Covered specific events	Payment period
Paraplegia Quadriplegia	60 months* * If your benefit period is 2 years, the maximum payment period is 24 months.
Total and permanent loss of use of:	
Both hands or both feet or sight in both eyes	24 months
One hand and one foot	24 months
One hand and sight in one eye	24 months
One foot and sight in one eye	24 months
One arm or one leg	18 months
One hand or one foot or sight in one eye	12 months
Thumb and index finger from the same hand	6 months
Fracture requiring a plaster cast or other immobilising device of the following bones:	
Thigh (shaft)	3 months
Pelvis (except coccyx)	3 months
Skull (except bones of the face or nose)	2 months
Arm, between elbow and shoulder (shaft)	2 months
Shoulder blade	2 months
Leg (above the foot)	2 months
Kneecap	2 months
Elbow	2 months
Collarbone	1.5 months
Forearm, between wrist and elbow (shaft)	1.5 months

For example, if you become entitled to this benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

What else you should know

- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- If one injury causes more than one listed event, we will only pay for the event with the longest payment period.
- You cannot claim a Crisis Benefit at the same time as a Specific Injuries Benefit (you will only be paid for the one with the longest payment period).

Crisis Benefit

If you suffer one of the specified medical conditions listed below, we will pay the monthly benefit (and any super continuance monthly benefit) for up to 6 months, whether or not you are capable of returning to work. So, for example, if you become entitled to this benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-pass Surgery
- Replacement of a Heart Valve
- Surgery for Disease of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Body Organ Disorders

- Cancer
- Chronic Kidney Failure
- Major Organ Transplant
- Severe Burns

Nervous System Disorders

- Stroke
- Major Head Trauma
- Multiple Sclerosis
- Hemiplegia
- Diplegia

Other Events

- Loss of Independent Existence

Each of these conditions has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained on pages 44 to 48.

This benefit will be paid from the date the condition occurs, but only applies if you select a waiting period of 3 months or less.

If you are totally or partially disabled at the end of the 6 month period, then a Total or Partial Disability Benefit may be paid.

What else you should know

- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- You can only claim a Crisis Benefit once in any 12 month period.
- You cannot claim a Specific Injuries Benefit at the same time as a Crisis Benefit (you will only be paid for the one with the longest payment period).

Death Benefit

If you die while entitled to a Total or Partial Disability Benefit, Crisis Benefit or Specific Injuries Benefit, 3 times the monthly benefit (and any super continuance monthly benefit) will be paid as a Death Benefit to help meet any expenses at the time. For example, if this benefit becomes payable and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$10,080 (i.e. 3 x \$3,360).

Business Overheads Cover – cover for business expenses

Business Overheads Cover can be taken as a stand-alone policy. It can also be taken in conjunction with Income Care or Income Care Plus, in which case a discount of 10% applies to the premiums for Business Overheads Cover.

You may be eligible for this cover if you are self-employed with special skills or expertise and do not work at home. You may also be eligible if you are an income-generating member of a small business where there are no more than 5 income-generating employees.

What is provided under Business Overheads Cover?

- Business Overheads Cover Benefit
- Waiver of Premium
- Indexation
- Reward Cover Benefit

How Business Overheads Cover can work for you is explained below.

When is a Business Overheads Cover benefit payable?

For each month you are totally disabled beyond the waiting period, we will cover your usual, regular, fixed operating expenses incurred in the month, up to the amount you have insured, i.e. the Business Overheads Cover monthly benefit. For example, if your usual, regular, fixed operating expenses during the month are \$2,000 and you have insured yourself for \$3,000 a month, we will only pay you the \$2,000 in expenses you incurred in the event you become entitled to a benefit for that month.

Totally disabled means that because of sickness or injury, you are:

- unable to perform at least one income producing duty of your occupation and
- following the advice of a medical practitioner and
- not working for more than 10 hours per week. (You will be considered to be working irrespective of whether income is generated or the work is carried out in the context of the business.)

The benefit will be payable after the waiting period has ended and will continue while you remain totally disabled. The maximum payment is 12 times the Business Overheads Cover monthly benefit either for any one continuous period of total disability or for any one sickness or injury.

What else you should know

- If the ownership of the business changes, we may vary the amount of the Business Overheads Cover monthly benefit in a way that reflects those changes.
- Some business expenses are not covered.

Covered business expenses

The business expenses covered are the regular fixed operating expenses of running a business including: principal and interest loan repayments for the purposes of the business, business insurance premiums, rent, property rates, leasing costs, accounting fees, contracted advertising, audit fees, bank fees and charges, business vehicle registration and insurance, equipment hire, gas, professional membership fees, postage, printing, professional subscriptions, contracted repairs and maintenance, contracted security costs, stationery and utility charges.

You may have to hire a locum to take over the day to day operations of your business. Depending on your occupation, you may be eligible to include the cost of a locum as a covered business expense.

Waiver of premium while on claim

You don't have to pay any premiums which fall due while a Business Overheads Cover benefit is payable. You must continue to pay premiums throughout the waiting period, however, if your waiting period is 3 months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

Indexation keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits.

Reward Cover Benefit provides an incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your cover with us for 3 years or more. After your cover has been in place for 3 years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following 5 anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before your cover ends.

If, at the time of your accidental death, you also have a Total Care Plan policy, we will double the benefit paid under the Reward Cover Benefit.

Specific exclusions apply to the Reward Cover Benefit. A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

Where you are covered under both Business Overheads Cover and Income Care/Income Care Plus, the Reward Cover Benefit will apply in respect of each.

Options available to Business Overheads Cover

You can tailor your Business Overheads Cover by selecting the Cash Back Option.

Cash Back Option

The Cash Back Option entitles you to a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for 3 years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long you keep your policy for. If you cancel your policy after 3 years, you will receive a refund of 13% of premiums, increasing each year until the maximum refund of 20% (after the policy continues for 10 years or more) is reached. For example, if over 12 years you pay total premiums of \$22,000 and you then become entitled to a refund under the Cash Back Option, you will receive a refund of \$4,400 (i.e. 20% of \$22,000).

What else you should know

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- No interest is payable on a refund.

What are the limitations and benefit offsets?

You need to be aware of the following limitations which will affect the cover provided by Business Overheads Cover.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including multiple pregnancy, post natal depression, threatened miscarriage, participation in an IVF or similar program and conditions commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.

- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first 6 months of your policy, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.
- We may reduce the Business Overheads Cover benefit by:
 - your portion of the business income earned while you are totally disabled
 - the income generated by any employee(s), hired after you become totally disabled, to perform the work normally performed by youor
 - any payments from other business expenses insurance, but we will only make this reduction to the extent the total insurance payments would be more than your covered business expenses.

Section 2

Total Care Plan

Summary

Cover	
Life Care	Pays a lump sum in the event of your death or terminal illness. This cover is also known as term insurance. See page 23.
TPD Cover	TPD Cover is an abbreviation for Total & Permanent Disability Cover. Pays a lump sum if you become totally and permanently disabled. See page 27.
Trauma Cover	Pays a lump sum on the occurrence of specified medical conditions. See page 29.

Cover while your application is being considered	
Interim Accident Cover	Covers you for accidents while we are processing your application. See page 51.

Eligibility	
Age	The eligibility age depends on the type of Premium Rate option selected.
Stepped Premium Rate Option	Life Care – available to people between the ages of 17 and 69 inclusive. TPD Cover – available to people between the ages of 17 and 59 inclusive. Trauma Cover – available to people between the ages of 17 and 62 inclusive.
Level Premium Rate Option	Life Care, TPD Cover and Trauma Cover – available to people between the ages of 17 and 54 inclusive.
Work Status	To apply for TPD Cover you must work at least 25 hours per week.

Benefits under Total Care Plan	
Life Care	Pays a lump sum on your death. See page 23.
Terminal Illness Benefit	Advances the Life Care benefit if you are terminally ill. See page 23.
Life Care Severe Hardship Booster Benefit	Pays a higher Life Care benefit for death or terminal illness due to specific conditions. See page 23.
Financial Planning Benefit	Helps cover the cost of financial planning for loved ones after the Life Care benefit is paid. See page 23.
Life Care Advance Payment Benefit	Advances part of the Life Care benefit to help pay for funeral costs. See page 23.
Life Care Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more Life Care benefit. See page 23.
TPD Cover	Pays a lump sum if you become totally and permanently disabled due to sickness or injury. See page 27.
TPD Cover Severe Hardship Booster Benefit	Pays a higher TPD Cover benefit for TPD due to specific conditions. See page 28.
TPD Cover Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more TPD Cover benefit. See page 29.
Trauma Cover	Pays a lump sum if a specified medical condition occurs. See page 29.
Trauma Cover Severe Hardship Booster Benefit	Pays a higher Trauma Cover benefit for certain medical conditions. See page 30.
Trauma Cover Advance Payment Benefit	Advances part of the Trauma Cover benefit for certain medical conditions. See page 31.
Trauma Cover Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more Trauma Cover benefit. See page 31.

Features of Total Care Plan	
Buy Back	Allows Life Care to be reinstated after 12 months if it is reduced due to a TPD Cover or Trauma Cover claim. See pages 28 and 31.
Indexation	Increases your cover each year in line with inflation. See pages 23, 28 and 31.

Optional extras to Total Care Plan

Guaranteed Insurability Option (Personal Events)	Allows you to increase Life Care and, if applicable, Trauma Cover without further health evidence on the occurrence of specific personal events. See page 24.
Guaranteed Insurability Option (Business Events)	Allows you to increase Life Care and, if applicable, TPD Cover and Trauma Cover without further health evidence on the occurrence of specific business events. See page 24.
Business Safe Cover Option	On the occurrence of a specific business event, this option allows you to increase your cover by up to 3 times the amount of your Life Care and, if applicable, TPD Cover without providing further health evidence. See page 25.
Accidental Death Cover Option	Allows you to top up Life Care with accident cover at low cost. See page 26.
Plan Protection Option	You will not have to pay premiums if you are totally disabled. See page 26.
Evidence of Severity Option	A premium discount in return for some restrictions to Trauma Cover. See page 31.
Child Cover Option	Pays a lump sum if your child dies or suffers from a specific medical condition. See page 32.

Available cover combinations

	<ul style="list-style-type: none"> Life Care Life Care and TPD Cover Life Care, TPD Cover and Trauma Cover Life Care and Trauma Cover Trauma Cover
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Limits

Expiry age	<p>Life Care – policy anniversary date before your 99th birthday.</p> <p>TPD Cover – policy anniversary date before your 80th birthday.</p> <p>Trauma Cover – policy anniversary date before your 80th birthday.</p> <p>Where Trauma Cover applies on or after the policy anniversary date before your 70th birthday, only Loss of Independent Existence is covered.</p> <p>Where TPD Cover applies on or after the policy anniversary date before your 65th birthday, only Loss of Independent Existence is covered.</p>
Maximum cover	<p>Life Care – no limit</p> <p>TPD Cover – \$2,500,000</p> <p>Trauma Cover – \$2,000,000</p>

Life Care

Life Care provides a lump sum payment on death. The lump sum paid is the amount for which you are insured. It also provides some other benefits which are designed to assist your family at a difficult time.

What is provided under Life Care?

- Life Care (death cover)
- Terminal Illness Benefit
- Life Care Severe Hardship Booster Benefit
- Financial Planning Benefit
- Life Care Advance Payment Benefit
- Indexation
- Life Care Loyalty Bonus Benefit

How Life Care can work for you is explained below.

When is a Life Care benefit payable?

Life Care is death cover, which pays a lump sum in the event of your death.

What else you should know

- The Life Care benefit is not payable if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover (but only in relation to the increased amount).
- The Life Care benefit ceases on the policy anniversary date before your 99th birthday.

When is a Terminal Illness Benefit payable?

The Terminal Illness Benefit is an advance of the Life Care benefit, allowing you to access the benefit upon being diagnosed with a terminal illness. Medical evidence satisfactory to us must confirm that you have less than 12 months to live for this benefit to be paid.

What else you should know

- If this benefit is payable, your Life Care, Trauma and TPD Cover will be reduced by the total benefit payable.
- The maximum benefit that may be advanced is \$2,000,000.
- This benefit will not be payable after the Life Care benefit ceases.

Life Care Severe Hardship Booster benefit

If your death or terminal illness is due to Meningococcal Disease, Legionnaires' Disease or Motor Neurone Disease and we pay a Life Care or Terminal Illness Benefit, we will increase the amount of the benefit paid to you by 100%.

For example, if your Life Care benefit is \$200,000 and you are entitled to this booster benefit on your death, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000.

What else you should know

- The boosted Life Care benefit is limited to a maximum of \$250,000.
- The Life Care Severe Hardship Booster Benefit will only apply to either terminal illness or death – the benefit will not be boosted twice.

Financial Planning Benefit

If we pay the Life Care benefit, we will reimburse the recipients of that benefit up to a maximum of \$2,500, for the cost of approved financial planning advice obtained from an accredited adviser within 12 months.

Life Care Advance Payment Benefit

On production of a death certificate, this benefit provides a cash advance of up to \$20,000 of the Life Care benefit to assist with the cost of a funeral or other similar expenses. The Life Care benefit is reduced by the amount advanced.

What else you should know

- Payment of this benefit is not an admission of our liability to pay the Life Care benefit.
- This benefit will not be payable if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover.

Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

Life Care Loyalty Bonus Benefit provides an incentive to keep cover in place

We will reward you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, if the Life Care or Terminal Illness Benefit is payable it will automatically be increased by 5%. For example, if your Life Care benefit is \$200,000 and you are entitled to this bonus benefit on your death, we will pay you a benefit of \$210,000 instead of a benefit of \$200,000.

Options available on Life Care

You can tailor your Life Care further by selecting any of the following options:

- Guaranteed Insurability Option (Personal Events)
- Guaranteed Insurability Option (Business Events)
- Business Safe Cover Option
- Accidental Death Cover Option
- Plan Protection Option
- Nomination of Beneficiaries
- Child Cover Option (see page 32)

How these options can work for you is explained below.

Guaranteed Insurability Option (Personal Events)

To help you keep your insurance in line with your changing personal circumstances, this option allows you to increase your Life Care cover and, if applicable, your Trauma Cover at a later point in time when you need it, without having to provide any further medical information.

Up to the policy anniversary date before your 46th birthday, you can increase your Life Care and, if applicable, Trauma Cover up to 5 times following certain events.

In the event of:

- your marriage
- the birth or adoption of a child
- your child commencing secondary school or
- your divorce

your Life Care and, if applicable, Trauma Cover can be increased by up to 25%. The maximum increase is \$200,000 per event.

In the event that you mortgage a home or increase a home mortgage, the increase you can make to your Life Care and, if applicable, Trauma Cover is limited to the lesser of the following:

- 50% of the Life Care benefit and, if applicable, 25% of your Trauma Cover
- the value of the new mortgage
- the value of the latest increase to an existing mortgage and
- \$200,000.

In the event that you change employment and, as a result of the change in employment, your annual income increases by more than \$10,000 within 30 days of the change, the increase you can make to your Life Care and, if applicable, Trauma Cover is limited to the lesser of the following:

- 25% of the benefit
- 10 times the increase in your income and

- \$200,000.

You cannot increase your cover under this option if you remain in self-employment or if your change in employment involves a move to self-employment.

What else you should know

- You can only exercise a right to increase your cover by writing to us within 30 days before or after the relevant event, and you must provide proof to our satisfaction of the event.
- The increase in cover will take effect from your next premium due date after we accept the increase in cover.
- A Trauma Cover benefit can only be increased once every 12 months under this option.
- The total increases made to Trauma Cover under this option cannot exceed the amount of Trauma Cover which applied when it was taken out.
- This option is not available with stand-alone Trauma Cover.
- If you select this option, you cannot select the Guaranteed Insurability Option (Business Events) or the Business Safe Cover Option.
- The Trauma Cover benefit cannot be increased under this option if the benefit exceeds \$2,000,000 or the increase would result in the benefit exceeding \$2,000,000.
- A Trauma Cover benefit cannot be increased under this option if a death, trauma or disablement benefit has been paid or is payable by us for you.

Guaranteed Insurability Option (Business Events)

To help ensure your insurance continues to protect your business interests, you can, without supplying further medical information, increase your Life Care and, if applicable, TPD and Trauma Cover on the occurrence of one of the following business events:

1. Increase in the value of your business ('Business Growth').
2. Increase in the value of a person who is crucial to the operation of your business ('Key Person').
3. Increase in the value of your financial interest in a business, which interest you hold as a shareholder, partner or unit holder and which is the subject of a buy/sell share purchase or business succession agreement ('Financial Interest').
4. Increase in the amount of a business loan ('Business Loan').

The business event for which you can exercise this option will depend on the purpose for which you take out your cover. For example, if you indicate in your application that you are applying to cover a business loan, then you will only be able to exercise this option if there is an increase in the amount of that loan.

The maximum increase you can make to your Life Care benefit and, if applicable, your TPD and Trauma Cover upon the occurrence of the relevant business event is the lesser of the following:

- 20% of the Life Care benefit and, if applicable, the TPD and Trauma Cover benefit
- \$2,000,000 per annum and
- the amount of the increase in respect of the business event.

To increase your cover under this option, evidence of the relevant business event satisfactory to us needs to be provided as follows:

Business event	Evidence required
Business Growth	✓ A revised valuation of the value of the business calculated by a qualified accountant or by a valuer approved by us.
Key Person	✓ A revised valuation of the value of the Key Person to the business calculated by a qualified accountant or by a valuer approved by us.
Financial Interest	✓ A revised valuation of the value of the financial interest in the business calculated by a qualified accountant or by a valuer approved by us.
Business Loan	✓ Loan documentation acceptable to us.

