



ST. GEORGE

PROTECTION

CHOICES

Insurer:

St. George Life Limited ABN 88 076 763 936 AFSL 240900
Locked Bag 1
Kogarah NSW 1485
Ph: 02 9952 0930
Fax: 02 9952 076

You should read this Product Disclosure Statement carefully. It contains important information you should know about the product being offered.

Preparation date: 1 March 2004.

PRODUCT DISCLOSURE STATEMENT



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ABOUT ST.GEORGE LIFE LIMITED

The insurer of this product is St.George Life Limited ABN 88 076 763 936 AFSL 240900. St George Life is registered as a life insurance company under the Life Insurance Act 1995 and is a separate company wholly owned by St.George Bank Limited ABN 92 055 513 070 AFSL 240997. St.George Bank Limited and other members of the St.George Group **do not guarantee** the payment of claims under the policy.

THE DIRECTORS OF ST.GEORGE LIFE ARE:

F. J. Conroy
B. J. Riordan
P. Fegan
W. G. Westwood

Registered Office:

St.George Life Limited
4-16 Montgomery Street
Kogarah NSW 2217

CONTACT DETAILS

You can contact us by:

- writing to us at our Registered Office, shown above
- writing to us at our postal address:
Locked Bag 1
Kogarah NSW 1485
- telephoning (02) 9952 0930 between 9.00am and 5.30pm Monday to Friday (EST).

DEFINITIONS

In this document:

“**Life Insured**” means a person or persons in respect of whom we provide cover.

“**we**”/“**our**”/“**us**” means St.George Life Limited ABN 88 076 763 936 AFSL 240900.

“**you**” or “**your**” means the person(s) applying for insurance.

Other definitions can be found at pages 16 to 17.

Medical definitions can be found at pages 18 to 20.

PURPOSE OF THIS PRODUCT DISCLOSURE STATEMENT

This Product Disclosure Statement (“PDS”) has been prepared to assist you in understanding the insurance policy and in making an informed choice about your insurance requirements.

You should read this PDS and the policy document carefully before you make any decisions. Any advice contained in this PDS is general advice only and it does not take into account your individual objectives, financial situation or needs. Because of that you should consider the appropriateness of this product having regard to your objectives, financial situation and needs.

YOU MAY REQUEST FURTHER INFORMATION

You may request further information about this product, or a copy of the policy document, by contacting us at the address or telephone number shown on the front cover.

We are obliged to give you further information which has been previously made generally available to the public and might reasonably influence your decision whether to acquire this product. We will tell you if there is a charge to provide you with this further information.

UPDATING INFORMATION

Some of the information in this PDS is subject to change and may be updated from time to time if the change is not materially adverse. Updated information may be obtained:

- from the website at stgeorge.com.au
- by calling the customer service centre on (02) 9952 0930 during business hours
- by writing to us at Locked Bag 1, Kogarah NSW 1485

In addition, we will provide this information to you in hard copy free of charge upon your request.

We will issue you with a new PDS or a Supplementary PDS if required by law where the update is to rectify an omission or the change is materially adverse from the point of view of a reasonable person deciding whether to acquire this product.

ABOUT THE PRODUCT

St.George Protection Choices offers a range of benefit options to help protect your lifestyle and financial dependants. You need to consider the type of insurance cover that suits your needs. You can choose from the following types of insurance cover:

- Death Benefit
- Total Permanent Disability Benefit
- Recovery Benefit
- Disability Income Protection Benefit
- Disability Income Protection Plus
- Business Expenses Plan

Below is a summary of each of the available benefits. Except for the Disability Income Protection Plus option, each benefit can be taken out on its own ('Standalone'), or with other benefits. Disability Income Protection Plus can only be taken out with the Disability Income Protection Benefit.

DEATH BENEFIT

The Death Benefit helps to provide financial protection for the Life Insured's dependents with a lump sum payment if the Life Insured dies or becomes Terminally Ill with less than 12 months to live. We will pay 100% of the Death Benefit Sum Insured to a maximum of \$2,000,000 if the Life Insured becomes Terminally Ill, where applicable the balance will be paid on the Life Insured's death.

TOTAL PERMANENT DISABILITY BENEFIT (TPD)

The Total Permanent Disability Benefit helps to provide financial protection for the Life Insured and the Life Insured's dependents if the Life Insured becomes Totally and Permanently Disabled. We pay the Total and Permanent Disability sum insured as a lump sum or, at our option, by 10 six monthly instalments (as long as the Life Insured is living and Totally and Permanently Disabled when each instalment is due).

RECOVERY BENEFIT

The Recovery Benefit provides cover against specified diseases, illnesses, injuries and medical procedures, such as Multiple Sclerosis, Chronic Liver Disease, Coronary Bypass Surgery, Cancer and Severe Burns. This benefit also provides cover if the Life Insured suffers Total Permanent Disability. The Recovery Benefit will be paid as a lump sum, except in the case where the Life Insured suffers Total Permanent Disability, we may choose to pay the Recovery Benefit by 10 six monthly instalments instead (payments are made as long as the Life Insured is living and Totally and Permanently Disabled when each instalment is due).