What else you should know

- The maximum period between each increase is 3 years, after which medical underwriting may be requested. However, if the 3 years expire and you subsequently increase your cover with medical underwriting, you can then increase your cover under this option within the next 3 years.
- The maximum age at which this option can be taken out for a life insured is 59 but, if the Level Premium Rate option applies, the maximum age is 54.
- If the maximum of any of Life Care, TPD or Trauma Cover has been reached, then this option no longer applies and any increases will require underwriting.
- The maximum Life Care available before medical underwriting is required is \$10,000,000.
- The maximum TPD Cover available before medical underwriting is required is \$2,500,000.
- The maximum Trauma Cover available before medical underwriting is required is \$2,000,000.
- You can increase your Life Care and, if applicable, your TPD Cover up to the policy anniversary date before your 66th birthday. However, your Trauma Cover can only be increased up to the policy anniversary date before your 50th birthday.

- You must apply for an increase within 30 days of the required valuation being issued or the business loan being increased, as applicable.
- The increase in cover will take effect from your next premium due date after we accept the increase in cover.
- If you have Life Care, TPD and Trauma Cover, you must increase each type of cover in the same proportion subject to the maximum increases as outlined above.
- Your TPD Cover benefit and Trauma Cover benefit cannot exceed your Life Care benefit.
- If you select this option, you cannot select the Guaranteed Insurability Option (Personal Events) or the Business Safe Cover Option.
- This option is not available with stand-alone Trauma Cover.
- A Trauma Cover benefit can only be increased once every 12 months under this option.
- The total increases made to Trauma Cover under this option cannot exceed the amount of Trauma Cover which applied when it was taken out.

Business Safe Cover Option

Should a certain business event occur, this option allows you to increase your Life Care and, if applicable, TPD Cover by up to 3 times, without supplying further medical information. All increases must be made within the first 3 years of your policy.

At the time of assessing your application for the policy, we will underwrite you for 3 times your chosen cover amount, so that when the relevant business event occurs you will be able to increase your Life Care and, if applicable, TPD Cover without having to provide further medical evidence for the increased amount.

The business events to which this option applies are as follows:

1. Increase in the value of your business ('Business Growth').
2. Increase in the value of a person who is crucial to the operation of your business ('Key Person').
3. Increase in the value of your financial interest in a business, which interest you hold as a shareholder, partner or unit holder and which is the subject of a buy/sell share purchase or business succession agreement ('Financial Interest').
4. Increase in the amount of a business loan ('Business Loan').

The business event for which you can exercise this option will depend on the purpose for which you take out your cover. For example, if you indicate in your application that you are applying to cover a business loan, then you will only

be able to exercise this option if there is an increase in the amount of that loan.

The maximum increase you can make to your cover is the actual increase in the amount of the business loan or the increase in the value of the business, the financial interest in the business or the key person, as applicable.

The maximum Life Care benefit you can have before medical underwriting is required is the lesser of the following:

- \$10,000,000
- 3 times the amount of the Life Care benefit as at the date the benefit was issued (plus indexation increases) or
- the amount of the business loan or the value of the business, the financial interest in the business or the key person, as applicable.

The maximum TPD Cover benefit you can have before medical underwriting is required, is the lesser of the following:

- \$2,500,000
- 3 times the amount of the TPD Cover benefit as at the date the benefit was issued (plus indexation increases)
- the amount of the Life Care benefit
- the amount of the business loan or the value of the business, the financial interest in the business or the key person, as applicable.

To increase your cover under this option, evidence of the relevant business event satisfactory to us needs to be provided as follows:

Business event	Evidence required
Business Growth	✓ A revised valuation of the value of the business calculated by a qualified accountant or by a valuer approved by us.
Key Person	✓ A revised valuation of the value of the Key Person to the business calculated by a qualified accountant or by a valuer approved by us.
Financial Interest	✓ A revised valuation of the value of the financial interest in the business calculated by a qualified accountant or by a valuer approved by us.
Business Loan	✓ Loan documentation acceptable to us.

What else you should know

- The maximum age at which this option can be taken out for a life insured is 59 but, if the Level Premium Rate option applies, the maximum age is 54.
- You can increase your Life Care and, if applicable, your TPD Cover up to your 60th birthday. However, this option ceases on the 3rd policy anniversary date of the policy.

The option also ceases when a benefit becomes payable under your policy.

- You must apply for an increase within 30 days of the date the qualified accountant or valuer issues the revised revaluation or the business loan is increased, as applicable.
- The increase in cover will take effect from your next premium due date after we accept the increase in cover.
- Only one increase in a Life Care or TPD Cover benefit can be made in any 12 month period.
- If you have Life Care and TPD Cover, the TPD Cover cannot be increased without increasing Life Care and you must increase each type of cover in the same proportion subject to the maximum increases as outlined above.
- If you select this option, you cannot select the Guaranteed Insurability Option (Personal Events) or the Guaranteed Insurability Option (Business Events).
- By increasing your cover under this option, you cannot increase the ratio of the amount of your cover to the value of your business, the key person, your financial interest in the business or the amount of your loan, as applicable, as at the time your cover was issued.

Accidental Death Cover Option

You can select Accidental Death Cover to go with your Life Care (provided you have at least \$100,000 of Life Care). Accidental Death Cover is designed to top up your cover and does not replace the need for sufficient Life Care. It will only apply while Life Care remains in force. The option pays a lump sum in the event of your death by accident, provided death occurs within 90 days of the accident but before your cover under the policy ends. The lump sum is payable in addition to any Life Care benefit payable. The lump sum paid is the amount for which you are insured.

What else you should know

- The maximum amount of Accidental Death Cover you can select is \$1,000,000.
- A benefit will not be paid under this option if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity, or an act of war (whether declared or not).

Plan Protection Option

Provided you are under age 60, and are totally disabled for 6 months or more, we will waive premiums that fall due after the first 6 months of total disability, up to the policy anniversary date before your 65th birthday.

Under this option, you are totally disabled if due to sickness or injury you:

- have been continually and substantially unable to perform your occupation for a period of 6 consecutive months and
- have been throughout the 6 month period, and continue to be, under the regular care and treatment of, or following treatment prescribed by a medical practitioner and
- are not engaged in any occupation for wage or profit during that time.

What else you should know

- This option is not available to occupations we categorise as heavy risk.
- The option does not apply if total disability is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).

Nomination of beneficiaries

You may nominate up to 5 beneficiaries to receive death claim proceeds from the Total Care Plan policy. Your valid nomination will ensure that any death claims proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate. Your nomination is subject to the following rules:

- a nominated beneficiary can be a natural person, corporation or trust
- conditional nominations cannot be made
- you may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event occurring
- if a nominated beneficiary dies before a claim is made under the policy and no change in nomination has been made, then any money payable will be paid to the nominated beneficiary's legal personal representative
- if ownership of the policy is assigned to another person or entity, then any previous nomination is automatically superseded (i.e. the nomination is revoked) and
- a nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by CMLA. He or she cannot authorise or initiate any policy transaction.

To nominate beneficiaries under your policy, please complete Section E 'Nomination of beneficiaries (Optional)' of the Personal Insurance Portfolio application form. There is no cost to you in nominating a beneficiary.

Total & Permanent Disability (TPD) Cover

TPD Cover provides a lump sum in the event that you suffer total and permanent disability. It is available only in conjunction with Life Care, and cannot exceed the amount of Life Care. The lump sum paid is the amount for which you are insured.

What is provided under TPD Cover?

- TPD Cover
- TPD Cover Severe Hardship Booster Benefit
- Buy Back
- Indexation
- TPD Cover Loyalty Bonus Benefit

How TPD Cover can work for you is explained below.

When is a TPD Cover benefit payable?

A TPD Cover benefit is payable if you are totally and permanently disabled, which means that you:

- have been absent from active employment as a result of sickness or injury for a period of 6 consecutive months and
 - are under the regular treatment, and following the advice, of a medical practitioner and
 - satisfy the 'any occupation' or 'own occupation' definition, as selected by you
- or
- have suffered Loss of Limbs or Sight (as defined on page 48)
- or
- have suffered Loss of Independent Existence (as defined on page 48).

Choice of definition

At the time of applying for cover, you can choose whether the ‘any occupation’ or ‘own occupation’ definition will apply to you. Your selection will affect the cost of your TPD Cover and will affect when a benefit is payable. The ‘own occupation’ definition is the more generous definition as it is specific to your occupation, however, it is also more expensive and is only available to professional and clerical occupations. The two definitions you can choose from are as follows:

Choice of definition	What does it mean?
Any occupation	Throughout the 6 months you have been absent from active employment, you have been unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and you are likely to be so disabled for life.
Own occupation	After you have been absent from active employment for 6 months, you continue to be incapacitated to such an extent that you will be unlikely to engage in your own occupation ever again.

If you are unemployed or on leave without pay for 6 months or more before the event causing the claim, the ‘any occupation’ definition will automatically apply.

Homemakers TPD definition

However, there is a homemakers TPD definition which will automatically apply instead of the TPD definitions set out above, if you are performing full-time domestic duties or child rearing at the time of the event causing the claim.

The homemakers TPD definition is as follows:

TPD definition	What does it mean?
Homemakers	<ul style="list-style-type: none"> ■ You have been through sickness or injury unable to perform domestic duties or child rearing and have been confined to the home for 6 consecutive months and ■ you are under the regular treatment, and following the advice, of a medical practitioner and ■ you continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and ■ you are likely to be so disabled for life or ■ you have suffered Loss of Limbs or Sight (as defined on page 48) or ■ you have suffered Loss of Independent Existence (as defined on page 48).

If you still have TPD Cover on or after the policy anniversary date before your 65th birthday, only a Loss of Independent Existence TPD definition will apply.

What else you should know

- No TPD Cover benefit is payable if total and permanent disablement is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).
- TPD Cover ceases on the policy anniversary date before your 80th birthday.
- The maximum TPD Cover available is \$2,500,000.

TPD Cover Severe Hardship Booster Benefit

If you suffer Loss of Limbs or Sight (as defined on page 48) as a direct result of injury and the TPD Cover is payable in respect of that disability, we will double the amount of benefit payable under the TPD Cover Severe Hardship Booster Benefit.

For example, if your Life Care benefit is \$500,000, your TPD Cover benefit is \$200,000 and you are entitled to this booster benefit on your TPD, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000.

What else you should know

- The boosted TPD Cover benefit is limited to a maximum of \$250,000.
- The TPD Cover Severe Hardship Booster Benefit cannot boost your TPD Cover above your Life Care insured amount.

Buy Back

If you are paid a TPD Cover benefit, TPD Cover will cease and the amount of your Life Care will automatically be reduced by the total amount of benefit paid. However, under Buy Back, 100% of the amount of any Life Care reduced by the claim will be reinstated, at no additional cost, one year from the date your TPD Cover claim was accepted.

Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the CPI. If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

TPD Cover Loyalty Bonus Benefit provides an incentive to keep cover in place

We will reward you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, any TPD Cover benefit which becomes payable will automatically be increased by 5%. For example, if your TPD Cover benefit is \$200,000 and you are entitled to this bonus benefit on your TPD, we will pay you a benefit of \$210,000 instead of a benefit of \$200,000.

Trauma Cover

Trauma Cover provides a lump sum on the occurrence of a specified medical condition, regardless of whether you are prevented from working or not. It is available either on its own, or in conjunction with Life Care. The lump sum is the amount for which you are insured.

What is provided under Trauma Cover?

- Trauma Cover
- Trauma Cover Severe Hardship Booster Benefit
- Trauma Cover Advance Payment Benefit
- Buy Back
- Indexation
- Trauma Cover Loyalty Bonus Benefit

How Trauma Cover can work for you is explained below.

When is a Trauma Cover benefit payable?

Trauma Cover pays a lump sum on your survival for 14 days after a particular medical condition or event occurs. Each condition or event has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained on pages 44 to 48.

You are covered for 45 medical conditions or events up to the policy anniversary date before your 70th birthday. If you still have Trauma Cover on or after the policy anniversary date before your 70th birthday, only Loss of Independent Existence is covered by the Trauma Cover benefit and this cover will cease on the policy anniversary date before your 80th birthday.

Events covered under Trauma Cover

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-pass Surgery
- Coronary Artery Angioplasty
- Coronary Artery Angioplasty – Triple Vessel
- Repair and Replacement of a Heart Valve
- Surgery for Disease of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Nervous System Disorders

- Stroke
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Dementia and Alzheimer's Disease
- Coma
- Encephalitis
- Parkinson's Disease

Body Organ Disorders

- Cancer
- Removal of Carcinoma in Situ of the Breast
- Benign Brain Tumour
- Blindness
- Chronic Kidney Failure
- Major Organ Transplant
- Placement on a Waiting List for Major Organ Transplant
- Severe Burns
- Loss of Speech
- Loss of Hearing
- Chronic Liver Disease
- Chronic Lung Disease
- Severe Rheumatoid Arthritis

Blood Disorders

- Occupationally Acquired HIV
- Medically Acquired HIV
- Aplastic Anaemia

Other Events

- Serious Injury
- Critical Care
- Loss of Limbs or Sight
- Loss of One Hand or One Foot
- Loss of Independent Existence

Once you make a valid claim for one of these events, the total benefit is paid and the Trauma Cover ends. However, some conditions can result in a partial benefit without ending the cover. See page 30.

What else you should know

- Some of the Trauma Cover conditions are not covered in the first 3 months of cover (i.e. Coronary Artery Disease requiring By-Pass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Cancer, Stroke or Heart Attack). This 3 months is known as the qualifying period.
- The qualifying period begins on the date insured from, or the date cover is reinstated, or when cover is first issued.
- Similarly, if you increase the amount of Trauma Cover, the qualifying period applies to the increased amount of benefit.
- You can only claim for Serious Injury or Critical Care (but not both) for the same injury.
- No Trauma Cover benefit is payable if the insured condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.
- Trauma Cover ceases on the policy anniversary date before your 80th birthday. Where Trauma Cover applies on or after the policy anniversary date before your 70th birthday, only Loss of Independent Existence is covered.

Partial Trauma Cover benefit

The conditions and benefits which result in a partial Trauma Cover benefit are listed below. When a partial benefit is paid, the Trauma Cover will be reduced by the amount paid. As long as the remaining cover is \$25,000 or more, it will continue in force.

Trauma condition	Multiple claims	Amount payable
Coronary Artery Angioplasty	Yes, provided each procedure for which a benefit is payable is at least 6 months apart	10% of the benefit (subject to a minimum of \$10,000 and a maximum of \$25,000).
Trauma Cover Advance Payment	No	25% of the Trauma Cover benefit to a maximum benefit of \$50,000.
Serious Injury	No	Higher of 10% of the Trauma Cover benefit and \$10,000.
Critical Care		
Removal of Carcinoma in Situ of the Breast		
Loss of One Hand or One Foot		
Placement on a Waiting List for Major Organ Transplant		

To illustrate, if your Trauma Cover benefit is \$300,000 and you become entitled to a partial Trauma Cover benefit for Serious Injury, we will pay you \$30,000 (i.e. 10% of \$300,000). Your Trauma Cover benefit of \$300,000 would then be reduced by \$30,000 to \$270,000.

Trauma Cover Severe Hardship Booster Benefit

If we pay a Trauma Cover benefit for some covered conditions, we will double the amount of benefit payable under the Trauma Cover Severe Hardship Booster Benefit. For example, if your Life Care benefit is \$500,000, your Trauma Cover benefit is \$200,000 and you are entitled to this booster benefit on suffering a Trauma Cover condition, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000.

The Trauma Cover conditions which are covered under this benefit are as follows:

- Severe Burns
- Diplegia
- Hemiplegia
- Quadriplegia
- Paraplegia
- Tetraplegia
- Loss of Limbs or Sight

What else you should know

- The boosted Trauma Cover benefit is limited to a maximum of \$250,000.
- This benefit cannot boost your Trauma Cover above your Life Care insured amount (if any).

Trauma Cover Advance Payment Benefit

Some degenerative conditions which are covered under Trauma Cover will only result in payment of a benefit when there is a certain degree of impairment or loss of body function. However, the Trauma Cover Advance Payment Benefit will advance you 25% of the Trauma Cover benefit if you suffer from one of 5 specific degenerative conditions even though the condition you suffer has not yet resulted in the required degree of impairment or loss of body function.

The conditions for which we will pay the benefit are:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Dementia and Alzheimer's Disease
- Parkinson's Disease

To qualify for the benefit you must satisfy all the requirements of the policy (including surviving the condition for at least 14 days from diagnosis and supplying us with satisfactory medical evidence of the diagnosis).

What else you should know

- This benefit does not apply if the Evidence of Severity Option is selected.
- This benefit only applies until the policy anniversary date before your 60th birthday.
- No benefit is payable if the condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.
- The maximum Trauma Cover Advance Payment Benefit is \$50,000.
- We will only pay this benefit once.

To illustrate, if your Trauma Cover benefit is \$300,000 and you become entitled to a Trauma Cover Advance Payment Benefit, we will pay you the maximum of \$50,000 because it is less than 25% of \$300,000 (i.e. \$75,000). Your Trauma Cover benefit of \$300,000 would then be reduced by \$50,000 to \$250,000.

Buy Back

Trauma Cover will cease when a benefit becomes payable (except where a partial payment applies, as explained on page 30). If you have a policy which combines Life Care and Trauma Cover, the amount of your Life Care will automatically be reduced by the total amount of Trauma Cover benefit paid. However, under Buy Back, 100% of the amount of any Life Care reduced by the claim will be reinstated, at no additional cost, one year from the date your Trauma Cover claim was accepted.

What else you should know

You cannot buy back any Life Care which is reduced after the Trauma Cover Advance Payment Benefit is paid.

Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index. If the CPI increases by less than 3% we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

Trauma Cover Loyalty Bonus benefit

We will reward you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, any Trauma Cover benefit or Trauma Cover Advance Payment Benefit which becomes payable will automatically be increased by 5%. For example, if your Trauma Cover benefit is \$200,000 and you are entitled to this bonus benefit on suffering a Trauma Cover condition, we will pay you a benefit of \$210,000 instead of a benefit of \$200,000.

Options available on Trauma Cover

You can tailor your Trauma Cover by selecting the Evidence of Severity Option or the Child Cover Option.

Evidence of Severity Option

You can receive a premium discount if you choose to restrict your Trauma Cover by having to satisfy additional requirements to qualify for a Trauma Cover benefit.

The additional requirements are as follows. You must survive the Trauma Cover condition for at least 28 days and throughout those 28 days:

- be absent from active employment as a result of the condition
- be unable to engage in any occupation (whether or not for reward) and

- be under the regular treatment, and following the advice, of a medical practitioner.

If you are unemployed or engaged in full-time domestic duties or child rearing when you first suffer the Trauma Cover condition, the additional requirements you must satisfy are different to those set out above. In this case you must survive the condition for at least 28 days and throughout those 28 days:

- be unable, as a result of the condition, to perform domestic duties or child rearing and
- be confined to your home or a hospital, nursing home or rehabilitation unit and
- be under the regular treatment, and following the advice, of a medical practitioner.

Once the Evidence of Severity Option is taken out it cannot be cancelled.

When will payments be reduced?

We may reduce the amount of the Trauma Cover benefit if you receive a benefit under any other similar policies which we were not told about at the time of application.

Replacing an existing Trauma policy

If you already have a trauma insurance policy, either with us or with another company, provided we agree to issue you with a new policy, we will consider waiving the qualifying period.

If the amount of cover has not increased, and you have already been through the qualifying period under your existing policy, you will not have to go through another qualifying period for the same medical conditions.

If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under your new Trauma Cover (whichever is shorter).

Where the benefit amount of your new Trauma Cover exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

Child Cover Option

If you have a child between the ages of 2 and 17 inclusive, you are able to apply for up to \$100,000 worth of Child Cover for that child. You can cover more than one child under this option, but each child must be insured for the same amount. You are able to apply for Child Cover as an option on your Life Care or stand-alone Trauma policy.

Child Cover pays a lump sum equal to the amount for which you insure your child, if your child dies or suffers from one of the 38 Child Trauma Cover conditions set out in the table:

Heart Disorders	Nervous System Disorders
Heart Attack	Stroke
Out of Hospital Cardiac Arrest	Major Head Trauma
Cardiomyopathy	Muscular Dystrophy
Open Heart Surgery	Paraplegia
Coronary Artery Angioplasty	Quadriplegia
Coronary Artery Angioplasty – Triple Vessel	Hemiplegia
Surgery for Disease of the Aorta	Subacute Sclerosing Panencephalitis
Coronary Artery Disease Requiring By-pass Surgery	Tetraplegia
Body Organ Disorders	Coma
Cancer	Encephalitis
Benign Brain Tumour	Bacterial Meningitis
Blindness	Diplegia
Chronic Kidney Failure	Blood Disorders
Major Organ Transplant	Medically Acquired HIV
Placement on a Waiting List for Major Organ Transplant	Aplastic Anaemia
Severe Burns	Other Events
Loss of Speech	Serious Injury
Loss of Hearing	Critical Care
Chronic Liver Disease	Loss of Limbs or Sight
Chronic Lung Disease	Loss of One Hand or One Foot
Severe Rheumatoid Arthritis	

Each condition or event has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained on pages 44 to 48.

Once you make a valid claim for one of these conditions or events, the total benefit is paid and the Child Cover ends. However, some conditions can result in a partial benefit without ending the cover. See ‘When does a partial payment apply?’ on page 33.

What else you should know

- Some of the Child Trauma Cover conditions are not covered in the first 3 months of cover (i.e. Coronary Artery Disease Requiring By-pass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Cancer, Stroke or Heart Attack). These 3 months are known as the qualifying period.
- The qualifying period begins on the date insured from, or the date cover is reinstated, or when cover is first issued.
- Similarly, if you increase the amount of Child Cover, the qualifying period applies to the increased amount of the benefit.
- The minimum amount of cover that can be applied for is \$10,000 and the maximum is \$100,000. Cover must be taken out in multiples of \$10,000.

- If we pay the Child Cover benefit for death, we will not pay the benefit for any of the Child Trauma Cover conditions.
- If we pay the Child Cover benefit for a Child Trauma Cover condition other than Coronary Artery Angioplasty, Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant, we will not pay the benefit for death or any other Child Trauma Cover condition.

When does a partial payment apply?

The conditions which result in a partial Child Cover benefit are listed below:

- Coronary Artery Angioplasty
- Serious Injury
- Critical Care
- Loss of One Hand or One Foot
- Placement on a Waiting List for Major Organ Transplant

The amount payable for the conditions listed is the greater of \$10,000 and 10% of the Child Cover benefit. When this amount is paid, the Child Cover will be reduced by the same amount. As long as the remaining cover is \$10,000 or more, it will continue in force.

To illustrate, if your Child Cover benefit is \$90,000 and you become entitled to a partial Child Cover benefit for Serious Injury, we will pay you the minimum Child Cover benefit of \$10,000 because it exceeds 10% of \$90,000 (i.e. \$9,000). Your Child Cover benefit of \$100,000 would then be reduced by \$10,000 to \$90,000.

What else you should know about partial payments

- We will not pay the Child Cover benefit for the procedure that is Coronary Artery Angioplasty where the procedure occurs within 6 months after a prior procedure for which the Child Cover benefit was paid.
- We will not pay the Child Cover benefit for Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant on more than one occasion for a child life insured.
- We will only pay the Child Cover benefit for either Serious Injury or Critical Care (but not both) where both of those conditions result from the same Injury.

Child Cover Loyalty Bonus Benefit provides an incentive to keep cover in place

We will reward you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, any Child Cover benefit which becomes payable will automatically be

increased by 5%. For example, if your Child Cover benefit is \$90,000 and you are entitled to this bonus benefit on your child's death, we will pay you a benefit of \$94,500 instead of a benefit of \$90,000.

Indexation

Each year we will provide an automatic increase in cover to ensure the Child Cover benefit keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase cover by 3%. The premium for the cover will be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

When cover under the Child Cover Option ends

Child Cover for a child life insured will end on the earliest of the following:

- the policy anniversary date preceding the child life insured's 18th birthday
- once the Child Cover benefit becomes payable for any Child Trauma Cover condition other than Coronary Artery Angioplasty, Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant
- the death of the child life insured
- if the Child Cover benefit reduces to less than \$10,000
- when the policy ends.

Continuation of Cover

Under the Child Cover Continuation Option, a child life insured has the opportunity to continue their death cover under a new policy on their life, without having to provide any evidence of health. The death cover issued under the new policy will be no greater than the amount of Child Cover under the Child Cover Option.

To continue cover, the child life insured must apply to us within 30 days before the policy anniversary date preceding their 18th birthday.

When will payments be reduced?

We may reduce the amount of the Child Cover benefit if you receive a benefit under any other similar policies which we were not told about at the time of application.

Replacing an existing Trauma policy

If you already have a trauma insurance policy for your child, either with us or with another company, provided we agree to issue you with the Child Cover Option, we will consider waiving the qualifying period.

If the amount of cover for your child has not increased, and you have already been through the qualifying period under your existing policy, you will not have to go through another

qualifying period for the same medical conditions.

If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under the Child Cover Option (whichever is shorter).

Where the benefit amount of your Child Cover exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

What are the limitations?

No Child Cover benefit is payable when:

- the Child Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or
- the child life insured's death or Child Trauma Cover condition is caused directly or indirectly by an injury or infection inflicted on the child life insured by a policy owner or life insured or by the child life insured's parent or legal guardian or by any other person who has responsibility for the care of the child life insured or who resides with the child life insured.

No Child Cover benefit is payable when the child life insured (whether sane or insane) commits suicide within one year from:

- the date the policy commenced
- the date the Child Cover Option came into force
- the date the Child Cover Option first applied to the child life insured
- the date on which the policy was last reinstated or
- the date of an increase to the Child Cover benefit (the exclusion will then apply only to the amount of the increase).

Section 3

What are the costs?

What Premium Rate options are available?

When you apply for a policy there are two Premium Rate options you can select from, namely:

- Level Premium Rate
- Stepped Premium Rate

The option you select will apply to all lives insured under your policy and, subject to the terms of the option, will apply for the duration of the policy. If you want to change from the Stepped Premium Rate to the Level Premium Rate, you will have to apply for a new policy. However, to reduce the inconvenience of applying for a new policy, we have developed a short form application for this purpose.

Level Premium Rate option

If you select the Level Premium Rate option, we will calculate your annual premium based on your age at the time we accepted your application for cover. This means your annual premium will not increase as a result of your age increasing each year. However, where your cover continues after the policy anniversary date preceding your 65th birthday, the premiums payable for that cover will be calculated as if the Stepped Premium Rate option applied.

The Level Premium Rate option is only available if all lives insured are aged 55 or less.

Change in your level of cover

Where your cover is increased due to indexation, we will calculate the premium payable for the increase in cover based on your age at the time we accepted your application for cover.

Where, however, you decide to increase your cover, we will calculate the premium payable for the increase in cover based on your age at the date of the increase; while the premium payable for your existing cover will continue to be based on your age at the time we accepted your application for that cover.

Stepped Premium Rate option

If you select the Stepped Premium Rate option, the cost of cover increases as you get older. This is because we calculate your annual premium when you first take out cover and then every year we recalculate it using your new age.

Change in your level of cover

Where you increase your cover or it is increased as a result of indexation, we will calculate the premium payable for the increase in cover based on your age at the date of the increase.

How your premium is calculated

We calculate your premium when you take cover.

The premium covers the cost of the insurance and is based on a number of factors. Depending on the cover applied for, the factors affecting the cost of insurance include:

Factor	How it may affect the cost of your cover
Age	Generally, the older you are the higher the cost of your cover will be.
Health	The better the state of your health, the cheaper your cover will be.
Gender	Mortality and illness rates differ between men and women, resulting in differing premium rates.
Occupation	Each occupation group has different duties associated with it. The greater the risk associated with the general duties of that occupation group the greater the cost of cover for that occupation group.
Smoker status	Smoker premiums are generally higher than the premiums for a non-smoker.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others, therefore the riskier the sporting or recreational activities that you undertake the higher the cost of your cover will be.
Policy features you select	Generally, the more policy features you select the higher the cost of your cover will be.
The Premium Rate option you select	Premiums vary depending on the premium rate option selected. The effect of each option on the premiums you pay is described above.
Combination of cover	The more cover types you include in your policy, the higher the cost of your cover will be.
Type and amount of cover	The cost of your cover depends on the amount of the cover you select. Generally, the greater your cover amount the more expensive your cover will be.
Any options selected	Optional extras generally provide you with additional cover or benefits at an extra cost. However, some options provide for premium discounts.
Stamp duty	Where charged, stamp duty increases the cost of your cover because it is included in your premium.
Any loadings applied to the policy	Loadings increase the cost of your cover.

Sample premiums

To give you an idea of cost, some premium examples are provided below. It is important you understand that a quote will need to be tailored to you, and that the cost of insurance will vary significantly depending on the factors mentioned above.

Tables of premium rates are available on request, however, the easiest way to access our premium rates is to speak to an adviser who can provide an individually tailored quote for you.

The following premiums are samples only. They are based on a person who resides in NSW and apply as at the preparation date of this PDS. In each case a basic quote is provided, then one factor is altered to give you an indication of how premiums vary.

Income Care				
Basic quote ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ indemnity cover ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period to age 65 ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ female ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ electrician ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option
Stepped Premium Option \$34.28 per month Level Premium Option \$52.46 per month	Stepped Premium Option \$30.00 per month Level Premium Option \$43.29 per month	Stepped Premium Option \$46.72 per month Level Premium Option \$67.84 per month	Stepped Premium Option \$47.13 per month Level Premium Option \$67.81 per month	Stepped Premium Option \$84.07 per month Level Premium Option \$134.98 per month

Income Care Plus				
Basic quote ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ indemnity cover ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ accountant ■ benefit period to age 65 ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ female ■ non-smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option	■ 35-year-old ■ male ■ non-smoker ■ electrician ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option
Stepped Premium Option \$40.58 per month Level Premium Option \$59.23 per month	Stepped Premium Option \$33.79 per month Level Premium Option \$48.70 per month	Stepped Premium Option \$52.63 per month Level Premium Option \$76.75 per month	Stepped Premium Option \$58.83 per month Level Premium Option \$77.35 per month	Stepped Premium Option \$101.41 per month Level Premium Option \$153.46 per month

Business Overheads Cover				
Basic quote ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period	■ 45-year-old ■ male ■ non-smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period	■ 35-year-old ■ male ■ non-smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 3 month waiting period	■ 35-year-old ■ female ■ non-smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period	■ 35-year-old ■ male ■ non-smoker ■ electrician ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period
Stepped Premium Option \$47.31 per month Level Premium Option \$62.77 per month	Stepped Premium Option \$73.70 per month Level Premium Option \$99.00 per month	Stepped Premium Option \$35.10 per month Level Premium Option \$45.92 per month	Stepped Premium Option \$63.21 per month Level Premium Option \$82.71 per month	Stepped Premium Option \$120.19 per month Level Premium Option \$163.34 per month

Total Care Plan				
Basic quote				
<ul style="list-style-type: none"> ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ Life Care \$200,000 	<ul style="list-style-type: none"> ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ Life Care \$500,000 	<ul style="list-style-type: none"> ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ Life Care \$200,000 ■ TPD \$200,000 	<ul style="list-style-type: none"> ■ 35-year-old ■ male ■ non-smoker ■ accountant ■ Life Care \$200,000 ■ TPD \$200,000 ■ Trauma \$200,000 	<ul style="list-style-type: none"> ■ 35-year-old ■ female ■ non-smoker ■ accountant ■ Life Care \$200,000
Stepped Premium Option \$25.00 per month	Stepped Premium Option \$36.10 per month	Stepped Premium Option \$29.09 per month	Stepped Premium Option \$53.59 per month	Stepped Premium Option \$25.00 per month
Level Premium Option \$36.67 per month	Level Premium Option \$65.12 per month	Level Premium Option \$54.52 per month	Level Premium Option \$133.71 per month	Level Premium Option \$27.90 per month

Please note:

- Unless otherwise stated, no optional benefits have been included in these premium calculations.
- Where TPD Cover is included, it is assumed that the 'any occupation' definition applies.
- The premium calculations include the policy fee and frequency charge.
- The premium calculations assume no loadings are applied due to health, occupation or pastime risks.

Minimum premiums

The minimum premiums for each policy (including the policy fee) are as follows.

Frequency	Minimum premium (including policy fee)	
	Income Care Range	Total Care Plan
Annual	\$300	\$250
Half-yearly	\$160	\$130
Quarterly	\$85	\$70
Monthly	\$30	\$25

Stamp duty

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

Premium payment options and frequency charges

Premiums can be paid as set out in the table below. If you decide to pay by direct debit, your financial institution may charge you for setting up and making direct debit payments. Your financial institution can provide more information.

If you choose to pay your premiums more frequently than annually, a frequency charge will be applied to the annual premium amount to cover the additional cost of administration. That charge is set out below, and is current as at the date this PDS was prepared.

Premium payment frequency	Cheque	Direct debit	Credit card	Frequency charge
Monthly		✓	✓	8% of annual premium excluding policy fee
Quarterly		✓	✓	8% of annual premium excluding policy fee
Half-yearly	✓	✓	✓	4% of annual premium excluding policy fee
Annually	✓	✓	✓	Nil

Non-payment of premiums

We may cancel your policy if premiums are not paid within 30 days of the premium due date.

Policy fee

A policy fee is charged which covers some of the administration costs of setting up and maintaining your policy. The policy fee is set out below and is current as at the date this PDS was prepared.

Premium payment frequency	Policy fee (per premium payment)
Monthly	\$6.30
Quarterly	\$18.00
Half-yearly	\$33.00
Annually	\$61.00

Policy Fee Waiver

If, on the date you apply for a Total Care Plan policy, you also apply for an Income Care Range policy and both policies are issued, then the policy fee on the Total Care Plan policy will be waived for as long as the Income Care Range policy continues. If, however, the Income Care Range policy (that you applied for on the same date as the Total Care Plan policy) is issued at a later date, the Total Care Plan policy fee will only be waived from the policy's first policy anniversary date and for as long as the Income Care Range policy continues.

Increases in cost to you

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change the rates for all policies in a group regardless of which premium rate option you select. However, we guarantee that the premium payable under your policy will not increase in the first year as a result of a change in premium rates.

The frequency charge may be increased at our discretion, whereas the policy fee may be increased in line with the Consumer Price Index. We may also increase fees and charges to reflect new or changed Government levies or taxes. For instance, individual states and territories do vary their rates of stamp duty from time to time, and we may pass on any change to you.

We will notify you in writing at least 6 weeks before any change to fees and charges.

Commission

We pay commissions and other benefits to our advisers. Any amounts paid to advisers are factored into the cost of the insurance, and are not additional amounts you have to pay.

What we do with your premiums

The premiums for benefits outlined in this PDS will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund.

No surrender value

The products set out in this PDS do not acquire a surrender or cash-in value at any point, but the Cash Back Option may apply under the Income Care Range.

Section 4

Important information

Cooling-off period

From the date the policy is issued, you have 28 days to check that it meets your needs. This is known as the cooling-off period. Within this period you can cancel the policy and receive all your money back. If you wish to cancel, please put your request in writing and send it to us with your policy schedule and policy document. Our mailing address is on the inside back cover of this PDS.

Who can be covered?

You can take out cover on your own life, in which case you are the life insured as well as the policy owner. You can also take out cover to insure someone else's life (e.g. a family member or business partner), in which case the other person is the life insured and you are the policy owner.

You can also combine cover for family members or business partners on one policy. The policy owner(s) will receive the benefits of the policy, except where you have nominated a beneficiary for a death benefit under Life Care (see page 9 of the Application form), or a super continuance monthly benefit is payable under the Income Care Range.

Interim accident cover

While we are considering your application, we will provide interim accident cover for up to 90 days. This cover is provided free of charge and begins when we receive your fully completed application and valid payment details. Interim accident cover will provide different benefits depending on the cover you have applied for. More information can be found on the Interim Accident Cover Certificates on pages 49 and 51.

Your duty of disclosure

When you complete an application for insurance you have an obligation to answer all of our questions truthfully, and to provide any information which may affect our decision to insure you. A detailed explanation of the Duty of Disclosure can be found on page 2 of the Application form.