DISABILITY INCOME PROTECTION BENEFIT

The Disability Income Protection Benefit provides a benefit payable monthly, in arrears, while the Life Insured is Totally Disabled. Generally, Totally Disabled means that the Life Insured has an injury or illness that prevents he or she from performing his or her regular occupation necessary to produce income, as confirmed by a medical practitioner, and the Life Insured is not engaged in any other occupation (the definition of "Totally Disabled" appears on page 16). Benefits are paid after the Life Insured has been Totally Disabled for the waiting period chosen by you, and are payable during the Benefit Period chosen by you. The Disability Income Protection Benefit includes other benefits, such as a Partial Disability Benefit, and a Death Benefit which will be paid as a lump sum equal to 6 months' benefit in the event of the Life Insured's death.

DISABILITY INCOME PROTECTION PLUS

This option is only available with the Disability Income Protection Benefit. The same benefits apply as for the Disability Income Protection Benefit, however this option provides for the payment of further additional benefits to assist the Life Insured during a period of permanent or Partial Disability. An example of one of the additional benefits is cover for a specified injury, fracture, illness or procedure (as listed on page 12) by payment of a monthly benefit for a guaranteed minimum payment period if the Life Insured suffers one of the specified injuries, illnesses, fractures or procedures.

BUSINESS EXPENSES PLAN

The Business Expenses Plan covers Eligible Business Expenses that must be paid each month if the Life Insured is self employed and becomes Totally Disabled. A waiting period of 30 days applies. The benefit is paid monthly in arrears for a maximum of 12 months, and we may extend this period for another 12 months until the reimbursed Eligible Business Expenses equal 12 times the monthly benefit.

IMPORTANT

- Each of the above options are explained in detail at pages 6 – 14
- Please note that some exclusions (when we won't pay the benefit) apply. See page 16 for details of the exclusions that apply to each option.
- See the policy document for complete wording, details and limitations.

SIGNIFICANT FEATURES AND BENEFITS

The following tables summarise the significant features and benefits of each type of cover. You should read this PDS and the policy document for full details of coverage, limits, applicable terms exclusions and conditions.

Feature	Death Benefit	Total Permanent Disability (TPD) Benefit	Recovery Benefit
Main event insured	Death of Life Insured before policy anniversary following Life Insured's 99th birthday.	Total and Permanent Disablement of the Life Insured before age 65. TPD Benefit continues as Loss of Independence to policy anniversary following Life Insured's 80th birthday but conditions apply. See page 8 for details.	Life Insured requiring a major surgical procedure or suffering a major illness or major injury before age 65. Recovery Benefit continues as Loss of Independence to policy anniversary following Life Insured's 80th birthday but conditions apply. See page 9 for details.
Benefit	Death Benefit sum insured.	Total and Permanent Disability Benefit sum insured.	Recovery Benefit sum insured.
Min sum insured	\$100,000	\$100,000	\$100,000
Max sum insured	No pre-defined maximum. Subject to acceptance by us.	Death Benefit sum insured (if applicable) or \$2,000,000 for all policies issued by us, whichever is less.	Death Benefit sum insured (if applicable) or \$1,000,000 for all policies issued by us, whichever is less.
Indexation of sum insured	Yes, to Consumer Price Index. Some exceptions apply. See page 15.	Yes, to Consumer Price Index. Some exceptions apply. See page 15.	Yes, to Consumer Price Index. Some exceptions apply, see page 15.
Min age of Life Insured at entry	18 years	18 years	18 years
Max age of Life Insured at entry	70 years	60 years	60 years
Expiry date	Policy anniversary after the Life Insured turns 99.	Policy anniversary after the Life Insured turns 80.	Policy anniversary after the Life Insured turns 80.
How cover can be taken out	On its own. You can choose to add other covers for an additional premium.	On its own. You can choose to add other covers for an additional premium.	On its own. You can choose to add other covers for an additional premium.
Interim Accident Cover	Death Benefit sum insured up to \$300,000. See page 25 for details.	No	No
Terminal Illness Cover	100% of the Death Benefit to a maximum of \$2,000,000, the balance payable on death of the Life Insured.	No, unless you have a Death Benefit also.	No, unless you have a Death Benefit also.
Future Insurability Benefit	Allows the Death Benefit sum insured to be increased by certain amounts upon certain events without the need for medical evidence. See pages 6 and 7 for details.	No	No
Trauma Counselling Service	Yes	Yes	Yes
Bereavement Counselling Service	Yes	N/A	N/A
Reduction of sum insured	Reduction of Death Benefit sum insured if payment made for Terminal Illness. Premium will also be reduced.	Reduction of Death Benefit sum insured by any amount paid in respect of Total Permanent Disability unless the Standalone TPD Benefit option applies. Premium will be reduced if the Death Benefit sum insured is reduced.	Reduction of Death Benefit sum insured by any amount paid in respect of the Recovery Benefit unless the Standalone Recovery Benefit option applies. Premium will be reduced if the Death Benefit sum insured is reduced.
Policy Fee	\$33 (including GST, may be increased annually in line with the CPI). No additional fee if taken out with other covers.	\$33 (including GST, may be increased annually in line with the CPI). No additional fee if taken out with other covers.	\$33 (including GST, may be increased annually in line with the CPI). No additional fee if taken out with other covers.
How premiums are calculated	Based on level of cover and Life Insured's age, gender, occupation, smoking status and other risk factors.	Based on level of cover and Life Insured's age, gender, occupation, smoking status and other risk factors.	Based on level of cover and Life Insured's age, gender, occupation, smoking status and other risk factors.
Minimum premium	\$100 paid annually	\$100 paid annually for Standalone TPD. Otherwise \$100 paid annually for combined Death, TPD and/or Recovery Benefit/s.	\$100 paid annually for Standalone Recovery Benefit. Otherwise \$100 paid annually for combined Death, TPD and/or Recovery Benefit/s.
Premium payment options	Monthly or annually	Monthly or annually	Monthly or annually
Failure to pay premium	Cover may cease if you fail to pay the premium within 30 days of the due date.	Cover may cease if you fail to pay the premium within 30 days of the due date.	Cover may cease if you fail to pay the premium within 30 days of the due date.
Other charges	We may pass on government charges and taxes such as stamp duty.	We may pass on government charges and taxes such as stamp duty.	We may pass on government charges and taxes such as stamp duty.
Coverage	24 hours a day worldwide	24 hours a day worldwide	24 hours a day worldwide
Exclusions	There are circumstances in which benefits will not be paid. Please refer to page 16 for details.	There are circumstances in which benefits will not be paid. Please refer to page 16 for details.	There are circumstances in which benefits will not be paid. Please refer to page 16 for details.
Cash in value	None	None	None
Cooling off period	21 days	21 days	21 days
Complaints	We have a formal process for handling complaints. See page 22 for details.	We have a formal process for handling complaints. See page 22 for details.	We have a formal process for handling complaints. See page 22 for details.