Worldwide cover

Once your policy is issued, subject to any specific exclusions, it will cover you 24 hours a day wherever you are in the world.

Guaranteed renewable

Provided you pay your premiums and comply with the policy conditions, the policy is guaranteed renewable up until the policy expiry date. This means that we will not cancel it or increase the premium because of the number of claims you make or any change to your state of health, occupation or pastimes.

Upgrade provision

If future versions of these policies are introduced, all policies in a group will be upgraded to include the improved terms and conditions within a reasonable timeframe, but only if no policy in that group will be disadvantaged. However, you do not have to take advantage of any upgrade in your benefits.

Improved terms and conditions may not apply in respect of any pre-existing conditions at the time the improvement took place.

How do you make a claim?

Our claims philosophy is simple. We pay all genuine claims as soon as possible after all the necessary documentation has been received and assessed.

You should notify us of any claims within 3 months of the event occurring.

If you need to make a claim with us, you can either do that via your adviser, or you can call our Claims Assist Line on 1800 221 516. The call will be directed to the case manager who will be responsible for managing your claim.

Following the initial discussion, we will send you a Claims Kit. Depending on the type of claim, this kit may contain:

- details of the claims management process
- answers to commonly asked questions
- forms that are relevant to your situation and
- our requirements for assessing the claim.

The assessment decision – to accept or decline the claim – can be made once the case manager has received and assessed all the relevant information. We will advise you promptly of our decision on the claim.

How do you make changes?

At some stage you may need to change your personal details. All you need to do is notify one of our Customer Service Consultants in writing at the mailing address on the inside back cover of this PDS.

You may also wish to apply for an increase to the amount of cover you have to reflect your changing needs. To do this you should speak to your adviser, or phone one of our Customer Service Consultants who will be pleased to send you an application for an increase in cover.

Complaint handling procedures

If you have a complaint about Personal Insurance Portfolio we want to know. So please tell us and we promise to follow this up and get back to you. If you have a complaint, please follow these steps:

1. Gather all supporting documents about your complaint, think about the questions you want answered and decide what you want us to do.
2. Call our Customer Service Centre on 13 10 56 between 8 am and 8 pm (Sydney time), Monday to Friday. One of our Customer Service Consultants will either deal with the matter personally or refer the matter to the appropriate person for attention. A quick chat is all that is required to resolve most complaints.

If you would prefer to put your complaint in writing, you can either email us on customerrelations@cba.com.au or you can write to:

Complaints Manager
Customer Relations
Commonwealth Bank Group
GPO Box 41
SYDNEY NSW 2001

The Complaints Manager will strive to ensure that your complaint is resolved fairly and promptly. Within 45 days of receiving your complaint, we will write to you with either a suggested resolution or an explanation of why your complaint will take more than 45 days to resolve.

3. If you are not satisfied with the proposed resolution or you do not agree to the extension of time or your complaint is not resolved within 90 days, you can contact the Financial Industry Complaints Service Limited.

The Financial Industry Complaints Service Limited

The Financial Industry Complaints Service Limited (FICS) is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. FICS will advise you of any complaints it cannot consider when you contact them.

You can contact FICS on:

Phone: 1300 78 08 08
Facsimile: 03 9621 2291

Postal address:

Financial Industry Complaints Service Limited
PO Box 579 Collins Street West
Melbourne VIC 8007

Tax and your personal insurance

This section provides general information about tax implications. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser. All taxation information is based on the continuance of taxation laws and their interpretation that were current at the date this PDS was prepared.

Income Care Range

The premium for your policy will generally be an allowable deduction from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997. In the case of Income Care/Income Care Plus, this deductibility applies regardless of whether you are self-employed or an employed person.

Generally, any Income Care/Income Care Plus benefits (including any Super Continuance Monthly Benefit) and Business Overheads Cover benefits will be treated as income and taxed accordingly. However, special considerations apply to the Cash Back Option and TPD Cover Option:

■ Cash Back Option

If you select the Cash Back Option, the additional premium paid for this option is not tax deductible. When we refund premiums to you under this option, the refund consists of two components:

1. a refund of a percentage of premiums paid for the option, which is not assessable as income and
2. the balance of the refund, which is assessable as income and should be included in your income tax return.

■ TPD Cover Option

If you select this option, approximately 10% of your premiums will not be tax deductible. The exact dollar amount of non-deductible premiums will be detailed in an annual statement that we will provide you with.

However, if you receive a lump sum under this option, it will not be treated as income and will not be taxable.

Super Continuance Monthly Benefit

Super Continuance Monthly Benefit is paid to your nominated superannuation fund as your personal contribution. Accordingly, it should be treated by the fund trustee as an undeducted contribution. However, if you satisfy the tests for claiming a tax deduction for personal superannuation contributions and give the trustee the appropriate notices you will receive a deduction for some or all of the Super Continuance Monthly Benefit and the equivalent amount will be treated by the fund trustee as a taxable contribution.

Life Care, TPD Cover and Trauma Cover under Total Care Plan

Generally, premiums for your policy are not tax deductible. However, in most situations, benefits paid to the policy owner or their estate are not subject to personal tax.

In some circumstances it is possible to claim a tax deduction for premiums, and benefits paid could be assessable. This could apply if an employer or business owns the policy and is paying the premiums.

Privacy of your personal information

Collection of personal information

We (CMLA) collect personal information (including customers' full names, addresses and contact details) so that we may administer our customer relationships and provide customers with the products and services they request, as well as information on the Commonwealth Bank Group's (the Group) products and services. If we have your email or mobile phone details, we may provide information to you on the Group's products and services electronically.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a one-off basis.

The law can also require us to collect personal information.

We may take steps to verify the information we collect, e.g. a birth certificate provided as identification may be verified with records held by the Registry of Births, Death and Marriages to protect against impersonation, or we may verify with an employer that employment and remuneration information provided in an application is accurate.

You need to provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

Other members of the Group

We are permitted by the Privacy Act to disclose personal information to other members of the Group. This enables the Group to have an integrated view of its customers. Your personal information may also be accessed by Group staff in other countries, if that becomes necessary for transactional reasons or to enhance our relationship with you.

Other disclosures

Personal information may be disclosed to:

- brokers and others who refer your business to us
- any person acting on your behalf, including your adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney
- medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigators and reinsurers (so that any claim you make can be assessed and managed), insurance reference agencies (where we are considering whether to accept an application for insurance from you and if so on what terms)

- other insurers to which your insurance is transferred by you and
- organisations, including overseas organisations, to whom we outsource certain functions.

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

We may also disclose personal information to other financial institutions and organisations at their request if you seek credit from them.

We may be allowed or obliged to disclose information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

Access

You may (subject to permitted exceptions) access your information.

Requests for access, where you are consenting for information to be provided by others, can generally be handled by CMLA and you should contact CMLA direct.

For all other requests for access, please contact:

Customer Relations
Commonwealth Bank Group
Reply Paid 41
Sydney NSW 2001

We may charge you for providing access.

Further information

For further information on our privacy and information handling practices, please refer to our Privacy Policy Statement, which is available at commbank.com.au or upon request from any Commonwealth Bank branch.

Straightforward insurance with Commlnsure

Commlnsure offers a fresh approach to insurance through innovation, simplicity, competitive products and responsive service. As well as Personal Insurance Portfolio, we provide a wide range of products to help with your insurance needs. Commlnsure is a leader in the Australian insurance industry and part of the Commonwealth Bank Group.

How to contact us

Our Customer Service Consultants are available on **13 10 56** between the hours of 8 am and 8 pm (Sydney time), Monday to Friday.

Section 5

How to apply

How to apply

To apply for any cover under the Personal Insurance Portfolio, you need to complete the forms contained at the back of this PDS.

Try to always provide more information where you can. We want to get a good picture of your situation, so any extra detail you can give us is useful. Brief answers will generally result in more information being requested, and a delay in processing your application.

Please use the checklist on the front of the application to make sure that you fill in all the information we need to process your application as soon as possible.

Premium quote

Your adviser will be able to provide a premium quote based on the cover you have selected.

Additional information

Depending on what type of cover you are applying for, and how much cover you want, we may need you to provide us with some financial information or may require you to undergo some blood tests. Your adviser will be able to explain any additional requirements to you.

What happens next?

When we receive your application, it will be assessed by our underwriters. Underwriting is the process of working out how likely you are to make a claim, based on health, occupation, lifestyle and sporting activities. In some cases, we will require more information to help make an accurate assessment, in others we may have to exclude some dangerous pastimes or health problems in order to offer you cover for all other situations.

If your application is accepted, we will send you a policy document which sets out the terms and conditions of the policy. We will also send you a policy schedule which is an individual summary of how much cover you have, and what selections you have made.

From the date we issue you the policy, you begin the 28 day cooling-off period. See page 39.

Section 6

Medical condition definitions

Heart Disorders

Heart Attack

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on either:

- the following medical evidence:
 - i) elevation of cardiac enzyme CK-MB or
 - ii) elevation in levels of Troponin I greater than 2.0 mcg/L or Troponin T greater than 0.6 mcg/L or their equivalentand
 - iii) confirmatory new electrocardiogram (ECG) changes or
 - iv) medical evidence satisfactory to us that the heart attack reduced the Left Ventricular Ejection Fraction to below 50% when measured at least 6 weeks after the heart attackor
 - any other medical evidence satisfactory to us which demonstrates that myocardial damage has occurred to at least the same degree of severity as would be evidenced by the medical evidence required under the first bullet point.

Out of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole or
- ventricular fibrillation with or without ventricular tachycardia.

Coronary Artery Disease Requiring By-pass Surgery

The actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

Coronary Artery Angioplasty

The undergoing of coronary artery angioplasty, that is considered necessary by a cardiologist to treat coronary artery disease. The cardiologist's opinion that the procedure is necessary must be supported by angiographic evidence.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure coronary artery angioplasty to 3 or more coronary arteries, where the procedure is considered necessary by a cardiologist to treat coronary artery disease. It is a requirement that there is angiographic evidence of at least 50% obstruction of each of the arteries treated.

Repair and Replacement of a Heart Valve

Surgery to replace or repair heart valves but does not include percutaneous valvuloplasty, trans-arterial procedures or other non-surgical techniques.

Surgery for Disease of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Open Heart Surgery

Open Heart Surgery for treatment of cardiac defect(s), cardiac aneurism or benign cardiac tumour(s).

Nervous System Disorders

Stroke

A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. The following are excluded:

- Cerebral symptoms due to:
 - transient ischaemic attacks
 - reversible ischaemic neurological deficit
 - migraine
- Cerebral injury resulting from:
 - trauma
 - hypoxaemia
 - vascular disease affecting the eye, optic nerve or vestibular function.

Major Head Trauma

Injury to the head resulting in neurological deficit causing a permanent loss of at least 25% whole person function as certified by a consultant neurologist.

Motor Neurone Disease

Motor Neurone Disease diagnosed by a consultant neurologist, with persistent neurological deficit resulting in the permanent loss of 25% of whole body function.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consulting neurologist as confirmed by CT or MRI scan, where the condition is characterised by the demyelination in the brain and spinal cord. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities resulting in a permanent loss of at least 25% whole body function.

Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy resulting in a permanent 25% impairment of whole body function.

Paraplegia

The permanent loss of use of both legs or both arms, resulting from spinal cord Sickness or Injury.

Quadriplegia

The permanent loss of use of both arms and both legs resulting from spinal cord Sickness or Injury.

Hemiplegia

The total loss of function of one side of the body due to Sickness or Injury, where such loss of function is permanent.

Diplegia

The total loss of function of both sides of the body due to Sickness or Injury where such loss of function is permanent.

Tetraplegia

The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain Sickness or Injury, or spinal cord Sickness or Injury.

Dementia and Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Life Insured or others. Dementia related to alcohol, drug abuse or AIDS is excluded.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, requiring continuous assisted ventilation to maintain life for at least 96 consecutive hours.

Encephalitis

Severe inflammation of brain substance which results in significant neurological sequelae causing a permanent loss of at least 25% whole person function. Encephalitis occurring in a Life Insured with HIV infection is excluded.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the condition shows signs of progressive impairment, and results in the permanent loss of at least 25% whole person function whether or not the Life Insured is on medication to control the condition.

The Life Insured must be following the advice and treatment of a specialist neurologist.

Bacterial Meningitis

The unequivocal diagnosis of Bacterial Meningitis resulting in a neurological deficit causing permanent and significant functional impairment. The Bacterial Meningitis must be caused by a proven organism.

Subacute Sclerosing Panencephalitis

The unequivocal diagnosis of Subacute Sclerosing Panencephalitis.

Body Organ Disorders

Cancer

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable.

The following are included:

- Leukaemia
- Hodgkin's Disease
- Malignant lymphoma
- Malignant bone marrow disorders
- Melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in Breslow thickness
- Carcinoma in situ of the breast which results directly in the removal of the entire breast (with or without removal of lymph nodes). The procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

The following are excluded:

- Tumours showing the malignant changes of 'carcinoma-in-situ' or which are histologically described as premalignant. The following are examples of tumours categorised as either being carcinoma-in-situ or premalignant and are excluded:
 - i) Cervical dysplasia, CIN1, CIN2 and CIN3
 - ii) All non-melanoma skin tumours and cancers unless there has been evidence of metastatic spread
- Any colorectal cancer classified as TNM (Tumour, Nodes, Metastases) Stage 0 (Tis, NO, MO)
- Prostatic cancers which remain histologically described as TNM Classification T1a or T1b or are of another equivalent or lower classification
- Prostatic cancers which remain histologically described as TNM Classification T1c unless curative intent therapy has been administered in connection with such cancer
- All AIDS-related malignancies
- Tumours treated by endoscopic procedures alone
- Chronic Lymphocytic Leukaemia Rai Stage 0-1
- In the case of Total Care Plan, removal of Breast Carcinoma in Situ (as defined below).

Removal of Carcinoma in Situ of the Breast

Surgical removal of a carcinoma in situ of the breast, where the carcinoma in situ of the breast:

- is characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues
- does not result in the removal of the entire breast and
- is classified as TNM (Tumour Nodes Metastasis) stage Tis or FIGO (Fédération Internationale de Gynécologie et d'Obstétrique) stage 0.

The procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

Benign Brain Tumour

A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a Medical Practitioner who is a consultant neurologist. The tumour must result in permanent neurological deficit:

- causing at least a permanent 25% impairment of whole person function or
- requiring cranial surgery for its removal.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts,

granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, due to Sickness or Injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Chronic Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.

Major Organ Transplant

The human to human organ transplant from a donor to the Life Insured of one or more of the following organs:

- kidney
- lung
- pancreas
- heart
- liver or
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

Placement on a Waiting List for Major Organ Transplant

The Life Insured must:

- be diagnosed with a Sickness or Injury which necessitates a Major Organ Transplant (as defined above) and
- be on a waiting list for the transplant of the relevant organ for at least 6 months

where 'waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit which meets the Recipient Suitability Criteria of an Organ Allocation Protocol of the Transplantation Society of Australia and New Zealand.

The diagnosis must be certified by an appropriate medical specialist.

Severe Burns

Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to at least:

- 20% or more of the body surface area as measured by The Rule of 9 of the Lund & Browder Body Surface Chart or

- both hands, requiring surgical debridement and/or grafting or
- the face, requiring surgical debridement and/or grafting.

Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Sickness or Injury, as certified by an appropriate medical specialist.

Chronic Liver Disease

Permanent liver failure, together with permanent jaundice, ascites and encephalopathy. Disease related to alcohol abuse or intravenous drug use is excluded.

Chronic Lung Disease

Permanent end stage respiratory failure, with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.

Severe Rheumatoid Arthritis

The unequivocal diagnosis of Severe Rheumatoid Arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a 6 week history of Severe Rheumatoid Arthritis which involves 3 or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands
 - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
- typical rheumatoid joint deformity

and at least 2 of the following criteria:

- morning stiffness
- rheumatoid nodules
- erosions seen on X-ray imaging
- the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Blood Disorders

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident occurring during the currency of the Policy. The accident must occur during the course of carrying out normal occupational duties, with seroconversion indicating HIV infection occurring within 6 months of the accident. Infection in any other manner, including sexual activity or recreational intravenous drug use, is specifically excluded.

A HIV antibody test must be taken within 7 days after the accident and reported within 30 days and produce negative results. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

The benefit will not apply if:

- before the Injury the Australian Government has recommended an HIV vaccine for use in the occupation of the Life Insured but the Life Insured has not taken this vaccine or
- the Australian Government has approved a treatment which renders the HIV virus inactive and non-infectious to others.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Life Insured in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the Life Insured
- assisted reproductive techniques or
- a procedure or operation performed by a medical/paramedical practitioner or dentist.

Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

A Trauma Cover benefit will not be payable in respect of Medically Acquired HIV if, before the accidental infection occurred, the Australian Government approved a medical treatment which if applied to the Life Insured would:

- render the Life Insured's HIV inactive and non-infectious to others or
- prevent the Life Insured from developing AIDS or
- where the Life Insured has developed AIDS, cure the AIDS.

Aplastic Anaemia

This means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents or
- bone marrow transplantation.

Other Events

Serious Injury

An Injury that has for the first time resulted in the Life Insured being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered Medical Practitioner. Injury as a result of alcohol or non-prescribed drug intake or other self-inflicted means is excluded.

Critical Care

An Injury or Sickness that has for the first time resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Injury or Sickness as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

Loss of Limbs or Sight

The Life Insured has sustained, as a direct result of Injury or Sickness:

- the complete and irrecoverable loss of use of both hands or
- the complete and irrecoverable loss of use of both feet or
- the complete and irrecoverable loss of use of one hand and one foot or
- blindness in both eyes, whether aided or unaided or
- the complete and irrecoverable loss of use of one foot and blindness in one eye, whether aided or unaided or
- the complete and irrecoverable loss of use of one hand and blindness in one eye, whether aided or unaided.

For the purpose of this definition, 'blindness' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Loss of One Hand or One Foot

The Life Insured has sustained, as a direct result of Injury or Sickness, the complete and irrecoverable loss of use of one hand or one foot.

Loss of Independent Existence

As a result of Sickness or Injury:

- there is permanent and irreversible inability to perform without the assistance of another person any 2 of the 'Activities of Daily Living' or all of the 'Defined Home Duties' or
- the Life Insured suffers cognitive impairment that results in the Life Insured requiring permanent and constant supervision for a continuous period of at least 6 months. The Life Insured's impairment must be established by a medical practitioner nominated by us.

Loss of Independent Existence due to alcohol or drug abuse or AIDS is excluded.

Activities of Daily Living

1. Dressing – putting on and taking off clothing.
2. Toileting – using the toilet, including getting on and off.
3. Mobilising – getting in and out of bed and a chair.
4. Maintaining Continence – having good control of bowel and bladder function.
5. Feeding – getting food from a plate into the mouth.

Defined Home Duties

- Cleaning the usual place of dwelling.
- Purchasing household food and items used for cleaning.
- Preparing meals for the household.
- Performing for the household laundry services such as washing or ironing.

Interim Accident Cover Certificate Personal Insurance Portfolio Income Care Range (Income Care, Income Care Plus and Business Overheads Cover)

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of life to be insured 1

Name of policy owner 1

Application date

Name of life to be insured 2

Name of policy owner 2

We provide interim accident cover (cover) while we are considering your application for Income Care, Income Care Plus or Business Overheads Cover.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care, Income Care Plus or Business Overheads Cover policy you applied for, apply to your cover.

This cover does not apply to you:

- if the Income Care, Income Care Plus or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA, or
- if, at the time this certificate is issued, cover of the same type exists in respect of the life to be insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the application to which this cover relates.

1 Commencement of cover

Cover commences on the date your fully completed application and payment of the first premium, or an effective direct debit request/credit card authority, have been received at CMLA's office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences,
- the date we accept your application on standard or special terms,
- the date we decline your application,
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Monthly Accident Benefit

Income Care/Income Care Plus

If your application is for Income Care or Income Care Plus, we will, on a monthly basis pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application for the relevant policy and the benefit will only be paid for the period of total disability or 6 months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000,
- the total of the monthly benefit and any super continuance monthly benefit you applied for in your application for the relevant policy in respect of the life to be insured,
- the total of the monthly benefit and any super continuance monthly benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your application is for Business Overheads Cover, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the

same accident continues after the waiting period selected in your Business Overheads Cover application and the benefit will only be paid for the period of total disability or 6 months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000,
- the business overheads monthly benefit you applied for in your application for the policy in respect of the life to be insured,
- the business overheads monthly benefit which would normally be offered by us based on underwriting rules.

We will pay the monthly accident benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the monthly accident benefit is divided by 30 to arrive at a daily benefit.

4 Definitions

For the purposes of this cover:

- Accident means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies.
- Total disability has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an accident.
- Waiting period is the waiting period you selected in your application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

5 Exclusions

A monthly accident benefit will not be paid under this cover if the total disability is caused directly or indirectly by:

- suicide or any attempt at suicide,
- self-inflicted injury or infection,
- the taking of drugs other than prescribed by a medical practitioner,
- the taking of alcohol,
- an injury the life to be insured suffers while outside of Australia
- a physical condition which you knew about before this cover commenced,
- engaging in any pursuit or occupation that we would not normally cover on standard terms,
- participation in criminal activity, or
- an act of war (whether declared or not).

6 Application for insurance

If you are eligible to make a claim under this cover, it may not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Name of adviser

Signature of adviser

Date

CI224 011005

This certificate must be retained by the applicant/life to be insured.

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Interim Accident Cover Certificate Personal Insurance Portfolio Total Care Plan

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of life to be insured 1

Name of policy owner 1

Name of life to be insured 2

Name of policy owner 2

Application date

 / /

Name of child life to be insured 1

Name of child life to be insured 2

We provide interim accident cover (cover) while we are considering your application for Total Care Plan. Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the Total Care Plan Policy you applied for relating to payment of a claim apply to your cover. This cover does not apply to you if the cover you are applying for is intended to replace a policy you have with CMLA.

1 Commencement of cover

Cover commences on the date your fully completed application and payment of the first premium, or an effective direct debit request/credit card authority, have been received at CMLA's office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences,
- the date we accept your application on standard or special terms or decline your application,
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Cover provided

The circumstances in which we will pay a benefit under this cover and the amount of the benefit vary according to the benefits you applied for in your application, as set out below. A benefit is payable only once under this cover.

Life Care

If you applied for Life Care, we will pay a benefit if the life to be insured dies as a result of an accident. Death must occur within 90 days of the accident.

The amount of the benefit is the lesser of:

- \$1,000,000, and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the life to be insured survives for 14 days after suffering one of the following medical conditions as a result of an accident:

- Major head trauma
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Blindness
- Severe burns
- Loss of limbs or sight

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of Trauma Cover you applied for.

Total and Permanent Disablement (TPD) Cover

If you applied for TPD Cover, we will pay a benefit if the life to be insured is totally and permanently disabled as a result of an accident. The TPD definition that applies is either 'own occupation' or 'any occupation', as you applied for in your application, but TPD must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of TPD Cover you applied for.

Child Cover

If you applied for Child Cover, we will pay a benefit if the child life to be insured dies as a result of an accident or suffers one of the

following medical conditions as a result of an accident:

- Major head trauma
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Blindness
- Severe burns
- Loss of limbs or sight

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

In the event the child life to be insured dies, the death must occur within 90 days of the accident for a benefit to be payable under this cover.

If we pay a benefit for death, we will not pay a benefit for any of the medical conditions and if we pay a benefit for one of the medical conditions, we will not pay the benefit for death or any other medical condition.

The amount of the benefit payable is the lesser of:

- \$100,000, and
- the amount of the Child Cover you applied for.

Accident

For the purposes of this cover, accident means bodily injury caused solely and directly by accidental and visible means, independent of any other cause.

4 Exclusions

A benefit will not be paid if death, a medical condition or disablement is caused directly or indirectly by:

- suicide or any attempt at suicide,
- self-inflicted injury or infection,
- the taking of drugs other than prescribed by a medical practitioner,
- the taking of alcohol,
- an injury the life to be insured or child life to be insured suffers while outside Australia,
- a physical condition which the policy owner/s or the life to be insured knew about before this cover commenced,
- engaging in any pursuit or occupation that we would not normally cover on standard terms,
- participation in criminal activity, or
- an act of war (whether declared or not).

Nor will we pay a benefit under this cover if the child life to be insured's death or medical condition is caused directly or indirectly by an injury or infection inflicted on a child life to be insured by you or a life to be insured or by the child life to be insured's parent or legal guardian or by any other person who has responsibility for the care of the child life to be insured or who resides with the child life to be insured.

5 Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions. If you are eligible to make a claim under this cover in respect of a child life to be insured, we will not accept your application for Child Cover.

Name of adviser

Signature of adviser

Date

 / /

CI221 011005

This certificate must be retained by the applicant/life to be insured.

Please fold along perforation to assist in detaching form.

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Application Personal Insurance Portfolio

CommInsure



Before you sign this Application:

- You should have been provided with a Product Disclosure Statement (PDS) prepared on 26 September 2005 containing a summary of the important information in relation to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.
- There must be attached to this Application a CommInsure Personal Insurance Portfolio Quotation showing the policy/ies you are applying for and the benefits and options you want to apply under the policy/ies must be attached to this application form.

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence No. 235035 (CMLA), the insurer. In this Application, 'you' and 'I/We' refers to the proposed policy owner/s or life/lives insured or both as applicable.

Adviser use only

New business

Increase to policy

Replacement policy

Continuation Option

Child Cover Continuation Option

Policy number

Checklist for applicants

To ensure this application for insurance is processed as quickly as possible, please use this checklist when completing and submitting all relevant paperwork.

Personal Insurance Portfolio Quotation

- Please ensure your quote is attached to your Application.

Duty of Disclosure

Read the information on page 2.

Complete the Application

To include more than 2 lives insured on one policy, attach additional forms (available from your adviser).

Complete the Personal Statement

If there is to be more than one life insured, complete an additional Personal Statement (available from your adviser).

Declarations

There are several declarations where the policy owner/s and life/lives to be insured must sign. These are all marked with a cross for easy identification.

Medical Authorities

Sign both Medical Authority forms on page 31 so that we can ask your doctor for a report about your health if needed.

Financial Authority

Sign the Financial Authority form on page 31 so that your Accountant/Financial adviser can release information to CommInsure.

Interim Accident Cover

Complete an Interim Accident Cover Certificate for each cover you are applying for. Please refer to pages 49 and 51 of the PDS.

Pathology Request Form

If medical information is required, complete and sign the Pathology Request form on page 35.

Premium payment:

• Direct Debit

Read the Direct Debit Request Customer Service Agreement and complete the Direct Debit Request on page 37.

• Credit Card

Complete the Credit Card Authority on page 39.

• Cheque

Attach a cheque made payable to 'CMLA Personal Insurance' and attach it to the Application.

Adviser Details Section

Your adviser must complete, sign and date the 'Adviser details' section on page 41 of the Application.

Mailing your Application to us

Please send the Application to:

**CommInsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128**

Please indicate by ticking (✓) the applicable box below, which state or territory the adviser is from:

NSW or ACT VIC or TAS QLD SA or NT WA

Section 1 – 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 reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your 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 its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure 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 3 years of entering into it, 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.

Section 2 – Income Care Range

A – Life/Lives to be Insured details

To be completed by the life/lives to be Insured

Note: If this section is to be completed for more than one life insured, a separate policy will be issued for each life insured. Under each policy the life insured will, as policy owner, be insuring their own life.

Life to be Insured 1

1 Personal details

Title Surname

Given name/s

Residential address

State Postcode

Mailing address (if different to residential address)

State Postcode

Home phone number Business phone number

() ()

Mobile phone number Fax number

()

Email address

Smoker No Yes

If you have answered 'No' to the above question, CMLA may require you to undergo testing to confirm your non-smoking status.

Previous surname/s

2 Insurance History

Apart from this Application, has there ever been an application for life, trauma, total and permanent disability, income protection, group salary continuance or business overheads cover on your life with any of the following insurers:

CommInsure, Colonial, Commonwealth Life, Prudential or Legal and General No Yes

If 'Yes', please provide details of the insurance cover below:

Insurer

Type of cover

Insured amount

Policy number

Date policy commenced

Policy to be replaced? (Yes/No)

If the policy being applied for is replacing all or part of an existing policy mentioned above and you are the owner of the existing policy, please advise on **one** of the following:

i Proceed with cancellation of full policy? No Yes

ii Proceed with the cancellation of the following benefits on the following lives? No Yes

Name of life insured 1 Name of life insured 2

Benefit type(s) Benefit type(s)

Any cancellation you request will not be effected until CMLA has accepted this Application.

Life to be Insured 2

1 Personal details

Title Surname

Given name/s

Residential address

State Postcode

Mailing address (if different to residential address)

State Postcode

Home phone number Business phone number

() ()

Mobile phone number Fax number

()

Email address

Smoker No Yes

If you have answered 'No' to the above question, CMLA may require you to undergo testing to confirm your non-smoking status.

Previous surname/s

2 Insurance History

Apart from this Application, has there ever been an application for life, trauma, total and permanent disability, income protection, group salary continuance or business overheads cover on your life with any of the following insurers:

CommInsure, Colonial, Commonwealth Life, Prudential or Legal and General No Yes

If 'Yes', please provide details of the insurance cover below:

Insurer

Type of cover

Insured amount

Policy number

Date policy commenced

Policy to be replaced? (Yes/No)

If the policy being applied for is replacing all or part of an existing policy mentioned above and you are the owner of the existing policy, please advise on **one** of the following:

i Proceed with cancellation of full policy? No Yes

ii Proceed with the cancellation of the following benefits on the following lives? No Yes

Name of life insured 1 Name of life insured 2

Benefit type(s) Benefit type(s)

Any cancellation you request will not be effected until CMLA has accepted this Application.

Section 2 – Income Care Range

A – Life/Lives to be Insured details – Continued

Life to be Insured 1

3 Occupation/Income Details

What is your employment basis

Employed **Go to i below**

Self employed **Go to ii below**

i Employed

- What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?

\$ **A**

- Packaged items (in addition to your annual income)? This would include motor vehicles and other fringe benefits.

Packaged Item	Amount
Total	B

- If the Super Continuation Option has been selected:
 - Super contributions up to 15% of annual income.
\$ **C1**
 - Super contributions above 15% (i.e. Super contributions not covered under the Super Continuation Option).
\$ **C2**

- Total remuneration **(A+B+C1+C2)**

\$

ii Self-employed

- What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?

\$ **A**

- Packaged items (in addition to your annual income)? This could include payments to spouse (income splitting), share of depreciation, share of director's fees, share of profit from trust or supporting service company.

Packaged Item	Amount
Total	B

- If the Super Continuation Option has been selected:
 - Super contributions up to 15% of annual income.
\$ **C1**
 - Super contributions above 15% (i.e. Super contributions not covered under the Super Continuation Option).
\$ **C2**

OR

- Super contributions (if you are applying to include your super contributions in your monthly benefit and are not applying for the Super Continuation Option)

\$ **C3**

- Total remuneration **(A+B+C1+C2) OR (A+B+C3)**

\$

Life to be Insured 2

3 Occupation/Income Details

What is your employment basis

Employed **Go to i below**

Self employed **Go to ii below**

i Employed

- What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?

\$ **A**

- Packaged items (in addition to your annual income)? This would include motor vehicles and other fringe benefits.

Packaged Item	Amount
Total	B

- If the Super Continuation Option has been selected:
 - Super contributions up to 15% of annual income.
\$ **C1**
 - Super contributions above 15% (i.e. Super contributions not covered under the Super Continuation Option).
\$ **C2**

- Total remuneration **(A+B+C1+C2)**

\$

ii Self-employed

- What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?

\$ **A**

- Packaged items (in addition to your annual income)? This could include payments to spouse (income splitting), share of depreciation, share of director's fees, share of profit from trust or supporting service company.

Packaged Item	Amount
Total	B

- If the Super Continuation Option has been selected:
 - Super contributions up to 15% of annual income.
\$ **C1**
 - Super contributions above 15% (i.e. Super contributions not covered under the Super Continuation Option).
\$ **C2**

OR

- Super contributions (if you are applying to include your super contributions in your monthly benefit and are not applying for the Super Continuation Option)

\$ **C3**

- Total remuneration **(A+B+C1+C2) OR (A+B+C3)**

\$

Section 2 – Income Care Range

Business Overheads Cover

If Business Overheads Cover is being applied for, please complete the questions below.

The intention of this section is to ensure that the total business expenses indicated below are derived by your own personal exertion and the amount of cover you apply for reflects your share of responsibility for those expenses.

Ineligible Expenses: Personal remuneration, cost of goods or merchandise, equipment, fixtures or fittings, cost of implements of profession and salaries of employees who would continue to produce revenue during the disability of the life to be insured cannot be covered.

In order to calculate the monthly benefit, please complete the following table:

Expenses	Monthly Average life to be insured 1	Monthly Average life to be insured 2
Rent	\$	\$
Mortgage/Loan payments on business	\$	\$
Electricity, gas, water, heating, cleaning and laundry	\$	\$
Telephone	\$	\$
Insurance premiums	\$	\$
Leasing of equipment	\$	\$
Leasing of motor vehicles excluding taxi or truck which can be let out if you are unable to work	\$	\$
Property rates and taxes	\$	\$
Membership fees to professional bodies and subscriptions	\$	\$
Accountant's and auditor's fees	\$	\$
Salaries and associated costs (e.g. superannuation contributions, payroll tax, workers compensation) for employees not producing revenue	\$	\$
Contracted advertising	\$	\$
Regular advertising costs	\$	\$
Contracted maintenance/repairs	\$	\$
Bank fees/charges	\$	\$
Contracted security costs	\$	\$
Postage	\$	\$
Locum fees (if applicable)	\$	\$
Contracted equipment hire	\$	\$
Registration and insurance of vehicles and equipment	\$	\$
Please provide details of other fixed expenses usually incurred in the conduct of the business. Please specify	\$	\$
A Total Expenses	\$	\$
B Of the expenses specified in this table, what percentage are you personally responsible for	%	%
Monthly amount of Business Overheads Cover to apply to you A x B	=	=

B – Policy owner details

To be completed by the policy owner/s

This Income Care Range policy is to be owned by (please tick (✓) the appropriate box below):

The life/lives insured. No further details are required, go to **Section 2C – Premium Details on page 6.**

Note If you are completing this form for more than one life insured, a separate policy will be issued for each life insured.

A Family trust/Company. Please complete the following:

Family trust/Company

Note All lives to be insured must have a controlling interest in the **Family trust/Company**, such that they can ensure that the proceeds of the policy will ultimately be paid to them.

Trust/Company name/s

ABN

Mailing address

State

Postcode

Phone number

()

Fax number

()

Email address

A Superannuation Fund.

Note The benefit period must be limited to 2 years and the application must be for Income Care only. Please complete **Section 4 – Superannuation Fund Application on page 10.**

Section 2 – Income Care Range

C – Premium Details

1 Method of Payment

Direct Debit Credit Card

Direct to CMLA (cheque must be attached). This payment method is only available for yearly and half-yearly premiums.

If direct debit or credit card is selected, the premium will not be debited until the Application is accepted.

2 Payment frequency

Monthly Quarterly Half-yearly Yearly

3 Is payment to be included in an existing CMLA direct debit? No Yes

4 If 'Yes', please provide existing policy number

Section 3 – Total Care Plan (applies to Life Care, TPD, Trauma only)

Are the life insured's details the same as in **Section A, Income Care Range on page 3**?

No **Go to Section A below**

Yes **Go to Section B Policy Owner details on page 7**

A – Life/Lives to be Insured details

To be completed by the life/lives to be insured

Life to be Insured 1

1 Personal details

Title

Surname

Given name/s

Residential address

State Postcode

Mailing address (if different to residential address)

State Postcode

Home phone number Business phone number

() ()

Mobile phone number Fax number

() ()

Email address

Smoker No Yes

If you have answered 'No' to the above question, CMLA may require you to undergo testing to confirm your non-smoking status.

Previous surname/s

2 Insurance History

Apart from this Application, has there ever been an application for life, trauma, total and permanent disability, income protection, group salary continuance or business overheads cover on your life with any of the following insurers:

CommInsure, Colonial, Commonwealth Life, Prudential or Legal and General No Yes

Life to be Insured 2

1 Personal details

Title

Surname

Given name/s

Residential address

State Postcode

Mailing address (if different to residential address)

State Postcode

Home phone number Business phone number

() ()

Mobile phone number Fax number

() ()

Email address

Smoker No Yes

If you have answered 'No' to the above question, CMLA may require you to undergo testing to confirm your non-smoking status.

Previous surname/s

2 Insurance History

Apart from this Application, has there ever been an application for life, trauma, total and permanent disability, income protection, group salary continuance or business overheads cover on your life with any of the following insurers:

CommInsure, Colonial, Commonwealth Life, Prudential or Legal and General No Yes

Section 3 – Total Care Plan (applies to Life Care, TPD, Trauma only)

A – Life/Lives to be Insured details – Continued

Life to be Insured 1

If 'Yes' to Q2, please provide details of the insurance cover below:

Insurer		
Type of cover		
Insured amount		
Policy number		
Date policy commenced		
Policy to be replaced? (Yes/No)		

If the policy being applied for is replacing all or part of an existing policy mentioned above and you are the owner of the existing policy, please advise on **one** of the following:

- i** Proceed with cancellation of full policy? No Yes
- ii** Proceed with the cancellation of the following benefits on the following lives? No Yes

Name of life insured 1	Name of life insured 2
Benefit type(s)	Benefit type(s)

Any cancellation you request will not be effected until CMLA has accepted this Application.

3 Income details

What is your current annual income from your main occupation only (including superannuation, less all business expenses, but before tax)?

\$ p.a.

Life to be Insured 2

If 'Yes' to Q2, please provide details of the insurance cover below:

Insurer		
Type of cover		
Insured amount		
Policy number		
Date policy commenced		
Policy to be replaced? (Yes/No)		

If the policy being applied for is replacing all or part of an existing policy mentioned above and you are the owner of the existing policy, please advise on **one** of the following:

- i** Proceed with cancellation of full policy? No Yes
- ii** Proceed with the cancellation of the following benefits on the following lives? No Yes

Name of life insured 1	Name of life insured 2
Benefit type(s)	Benefit type(s)

Any cancellation you request will not be effected until CMLA has accepted this Application.

3 Income details

What is your current annual income from your main occupation only (including superannuation, less all business expenses, but before tax)?

\$ p.a.

B – Policy owner details

To be completed by the Policy owner/s

This Total Care Plan policy is to be owned by (please tick (✓) appropriate box):

- The life insured.** No further details are required, **go to Section 3C – Purpose of the Policy on page 8.**

Note If you are completing this form for more than one life insured, please indicate if:

- Life 1 is the policy owner
- Life 2 is the policy owner
- Life 1 and Life 2 will own policy as joint tenants

OR

An individual/s other than a life insured, please complete the following:

If there are 2 or more policy owners, they will own the policy as joint tenants.

Policy owner 1

Title	Surname	Given name/s
Mailing address		
		State
		Postcode
Home phone number	()	Mobile phone number
Business phone number	()	Fax number
		()
Email address		

Section 3 – Total Care Plan (applies to Life Care, TPD, Trauma only)

Policy owner 2

Title	Surname	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address		
<input type="text"/>		State <input type="text"/> Postcode <input type="text"/>
Home phone number	(<input type="text"/>) <input type="text"/>	Mobile phone number <input type="text"/>
Business phone number	(<input type="text"/>) <input type="text"/>	Fax number (<input type="text"/>) <input type="text"/>
Email address		
<input type="text"/>		

OR

Company. Please complete the following:

Company name/s	ABN
<input type="text"/>	<input type="text"/>
Mailing address	
<input type="text"/>	
State <input type="text"/> Postcode <input type="text"/>	
Phone number	(<input type="text"/>) <input type="text"/>
Fax number	(<input type="text"/>) <input type="text"/>
Email address	
<input type="text"/>	

OR

A Superannuation Fund. Please complete **Section 4 – Superannuation Fund Application** on page 10.

C – Purpose of the policy

To be completed by the policy owner/s

Please indicate the purpose of the policy for the life/lives to be insured.

	Life to be insured 1	Life to be insured 2
Personal/Family	<input type="checkbox"/>	<input type="checkbox"/>
Value of your Business	<input type="checkbox"/>	<input type="checkbox"/>
Business Loan	<input type="checkbox"/>	<input type="checkbox"/>
Key Person	<input type="checkbox"/>	<input type="checkbox"/>
Financial Interest in Business (Buy-Sell)	<input type="checkbox"/>	<input type="checkbox"/>

Please note if you have selected the Guaranteed Insurability Option (Business Events) or Business Safe Cover Option, the purpose of your application which you indicated above will determine the business event for which you can increase your cover under the relevant option.

D – Child Cover Option

To be completed by the policy owner/s

If you have selected the Child Cover Option, please list below the details of the child/children you wish to insure.

Surname	Given name/s	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /

Note: The policy owner will need to complete the Child's Personal Details section on page 29 of 44 of the Personal Statement and sign the Declaration on page 31 of 44 of the Personal Statement.

Section 3 – Total Care Plan (applies to Life Care, TPD, Trauma only)

E – Nomination of Beneficiaries (optional)

To be completed by the policy owner/s

Under section 48A of the Insurance Contracts Act 1984, you may nominate up to 5 beneficiaries to receive death claim proceeds from the Total Care Plan policy. Your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate. Please refer to page 27 of the Product Disclosure Statement for further details.

Note: Do not include the Life to be Insured or the Child Life to be insured as one of the nominated beneficiaries as it will make the nomination invalid.

Title	Full name of beneficiary	Address	Date of birth	Relationship to policy owner/s	% split
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Total = 100%

F – Premium Details

1 Method of Payment

Direct Debit

Credit Card

Direct to CMLA (cheque must be attached). This payment method is only available for yearly and half-yearly premiums.

If direct debit or credit card is selected, the premium will not be debited until the Application is accepted.

2 Payment frequency

Monthly

Quarterly

Half-yearly

Yearly

3 Is payment to be included in an existing CMLA direct debit?

No

Yes

4 If 'Yes', please provide existing policy number

Section 4 – Superannuation Fund Application (if applicable)

**Please complete only if the policy/ies are to be issued to a trustee of a superannuation fund.
A superannuation fund trustee is applying for:**

- Total Care Plan and/or
 Income Care (note the benefit period will be limited to 2 years).

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act). Please note there may be situations where even though a benefit, such as a TPD benefit, is paid to the trustee of the superannuation fund, superannuation legislation or the rules of the superannuation fund may prevent the release of the benefit until the preservation rules are satisfied.

Declaration

To be signed by a director/secretary in the case of a company trustee, or by each individual trustee.

I/We, the trustee/s of the superannuation fund named below, request CMLA to issue the insurance policy/ies described on this form. The policy document/s will be held subject to the trusts of the superannuation fund.

I/We agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I/We confirm that the superannuation fund of which I am/we are trustee is a complying superannuation fund within the meaning of the SIS Act and Income Tax Assessment Act (Tax Act).

I/We undertake to advise CMLA immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.

I/We confirm that I/we have the power under the trust deed governing the superannuation fund to effect the policy/ies described on this form.

Details of policy owner/s

To be completed by the trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund			
Superannuation fund number			
Trustee's address for communications			
	State	Postcode	
Home phone number		Business phone number	

Trustee Details

Company Trustee name	ABN
----------------------	-----

If applicable, the common seal of: (name of corporate Trustee)

Was hereto affixed in accordance with the Constitution of the company in the presence of:

Director Signature	Director/Secretary Signature	Date
X	X	/ /

And/or

Individual Trustee names (if more than 4 individuals, please attach further names).

First individual Trustee

Title	Surname	Given name/s
Signature	Date	
X	/ /	

Second individual Trustee

Title	Surname	Given name/s
Signature	Date	
X	/ /	

Third individual Trustee

Title	Surname	Given name/s
Signature	Date	
X	/ /	

Fourth individual Trustee

Title	Surname	Given name/s
Signature	Date	
X	/ /	

Section 5 – General Declaration and Application for policy

To be signed by the policy owner/s and life/lives to be insured (if different to the policy owner/s).

The declarations in (a) to (e) apply only to the policy owners


- a** I/We wish to apply to CMLA for the life insurance policy/ies shown on the Commlnsure Personal Insurance Portfolio Quotation attached to this Application. I/We request that the policy/ies be issued based on the policy selections shown in the attached quotation.
- b** I/We have read and understood:
- the Personal Insurance Portfolio Product Disclosure Statement (PDS) prepared on 26 September 2005. My/Our decision to apply for the insurance is based on the material received and my/our understanding of the information included in the PDS;
 - My/our Duty of Disclosure in section 1 of this Application and I/we are aware of the consequences of non-disclosure. I/We understand that my/our duty to disclose continues after I/we have completed this Application until CMLA has accepted the Application in writing; and
 - the Commlnsure Personal Insurance Portfolio Quotation attached to this Application which shows the policy/ies I am/we are applying for and the benefits and features on which I/we want my/our policy/ies to be based.
- c** I/We acknowledge that my/our Duty of Disclosure applies to Interim Accident Cover and that I/we may not be entitled to Interim Accident Cover if I/we or the life/lives to be insured fail to comply with the Duty of Disclosure in relation to this Application.
- d** I/We declare that:
- the answers to all questions and declarations in this Application are true and correct including those not in my/our own handwriting;
 - the answers given, together with any special conditions, will form the basis of the contract of insurance; and
 - no information has been withheld which may affect CMLA's decision to provide insurance.
- e** I/We understand that:
- insurance cover will not commence until CMLA accepts the insurance proposed in writing, or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received;
 - benefits provided by Income Care, Income Care Plus, Business Overheads Cover and Total Care Plan are liabilities of CMLA. Commonwealth Bank of Australia and its subsidiaries do not guarantee these Personal Insurance Portfolio products.


The declarations in (f) to (g) apply only to the life/lives to be insured

- f** I/We have read and understood my/our Duty of Disclosure in section 1 of this Application and I am/we are aware of the consequences of non-disclosure. I/We understand that my/our duty to disclose continues after this Application has been completed until CMLA has accepted the Application in writing.
- g** I/We declare that:
- the answers to all questions about me/us in sections 2 and 3 of this Application are true and correct including those not in my/our own handwriting;
 - the answers given, together with any special conditions, will form the basis of the contract of insurance; and
 - no information has been withheld by me/us which may affect CMLA's decision to provide insurance.

The declarations in (h) to (j) apply both to the policy owner/s and life/lives to be insured

- h** I/We authorise:
- the insurer to refer any statements that have been made in connection with the Application and any medical reports, to other entities involved in providing or administering the insurance (e.g. reinsurers, medical consultants, legal advisers); and
 - the insurer and any person appointed by the insurer to obtain information on my/our medical, claims and financial history from the Insurance Reference Association and any other body holding information on me/us.
- i** I/We have read and understood the section **Privacy of your Personal Information** on page 41 of the PDS. I/We acknowledge and consent to the use and disclosure of my/our personal information as detailed in that section.
- j** By ticking the box beside my/our signature/s below I/we indicate that I/we do not want to receive marketing information.


Signature of policy owner 1	Date	Position in company (if policy owner is a company)
<input checked="" type="checkbox"/> 	<input type="text" value="/ /"/>	<input type="text"/>
<input type="checkbox"/> I do not wish to receive marketing information		


Signature of policy owner 2	Date	Position in company (if policy owner is a company)
<input checked="" type="checkbox"/> 	<input type="text" value="/ /"/>	<input type="text"/>
<input type="checkbox"/> I do not wish to receive marketing information		

If the policy owner is a company, this declaration is to be signed by:

- a** two directors of the company; or
- b** a director and a company secretary; or
- c** for a proprietary company, which has a sole director who is also the company secretary, then that director can sign the Application as owner.

If the policy owner is a family trust, this declaration is to be signed by the trustee/s of that trust.

Signature of Life to be Insured 1 (if different to policy owner)	Date
<input checked="" type="checkbox"/> 	<input type="text" value="/ /"/>
<input type="checkbox"/> I do not wish to receive marketing information	

Signature of Life to be Insured 2 (if different to policy owner)	Date
<input checked="" type="checkbox"/> 	<input type="text" value="/ /"/>
<input type="checkbox"/> I do not wish to receive marketing information	

This page has been left blank intentionally

Personal Statement Personal Insurance Portfolio

CommInsure



Life to be Insured

Surname	Given name/s	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section A – Occupational details

1 What is the main occupation in which you are currently working? Industry

<input type="text"/>	<input type="text"/>
----------------------	----------------------

2 Employer's name (or Business name if self-employed)

Actual business address (not PO box)

State Postcode

3 How long have you been in your **current** employment? Years Months

4 Please provide details of your occupation history over the **last 3 years** (only provide details if you have been in your current occupation for less than 3 years)

Previous occupation	Date from MM / YY	Date to MM / YY	Employed/Self-employed/Contractor/ Casual/Not working
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>

5 Please select the income producing duties of your main occupation and enter the approximate percentage of time spent on each duty

Duty	% Time
Usual duties for Professional occupation (e.g. qualified Doctor, Accountant, Lawyer, etc.) <i>(only select for occupation groups s, k, j, p)</i>	<input type="text"/>
Administration/Clerical (e.g. filing, computer work, answering phones, etc.)	<input type="text"/>
Light manual work (e.g. driving with deliveries, lifting under 5kg, etc.)	<input type="text"/>
Supervisory of manual work	<input type="text"/>
Caring of Dependants <i>(only for TPD and if occupation is 'home duty')</i>	<input type="text"/>
Manual work <i>(e.g. cleaning, lifting over 5kg, carpentry, plumbing, etc.)</i>	<input type="text"/>

- 6 Do any of your occupations (main or second occupation) involve any of the following activities?
- Activities**
- a Flying (other than as a fare paying passenger on a commercial airline, e.g. Qantas) No Yes
 - b Underwater Diving No Yes
 - c Working at heights above 15 metres No Yes
 - d Working in the armed forces, military or navy (other than in a 100% clerical role) No Yes
 - e Working on oil or gas platforms or on a drilling rig No Yes
 - f Working in the mining industry (other than in a 100% clerical role) or working underground No Yes
 - g Contact with explosives or other dangerous materials or substances No Yes

**If 'Yes' to Q6a or b, the appropriate questionnaire(s) in Section D Pastimes and activities on page 17 will need to be completed.
If 'Yes' to Q6c, d, e, f or g please provide details below.**

Please provide details including percentage of time spent on each activity

Are you applying for Income Care, Income Care Plus, Business Overheads Cover or TPD Cover?

- No **Go to Section B – Insurance History Details on page 16**
 Yes **Please complete Question below**

Additional Occupation Details – Income Care, Income Care Plus, Business Overheads Cover, TPD

7 Are you self employed – operating as sole trader, a company, a trust, in a partnership or as an employee of own company? No **Go to Q8** Yes

If 'Yes':

a How long have you operated in this capacity? Years Months

b What percentage of the business do you own? %

c How many people do you employ (excluding yourself)? Full-time Part-time

d Has the business had a net operating loss in the last 2 years? No Yes

8 Have you or any business with which you have owned an interest in, been made bankrupt or placed in receivership or dissolved or a liquidator appointed to it? **Or** are you currently in the process of being assessed for bankruptcy or insolvency? No **Go to Q9** Yes

If 'Yes':

a Date Please provide details below

/	/	
/	/	

b Have you been discharged? No Yes – if 'Yes', please provide date / /

9 What is the average number of hours worked each week in your main occupation?

Currently	Previous 12 months
<input type="text"/>	<input type="text"/>

10 Do you intend to change your occupation or duties, employment situation or take extended leave (e.g. sabbatical, maternity leave) in the next 12 months? No **Go to Q11** Yes

If 'Yes':

a Please provide change details and date of change below

11 Do you have a second occupation? No **Go to Q12** Yes

If 'Yes':

a Name of occupation

b Hours worked per week Annual income from second occupation only

<input type="text"/>	\$	<input type="text"/>
----------------------	----	----------------------

12 Do you work from home? No **Go to Q13** Yes

If 'Yes':

a What percentage of your time is spent working from home? %

b Do you have the following in your business set-up?

Separate office No Yes

Separate entrance to place of residence No Yes

Separate business phone/fax No Yes

c What weekly percentage of time are you in face to face contact (i.e other than by phone, fax or email) with your clients/employer? %

13 Do you have any recognised trade, professional or tertiary qualifications relevant to your current occupation? No **Go to Q14** Yes

If 'Yes':

Please provide details

Please complete questions 14-16 if you are applying for Income Care, Income Care Plus or Business Overheads Cover, otherwise, go to Section B, Insurance History Details, page 16.

Additional Occupation Details – Income Care, Income Care Plus, Business Overheads Cover

14 What was your annual income through personal exertion from your main occupation, net of business expenses but before tax (including superannuation, or income earned from your personal exertion distributed to your partner, spouse (income splitting only), but excluding unearned or investment income) for the previous 2 complete financial years?

Please complete the period and income earned

Period	01/07/YY - 30/06/YY	01/07/YY - 30/06/YY
Annual Earned Income	\$	\$

15 Do you receive **other** income from investments (e.g. interest, dividends, net rental income), which exceeds 25% of your annual income? No **Go to Q16** Yes

If 'Yes':

Please advise how much and from which source?

	Amount p.a.
Dividends and Interest	<input style="width: 100%;" type="text"/>
Net rental income	<input style="width: 100%;" type="text"/>
Other source of income (Please specify)	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

16 Will your income continue if you become disabled beyond the waiting period you have applied for e.g. sick pay, salary continuance insurance? No Yes

If 'Yes':

Please provide details of the source of income (e.g. sick pay, salary, director's fees, salary continuance insurance, etc.), amount of income per month and for how long it will continue?

Are you applying for Business Overheads Cover?

No **Go to Section B Insurance History Details on page 16**
 Yes **Please complete Question below**

Additional Occupation Details – Business Overheads Cover only

1 What percentage of total business earnings would continue if you were not working (including the income the locum is likely to generate if applicable)? %

2 Do you have any business partners or income producing employees? No **Go to Section B on page 16** Yes

If 'Yes':

Details of all employees/business partners

Name of Employee/ Business Partner	Occupation	Income Producing (Y/N)	Monthly Income	% of Interest in Business
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	%
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	%
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	%
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	%

Section B – Insurance History Details

1 Other than this Application, do you have or have you recently applied for any life, trauma, total permanent disability, income protection, group salary continuance or business overheads cover on your life with **any other insurance company**? No **Go to Q2** Yes

If 'Yes':

Please provide details

Insurance company name	Type of Cover	Insurance Benefit Amount	To be replaced? (Y/N)	Policy Number	Date Policy Commenced
		\$			/ /
		\$			/ /
		\$			/ /
		\$			/ /

Please note: If any inforce cover is to be cancelled, cover provided by Commlnsure will not commence until the policy/ies with other life insurer/s is cancelled. Commlnsure is not liable for any claims made if the above mentioned policy/ies have not been cancelled prior to the occurrence of an event giving rise to the claim.

2 Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No **Go to Q3** Yes

If 'Yes':

Please provide the following details

Insurance company name	Date	Terms offered and reason
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3 Are you claiming or have you ever claimed benefit from any source, e.g. Workers Compensation, disability pension, veteran affairs or any other insurance policy providing accident or sickness benefits? No **Go to Section C below** Yes

If 'Yes':

Please provide the following details

Benefit Type/Source	Claim date	Claim amount	Date of claim finalised
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section C – Residence and Travel Details

1 Are you a permanent resident of Australia or New Zealand? No **Go to Q2** Yes

If 'Yes':

How long have you lived in Australia? Whole of Life Years Months **Go to Q3**

2 Country of Birth Nationality

a How long have you lived in Australia? Years Months

b Type of Visa held Expiry date /

c Will you be applying for permanent residency? No **Go to Q3** Yes

If 'Yes':

d Please state proposed date

3 Do you plan to travel, live or work in another country within the next 2 years? No **Go to Section D on page 17** Yes

If 'Yes':

a When do you plan to travel?

b Which countries are you intending to travel to?

c Reasons for travel? Please tick (✓) the appropriate box

- Holidays Business
 Business and Holiday Visiting Family/Relative
 Study Residing/Immigrating

d Duration of your trip? _____ Days Weeks Months Years

e How often do you intend to travel overseas during the next 2 years? _____ 0 – 5 times 5+ times

Section D – Pastimes and Activities

1 Do you currently engage in or intend to engage in any of the following sports or hazardous activities:

Pastime and Activities

- a** Flying (other than as a fare paying passenger on a commercial airline, e.g. Qantas) No Yes **Go to Part A below**
- b** Underwater Diving No Yes **Go to Part B on page 18**
- c** Motor sports of any kind, e.g. rally driving, trail bike riding, ocean racing No Yes **Go to Part C on page 18**
- d** Football of any code (excluding touch football and oztag) No Yes **Go to Part D on page 18**
- e** Any other sport or hazardous activities, e.g. parachuting, hang gliding, body contact sports, paragliding, competitive water sports, recreations involving heights No Yes **Go to Part E on page 19**

If you have answered 'No' to Q1a-e, go to Section E – Habits on page 19.

Part A – Flying Questionnaire

i Do you hold an Air Service licence? _____ No Yes

ii Do you intend to change the scope of your present licence? _____ No Yes

If 'Yes':

Please state the change

iii Have you ever had an accident or been charged with violating Civil Aviation regulations? _____ No Yes

If 'Yes':

Please provide details

iv Please complete the following table:

Hours Flown under the following categories	Last 12 months		Future Yearly Average	
	Pilot	Passenger/Crew	Pilot	Passenger/Crew
Private				
Chartered				
Commercial Airline				
Agricultural, e.g. crop dusting				
Ultralight/Microlight				
Armed Services				
Aerobatics/Stunts				
Helicopter				
Gliding/Hang gliding				
Ballooning/Parachuting				

v Do you intend to engage in any form of aviation other than in the above categories? _____ No Yes

If 'Yes':

Please provide details on the other forms of aviation

vi Do you ever use unauthorised landing areas? _____ No Yes

If 'Yes':

Please provide details

Part B – Underwater Diving Questionnaire

i Please provide the following details:

Average Depth	metres
Maximum Depth	metres
Number of Dives	per annum

ii Do you dive into caves/wrecks/pot holes? No Yes

If 'Yes':

Please provide details including frequency

iii Have you ever had a diving accident or suffered decompression sickness or the bends? No Yes

If 'Yes':

Please provide date(s) and details

Part C – Motor Sports of Any Kind Questionnaire

i Type of motor sports

ii At what level do you participate in?

Recreational only (non-competition) Recreational (with competition) Semi Professional/Professional

iii How long have you engaged in motor sports? Years Months

iv What type of events (e.g. circuit racing, drag racing) and class of racing (if CAMS state category) do you race in?

v Please provide the following details:

Number of events	per year
Vehicle Type including make	
Engine Size	
What maximum speed is reached?	km/hr

Part D – Football of Any Code Questionnaire

i Type of football code

ii At what level do you participate in?

Amateur Semi Professional Professional

iii Number of times played per month (including training) Per month

iv Do you receive any income from participating in this activity? No Yes

If 'Yes':

How much per annum? \$ p.a.

Part E – Other Sports or Hazardous Activities Questionnaire

i What activity do you engage in?

ii At what level do you participate in?

Recreational only (non-competition)
 Recreational (with competition)
 Semi Professional/Professional

iii Number of times played per month (including training) _____ Per month

iv Do you receive any income from participating in this activity? _____ No Yes

If 'Yes':

How much per annum? _____ \$ p.a.

Section E – Habits

1 Have you smoked tobacco or any other substances at any time during the last 12 months? _____ No **Go to Q2** Yes

If 'Yes':

a Please indicate type and amount smoked below:

Type smoked	Per day	Per week	Per year
<input type="checkbox"/> Cigarettes			
<input type="checkbox"/> Cigars			
<input type="checkbox"/> Tobacco pipe			
<input type="checkbox"/> Cannabis/Marijuana			

2 Do you drink alcohol? _____ No **Go to Q3** Yes

If 'Yes':

a Please provide the average number of drinks in one of the following boxes

Per day
 Per week
 Per month

3 Have you ever used or injected yourself with any drug not prescribed by a doctor or received counselling or treatment for the use of alcohol or drugs? _____ No **Go to Section F on page 20** Yes

If 'Yes':

a Please provide the following details

Date from	Date to
/ /	/ /
/ /	/ /

b Type of usage (e.g. alcohol, heroin)

--

c Name of Doctor who has full details

--

d Doctor address

State
Postcode
Telephone number () _____ Fax number () _____

A drug or alcohol questionnaire will also need to be completed by the Life Insured. This form can be provided by your adviser.

Section F – Family History

Have any of your immediate family (that is parents, brothers, sisters) suffered from or been diagnosed with any of the following:

- heart problems
- stroke
- high blood pressure
- diabetes
- breast cancer
- bowel cancer
- other cancer, please specify type

hereditary disorders such as

- huntington's disease
- polycystic kidney
- muscular dystrophy
- familial polyposis
- any other inherited or hereditary disease, please specify type

Unknown No **Go to Section G below** Yes

If 'Yes':

Please complete the following table

Family member	Condition	Approximate age of onset	Age at death (if applicable)
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

Section G – Doctor Details

1 Name and address of the last doctor or medical centre that you consulted

Full name of Doctor

Doctor address

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	State	Postcode

Telephone number

 ()

Fax number

 ()

2 a Date of last consultation

 / /

b Please specify reason for last consultation

c Result/Outcome from last consultation

Please tick (✓) appropriate box:

- Referral to specialist/health professional
 Tests conducted - results pending
 Not fully recovered yet
 All clear/normal – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)
 Full recovery

3 Is this doctor/medical centre mentioned above, your usual doctor/medical centre?

No **Go to Q5** Yes

4 How long have you been a patient of this doctor or medical centre?

Years Months

If less than 12 months, please provide details below:

a Name and address of previous doctor/medical centre

Full name of Doctor

Doctor address

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	State	Postcode

Telephone number

 ()

Fax number

 ()

Please go to Section H on page 21.

5 Do you have a usual doctor or medical centre? No **Go to Section H below** Yes

If 'Yes':

a Name and address of your usual doctor or medical centre

Full name of Doctor

Doctor address

State

Postcode

Telephone number

()

Fax number

()

Section H – Personal and Medical Details

1 What is your height and current weight?

Height	<input type="text"/>	cm	or	<input type="text"/>	feet/inches
Weight	<input type="text"/>	kg	or	<input type="text"/>	stones/pounds

2 Has your weight altered by more than 10 kg during the past year? No **Go to Q3** Yes

If 'Yes':

a Please provide details below

Altered amount kg

Weight direction (please tick (✓) appropriate box) Gain Loss

3 Have you ever had or sought advice or treatment, experienced symptoms or suffered from any of the following:

- a Asthma, bronchitis or any other lung complaint No Yes
- b Cysts, moles, sunspots or skin lesions No Yes
- c Diabetes or abnormal blood sugar No Yes
- d Back, neck, shoulder, knee, elbow complaints, sciatica, disc or spine complaints, or injury of the joints, bones or muscles No Yes
- e Depression or mental disorder (including but not limited to stress, anxiety, panic attacks, behavioural or nervous disorders) No Yes

If 'Yes' to any part of Q3, please complete the rest of Section H and then go to Section I on page 24 to complete the Specific Health Questionnaire(s).

4 Have you ever had or sought advice or treatment, experienced symptoms or suffered from any of the following:

- a Chest pains, heart complaint, heart murmur, high blood pressure, raised cholesterol, palpitations or rheumatic fever No Yes
- b Stroke, paralysis, neurological disorder, multiple sclerosis or blood vessel disorder No Yes
- c Cancer, tumour or melanoma No Yes
- d Thyroid, glandular or pancreatic disorder No Yes
- e Gastric or duodenal ulcer, persistent indigestion, irritable bowel or other bowel disorder No Yes
- f Any disorder of the gall bladder or liver (including hepatitis B, C or raised liver function) No Yes
- g Varicose veins, haemorrhoids or hernia No Yes
- h Disorder of the kidney, bladder or prostate, blood in urine or kidney stones No Yes
- i Epilepsy, fits of any kind, fainting episodes or recurring headaches or migraines No Yes
- j Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder No Yes
- k Arthritis, gout, osteoporosis, fibromyalgia, RSI or any chronic pain syndrome No Yes
- l Eczema, dermatitis, psoriasis or any other skin disorder No Yes
- m Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder No Yes
- n Any impairment of sight, hearing or speech including tinnitus or blurred vision No Yes
- o Any sexually transmitted diseases No Yes
- p Any other illness, injury, disease or disorder not mentioned above No Yes

If 'Yes' to any part of Q4, please complete the rest of Section H and then go to Section I on page 28 to complete the General Health Questionnaire.

5 Other than for those conditions mentioned above, are you taking any **regular prescribed** medication (excluding contraceptives)? No Yes

If 'Yes':

Please provide details on type and frequency of medication

6 Within the last 3 years, have you had:
a Any blood tests, which revealed an abnormality? No Yes

If 'Yes':

Please give dates and details of tests and abnormality

b Any tests such as ECG, X-ray (excluding broken bones or joint strains) or Ultrasound (other than for pregnancy)? No Yes

If 'Yes':

Please give dates and details of tests

7 Have you ever had a genetic test? No Yes

If 'Yes':

Please give dates, type of tests and results

8 Are you considering seeking medical advice, treatment, tests or surgery in the future? No Yes

If 'Yes':

Please provide date and details of advice, treatment and/or proposed surgery?

9 Lifestyle Declaration

To the best of your knowledge is there any possibility that you have ever been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or Hepatitis or are you in a high-risk category (e.g. injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? No Yes

Please note that you may be asked to complete a confidential questionnaire.

If 'Yes':

Please provide details

Additional Questions (for females only)

The following questions should only be answered if the Life to be insured is female.

10 Have you ever had an abnormal result for any of the following tests:
• Pap Smear
• Breast ultrasound
• Mammogram No Yes

If 'Yes':

Please provide details including dates and results of treatments

11 Have you ever had a breast lump or breast cyst (even if you have not consulted a doctor)? _____ No Yes

If 'Yes':

Please give dates and details

12 Are you currently pregnant? _____ No Yes

If 'Yes':

a Due date for birth of baby _____

	/	/
--	---	---

b Have you ever had any complications with pregnancy or childbirth, e.g. diabetes, ectopic pregnancy? _____ No Yes

If 'Yes':

Please give details including dates below

Note: If you have answered 'Yes' to any part of Q3a-e or Q4a-p on page 21, please go to Section I – Specific and General Health Questionnaires on page 24.

Section I – Specific and General Health Questionnaires

If you have answered 'Yes' to:

Section H Q3a, then please complete Q1 Asthma and Bronchitis or Any Other Lung Complaint Questionnaire

Section H Q3b, then please complete Q2 Cysts, Moles or Skin Lesion Questionnaire

Section H Q3c, then please complete Q3 Diabetes or Abnormal Blood Sugar Questionnaire

Section H Q3d, then please complete Q4 Joint/Musculoskeletal Questionnaire

Section H Q3e, then please complete Q5 Anxiety/Depression Questionnaire

Section H Q4, then please complete Q6 General Health Questionnaire

If you have answered 'Yes' to more than a one condition, you must answer the specific questionnaire for each condition listed in question 3 or 4. For example, if you answered 'Yes' to arthritis and bronchitis, then 2 questionnaires must be completed.

1 Asthma and Bronchitis or Any Other Lung Complaint Questionnaire

a Name of Condition

b Have you been diagnosed within the last 12 months?

 No Yes

c Frequency of symptoms in the last 5 years (Please tick (✓) the appropriate boxes)

- Daily
 Weekly
 Occasionally
 One-off episode
 None – childhood only

d Severity of Symptoms in the last 5 years (Please tick (✓) the appropriate boxes)

- Nil symptoms – childhood only
 Mild, i.e. exercise induced only, seasonal (related to hay fever allergy, colds or flu)
 Moderate, i.e. all year around, no specific triggers
 Severe, i.e. constant, reduced lung capacity, restriction of lifestyle or work duties

e Have you required over the last 5 years (Please tick (✓) the appropriate boxes)

Daily preventative inhalers, e.g. Ventolin

 No Yes

Occasional use of a nebulizer or oral steroid medication, e.g. prednisolone

 No Yes

Hospitalisation/Emergency treatment

 No Yes

f Maximum number of consecutive days off work/school you have had over the last 2 years due to this condition?

 Days

g Is your treating doctor different from your usual doctor?

 No Yes

If 'Yes':

Please provide the following details

Name of Doctor

Address of Doctor

State

Postcode

Telephone number

()

Fax number

()

2 Cysts, Moles or Skin Lesion Questionnaire

a Please provide type (e.g. cyst, mole, melanoma)

b Location of growth(s) (e.g. face, back, right arm)

c When was this?

d Was the growth(s) removed?

No **Go to Qe** Yes

If 'Yes':

i When was it removed?

ii Number of Growths removed?

iii Method of removal (Please tick (✓) the appropriate box)

Frozen/Burnt off Surgical/Cut Out

e Were any **further** special tests, investigations, treatments or follow-up required?

No Yes

If 'Yes':

Please provide dates and details of further tests, investigations, treatments or follow-up.

f Were the growths reported to be cancerous (malignant)?

No Yes

g Was the doctor you consulted different from your usual doctor?

No Yes

If 'Yes':

Please provide the following details

Name of Doctor

Address of Doctor

State

Postcode

Telephone number

()

Fax number

()

3 Diabetes or Abnormal Blood Sugar Questionnaire

a Diabetes Abnormal blood sugar level (please tick (✓) the appropriate box)

If 'Diabetes' selected go to Q3b.

If 'Abnormal blood sugar level' selected go straight to Q3c.

b Please confirm type of Diabetes (Please tick (✓) the appropriate box)

Type 1 (Insulin dependent) Type 2 (Diet controlled, oral medication)

c When was your condition first diagnosed?

d Please advise date and result of your last blood test readings for the following:

HbA1c (Glycosylated Haemoglobin) Level

Date of last blood test

Result of last blood test

Blood Glucose Level

Date of last blood test

Result of last blood test

e As a result of your condition, have you ever had any of the following:

- High Blood Pressure
- High Cholesterol
- Eye problems
- Kidney problems
- Heart problems
- Numbness or tingling in your legs or feet
- Diabetic or insulin coma

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes

If 'Yes':

Please provide dates and further details

f Is your treating doctor different from your usual doctor?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

If 'Yes':

Please provide the following details

Name of Doctor

--

Address of Doctor

State

Postcode

Telephone number

()

Fax number

()

4 Joint/Musculoskeletal Questionnaire

If you are applying for Life Care and/or Trauma Cover only, please complete question 4a and 4b only. If you are applying for TPD Cover, Income Care, Income Care Plus or Business Overheads Cover, please complete all questions.

a Nature of complaint (doctor's diagnosis), e.g. Sciatica, back pain, broken bone

--

b Location of complaint, e.g. lower back, right knee, sciatic nerve

--

c When did symptoms first begin?

/ /

d Cause of condition, e.g. lifting, car accident, fall in workplace, unknown

--

e Was an x-ray or scan taken?

No	<input type="checkbox"/>	Go to Qf	<input type="checkbox"/>	Yes
----	--------------------------	-----------------	--------------------------	-----

If 'Yes':

i Date of tests taken

/ /

ii Please provide details of results of tests taken

f Is the nature of the condition degenerative or a disc problem?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

g Are you still undergoing treatment or experiencing symptoms?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

If 'No':

Date symptoms ceased

/ /

Date treatment ceased

/ /

h Have you ever been off work as a result of this complaint or been unable to perform your normal day to day activities?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

If 'Yes':

Please indicate period(s) off work

Date from

Date to

/ /
/ /

/ /
/ /

i Do you have any residual, ongoing effects or restrictions as a result of this condition? No Yes

If 'Yes':

Please provide dates and details

j Is your treating doctor different from your usual doctor? No Yes

If 'Yes':

Please provide the following details

Name of Doctor

--

Address of Doctor

Telephone number	()	Fax number	()
------------------	-----	------------	-----

5 Anxiety/Depression Questionnaire

a Provide details of the condition (doctor diagnosis)

b Date symptoms first commenced / /

c Have you or are you taking medication? No Yes

If 'Yes':

Provide details of the type of medication (including dosage)

--

d Are you currently on medication? No Yes

e Have you ever been hospitalised? No Yes

If 'Yes':

Please indicate period(s) hospitalised

i Date from

Date to

/ /	/ /
/ /	/ /

ii Details/Reason for hospitalisation

f Did the condition ever cause you to lose time off work? No Yes

If 'Yes':

Total time off work Days Months Years

g Has your ability to work or to perform daily activities been restricted in any way? No Yes

If 'Yes':

Please provide dates and details

h Were any of the doctor(s) you consulted different from your usual doctor? No Yes

If 'Yes':

Please provide the following details

Name of Doctor

--

Address of Doctor

Telephone number	()	Fax number	()
------------------	-----	------------	-----

6 General Health Questionnaire

If you have answered 'Yes' to any question in Section H Q4 please complete the table below.

	Question 4()	Question 4()	Question 4()
a Name of Condition	1	2	3
b Date symptom first started			
c Date symptom ceased (if ongoing please state)			
d How often do/did you have symptoms? Please choose from one of the following: Daily, Weekly, Monthly, Quarterly, Half yearly, Yearly, One off, Other - please specify.			
e Severity of condition: Please choose from one of the following: Mild, Moderate, Severe, Never had symptoms, Symptoms ceased.			
f Did you take medication or had any other treatment (e.g. physiotherapy, operation) for this condition? (Please circle answer) ▶ If 'Yes', name the treatment/medication ▶	Yes/No Details:	Yes/No Details:	Yes/No Details:
g Are you still on treatment (including medication)? (Please circle answer) ▶	Yes/No	Yes/No	Yes/No
h Have you ever been off work as a result of this condition? (Please circle answer) ▶ If 'Yes', please state the total time off work in days, months or years ▶	Yes/No Details:	Yes/No Details:	Yes/No Details:
i Have you had any residual, ongoing effects or restrictions as a result of this condition? (Please circle answer) ▶ If 'Yes', please provide dates and details ▶	Yes/No Details:	Yes/No Details:	Yes/No Details:
j Is your treating doctor different from your usual doctor? (Please circle answer) ▶ If 'Yes', please provide the doctor's details ▶	Yes/No Name of doctor: Address of doctor: Tel: Fax:	Yes/No Name of doctor: Address of doctor: Tel: Fax:	Yes/No Name of doctor: Address of doctor: Tel: Fax:

Child's Personal Details

Complete Q1 to Q9 if you have selected the Child Cover Option

Child Life to be Insured

First name/s

Surname

Date of birth

 / /

1 Sex

Male Female

2 Relationship between you (i.e. the applicant) and the child/children?

Mother Father Legal Guardian

3 Have you cared for this child continuously since birth? No **Go to Q4** Yes **Go to Q5**

4 How long have you cared for this child? Years Months

5 Has the child been diagnosed as a moderate or severe asthmatic, i.e. requiring daily preventative treatment **and** occasional oral steroids or has been hospitalised within the last 3 years? No Yes

If 'Yes':

a Date started

 / /

b Provide details of treatment

c Please provide the following details:

Name of Treating Doctor/Hospital

Address of treating doctor/hospital

 State Postcode

6 Other than for asthma, has the child ever been admitted to a hospital **other than** for minor ailments, e.g. broken bones, tonsillitis **OR** suffers from any medical condition or disability? No **Go to Q7** Yes

If 'Yes':

a Please provide details of condition

b Date(s)

 / /

c Treatment

d Outcome

e Please provide the following details:

Name of treating doctor/hospital

Address of treating doctor/hospital

 State Postcode

7 Is the child currently undergoing medical tests or being considered for an operation? No **Go to Q8** Yes

If 'Yes':

a Provide details of condition

b Date(s)

 / /

c Treatment

d Please provide the following details:

Name of treating doctor/hospital

Address of treating doctor/hospital

State
Postcode

8 Has the child's biological parents, brother(s) or sister(s) had:

- heart problems • diabetes • cancer • huntington's disease
- polycystic kidney • muscular dystrophy • cystic fibrosis
- any other hereditary or inherited disease Please specify type

Unknown No **Go to Section K on page 31** Yes

If 'Yes':

Please complete the following table

Family member	Condition	Approximate age of onset	Age at death (if applicable)

9 Name and address of child's regular doctor

Name of Doctor

Address of Doctor

State
Postcode

Telephone number	()	Fax number	()
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Section K – Declaration

This section must be completed in all circumstances.

I have read the Duty of Disclosure in Section 1 of this Application and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until this Application has been accepted by CommInsure.

I authorise:

- the insurer to refer any statements that have been made in connection with this Application and any medical reports, to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers);
- the insurer and any person appointed by the insurer to obtain information on my medical claims, and financial history from the Insurance Reference Association and any other body holding information on me.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- the answers given together with any special conditions will form the basis of the contract of insurance; and
- no information has been withheld which may affect CommInsure's decision to provide insurance.

I have read and understood the section 'Privacy of Your Personal Information' on page 41 of the Personal Insurance Portfolio PDS. I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.

By ticking the box beside my signature below I indicate that I do not want to receive marketing information.

Signature of life to be insured	Date	Signature of Policy Owner (if Child Cover Option selected)	Date
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> I do not wish to receive marketing information		<input type="checkbox"/> I do not wish to receive marketing information	

Medical Authority Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CommInsure)

Dear

I hereby authorise you to give to CommInsure and/or an authorised person all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Name of life to be insured	Previous Surname (if applicable)
<input type="text"/>	<input type="text"/>
Signature of life to be insured	Date
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Medical Authority Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CommInsure)

Dear

I hereby authorise you to give to CommInsure and/or an authorised person all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Name of child life to be insured	
<input type="text"/>	
Signature of policy owner	Date
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Financial Authority

Only complete this section if you want your Accountant or Financial Adviser to release information to CommInsure. Authority to release financial information to CommInsure

Life to be Insured

I, authorise my Accountant/Financial Adviser to release all information which CommInsure and/or an authorised person requests for the purpose of assessing my Application for insurance. A photocopy of this authorisation is as effective and valid as the original.

Signature of life to be insured	Date signed
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

This page has been left blank intentionally.



Pathology Request Form

Important Information relating to AIDS (HIV)

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the name given to a condition in which the immune system is attacked by the Human Immunodeficiency Virus (HIV). AIDS is a viral disease which destroys white blood cells in the body. The white blood cells help protect the body against infections and cancers.

How do people contract AIDS?

HIV can be transmitted by:

- 1 Unprotected sex with a partner who has the virus.
- 2 Receiving blood, semen or organs which have been infected with HIV.
- 3 Intravenous drug users who share needles and syringes.
- 4 Mother to child during pregnancy or breastfeeding.

Is there a cure?

The most recent evidence suggests that the virus will persist in the body indefinitely. As yet, there is no known cure for AIDS.

Why do people need an AIDS test for insurance?

As there is no known cure for AIDS, it is essential that CommInsure protects the interests of existing policy owners. It must also ensure long-term viability for the benefit of not only current but also future policy owners. AIDS has become a critical risk factor as are heart disease, cancers, dangerous occupations, hazardous activities and the like. Accordingly, a Lifestyle declaration has been introduced as part of the Personal Statement. Additionally, a blood test will be required.

What are your options?

You may choose not to have the test or you may wish to have further information first. If so, we recommend you discuss this with your own doctor or specialist counsellor. If you choose not to have the test, CommInsure may not be able to proceed with the application for insurance.

What does a negative result mean?

If you receive a negative result it means that you have not been infected with HIV or that you may have been infected recently but your body has not produced the antibodies signalling the presence of the virus. The body can take between 7 and 12 weeks to manufacture the antibodies for HIV.

What does a positive result mean?

If the result is positive it means that you have been infected with the virus and thus the infection is permanent. Please be aware of how the infection is transmitted so that you do not pass it on. People who have been infected with HIV may develop full-blown AIDS at some stage and the long-term outlook is uncertain. For this reason insurance will not be available to these people.

Where do the results go?

Everyone undergoing an AIDS test must sign a release form. All results will be sent under confidential cover to CommInsure's Chief Medical Officer to preserve your privacy.

Important Information relating to Hepatitis B and C

What is Hepatitis B?

Hepatitis B is liver inflammation caused by the Hepatitis B Virus (HBV). Many people who get Hepatitis B either don't become ill or recover completely and the virus disappears from the blood. However, between 5% and 10% of people who are infected, remain infectious and can infect other people. Chronic Hepatitis B infection can lead to cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis B test result mean?

If the result of the Hepatitis B test is positive this means you have been infected by the Hepatitis B Virus and you can pass this infection to:

- any unprotected sexual partner
- anyone receiving your blood, donated organs or semen
- an intravenous drug user by sharing a needle, or
- a newborn baby from a Hepatitis B positive mother.

What is Hepatitis C?

Hepatitis C is liver inflammation caused by the Hepatitis C Virus (HCV). Many people have no symptoms. Some people may feel tired, have mild abdominal discomfort, or feel nauseous. The Hepatitis C Virus is usually spread by blood-to-blood contact with someone who is already infected. People infected with the Hepatitis C Virus will either clear the virus from their body or develop chronic hepatitis with or without symptoms. About 50% of people with Hepatitis C will develop chronic hepatitis. Some people with chronic hepatitis will develop cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis C test result mean?

A positive Hepatitis C test result means that you have Hepatitis C antibodies in your blood indicating present or past infection and you can pass this infection to:

- an intravenous drug user by sharing a needle or
- anyone receiving your blood or donated organs.

Note: If you test positive for Hepatitis B or C, the laboratory that tests your blood is required by law to inform the state health department. This information is treated confidentially and used only for statistical purposes. People with Hepatitis B or C are not necessarily refused life insurance but may expect to pay higher annual premiums.

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Pathology Request for Insurance Purposes

Personal Insurance Portfolio

CommInsure



It is essential to present this consent form to your doctor/pathologist if you need to undergo any pathology test(s)

Adviser Instructions

- 1 With the Life to be Insured, complete the following sections on page 35 and 36:
Adviser details, Life to be Insured details, Tests Requested, Current Doctor and Pathologist.
- 2 Give your client this Pathology Request and confirm the 'Life to be insured instructions' section with them.

Life to be Insured instructions

- 1 Please complete this form but do not sign the client consent prior to attending the pathologist appointment.
- 2 Telephone the pathology branch for an appointment and ask if any special instructions apply.
- 3 If a Multiple Biochemical Analysis (MBA20) is required, you should fast overnight for a minimum 10 hours before the test.
- 4 If a HIV test and/or Hepatitis B and C test are required, please ensure you have read the section 'Important Information relating to AIDS and Hepatitis B and C'.

Adviser Details

Name	Agency number	Application number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile	
() <input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

Life to be insured details

First name/s	Surname
<input type="text"/>	<input type="text"/>
Gender	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
Date of Birth	Referral Date
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Tests Requested

Other than a positive HIV and Hepatitis B and C test result, I request and authorise the pathologist mentioned in this form to forward a copy of my blood test results to my current doctor in addition to CommInsure and its authorised person.
Consent No Yes

Please tick (✓) the appropriate test(s)

- Multiple Biochemical (MBA20) – (including HDL and LDL cholesterol)
- Hepatitis B and C serologies (please read the section Important Information relating to Hepatitis B and C)
- HIV antibodies (please read the section Important Information relating to AIDS (HIV))
- Cotinine Test
- Full blood count and ESR
- Prostatic Specific Antigen (PSA)
- Resting ECG
- Exercise ECG
- Microscopic Urinalysis
- Other (please specify)

Current doctor

Name	Phone number
<input type="text"/>	(<input type="text"/>) <input type="text"/>

Address		
<input type="text"/>		
	State	Postcode

Pathologist

Name	Phone number
<input type="text"/>	(<input type="text"/>) <input type="text"/>

Address		
<input type="text"/>		
	State	Postcode

Results and accounts for all applications should be sent to:

**Commlnsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128**

Please indicate client's full name and date of birth on the results and accounts.

Please forward the blood test results to the appropriate person and Commlnsure as indicated in this form by the Life to be insured (refer to 'Tests Requested' section).

Life to be Insured Consent

I,

- request and authorise the pathologist mentioned above to perform the tests requested by Commlnsure and authorised person in connection with my application for insurance and forward such report to Commlnsure's Chief Medical Officer.
- consent to have my blood tested for the presence of antibodies to the AIDS virus and Hepatitis B and C where requested by Commlnsure. I have read the information provided on page 33 on the implications of Commlnsure's AIDS test and understand its significance.

I request in the event of a test for HIV antibodies and/or Hepatitis B and C serologies being positive (please tick (✓) the appropriate box):

- Commlnsure's Chief Medical Officer communicates the result to me directly and in confidence
- Commlnsure's Chief Medical Officer communicates the result to my current doctor or to the doctor nominated below for communication to me, in person

Doctor's full name	Doctor's phone number
<input type="text"/>	(<input type="text"/>) <input type="text"/>

Doctor's address		
<input type="text"/>		
	State	Postcode

Signature of life to be insured	Date
<input type="text"/>	<input type="text"/>

Direct Debit Request Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Policy number/s
(if known)

Personal Details

Surname

Given name/s

or
Company/Business
name giving Direct
Debit Request

ABN

Customer's
address

State

Postcode

I/We authorise and request

CMLA 115 (APCA User ID) until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which CMLA may debit or charge me/us through the Bulk Electronic Clearing System.

The Schedule

Name of account
to be debited

Details of Financial Institution at which your account is held

Account details

BSB

Account number

Name

Address

State

Postcode

Direct Debit Request Authorisation

I/We have read the Customer Service Agreement on page 39 of this Application and acknowledge and agree with its terms and conditions. I/We request this arrangement to remain in force in accordance with details set out in The Schedule described above and in compliance with the Customer Service Agreement.

Customer/s name

Customer/s
signature

Date

This page has been left blank intentionally

Credit Card Authority Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Please tick (✓) the appropriate box and complete all details.

Bankcard MasterCard Visa Please charge my credit card the amount of \$

(or adjusted amount as advised to me from time to time) at the frequency selected below until this ongoing authority is cancelled in writing, by either myself or the insurer.

Frequency Monthly Quarterly Half-yearly Yearly

Cardholder's name

Cardholder's number Expiry date /

Cardholder's signature Date / /

BR144 120805

CommInsure is a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809

Direct Debit Request Customer Service Agreement Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

We, The Colonial Mutual Life Assurance Society Limited, note our commitment to you, as follows:

- We will advise you by notice, statement or invoice of the drawings.
- Where the drawing date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement (other than those detailed in your policy conditions), providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange an alternative payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the customer, note your commitment to us as the following:

- It is your responsibility to check with your Financial Institution before completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account.

- It is your responsibility to ensure that, at all times, sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you, to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated Financial Institution is unable to cancel your Direct Debit arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

BR144 120805

This section must be retained by the customer.

Page 39 of 44

CommInsure is a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809

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Adviser details

Adviser 1

Name			Agency number	
Company name of adviser (if applicable)				
Referral branch name (if applicable)			Referral branch BSB (if applicable)	
Contact name	Phone number	Fax number		
	()	()		

Adviser 2

(if applicable)

Name			Agency number	

Customer contact

If required, do you give permission for CommInsure to contact your client directly to clarify any matter in relation to this Application? No Yes

If 'Yes' please provide contact phone number(s) () Daytime () Evening time

Preferred day(s) of contact

Preferred time of contact Daytime Evening time

Email address

Do you authorise direct contact with your client for 'Telephone Underwriting'? (if this question is unanswered, a 'Yes' response will be assumed) No Yes

Underwriting Pre-assessment Details

Pre-Assessment underwriting reference number (if applicable)

If your client has a significant medical condition or is overweight/obese, have you prepositioned your client that a premium loading and/or an exclusion may apply? No Yes

English literacy

Can the proposed policy owner/s and/or life/lives to be insured read and understand English? No Yes

If 'No' what language was used to explain the policy?

Adviser declaration

I certify that I have provided the Applicant with the current Personal Insurance Portfolio PDS

Signature of adviser 1	Date	Signature of adviser 2	Date
X	/ /	X	/ /

Remuneration structure

All Commonwealth Bank customer applications

Advisers

Income Care Range Initial
 Hybrid
 Level

Total Care Plan Initial
 Hybrid
 Level

Remuneration split

(Complete if there is more than one adviser)

Adviser 1 %
Adviser 2 %

Syndicate plan codes

Income Care Range
Total Care Plan

Notes

A large area of horizontal lines for writing notes, consisting of approximately 35 evenly spaced lines. The lines are light yellow and extend across the width of the page, leaving a small margin on the left and right sides.

Back page of application form

Contact details

Phone enquiries	Customer Service Consultants Telephone 13 10 56 Between 8 am and 8 pm (Sydney time), Monday to Friday
Postal address	Personal Insurance Portfolio PO Box 319 SILVERWATER NSW 2128
Web site	comminsure.com.au

Speak with your adviser
or call us now on

13 10 56

8am–8pm Mon–Fri
comminsure.com.au

CommInsure



CIL70 011005