PREMIUMS

How your premium is calculated

The annual premium is based on the level of cover for the benefits applying. The Life Insured's age, sex, occupation, smoking status and other risk factors will also have a significant impact on the calculation of your premium.

To find out what your premium is likely to be, please call us on (02) 9952 0930 or ask at any St.George branch. If you would like a copy of the premium rate tables, these are available on request.

When and how to pay your premium

Premiums are payable annually or monthly in advance and we currently provide the following options for payments:

- St.George Bank accounts – monthly
- Other bank or building society accounts – monthly
- VISA, MasterCard or Bankcard – monthly or annually
- or
- Cheque or cash – annually

If you choose to pay monthly, your premium will allow for the costs associated with administering monthly payments.

Will your premium change?

Premiums are adjusted each year in line with the Life Insured's age, and sum insured for the benefits provided. Premium rates are not guaranteed and may be increased, but only if the rates are increased for all benefits of the same type in this class of Protection Choices Policy.

Minimum premiums

Minimum premiums for the Death Benefit, the TPD Benefit and the Recovery Benefit are \$100 annually or \$10 monthly. Minimum premiums for the Disability Income Protection Benefit and Business Expenses Plan are \$200 annually or \$20 monthly.

What happens if you do not pay your premium?

If you do not pay premiums within 30 days of the due date, the policy may lapse and all cover will cease. You may apply to us to have the policy reinstated but we may require evidence of the Life Insured's health.

BENEFITS

DEATH BENEFIT

What we will pay

We will pay a benefit as a lump sum if the Life Insured dies or suffers a Terminal Illness while cover is in place.

The amount we pay is the Death Benefit sum insured if the Life Insured dies. If the Life Insured suffers Terminal Illness, we pay the Death Benefit sum insured to a maximum of \$2,000,000, the balance becoming payable on the death of the Life Insured. Terminal Illness is defined on page 16.

Minimum and maximum insurance amounts

The minimum Death Benefit sum you can take out insurance for is \$100,000. The maximum sum insured will be determined by us on application.

Reduction of sum insured

If we pay an amount because of Terminal Illness, the Death Benefit sum insured and any Total Permanent Disability sum insured and/or Recovery Benefit sum insured will be reduced by that amount, unless Standalone Total Permanent Disability and/or Recovery Benefit options have been selected. The premium will be reduced accordingly.

Who can be insured

The Life Insured must be between the ages of 18 and 70 when the cover commences.

The Death Benefit expires on the policy anniversary after the Life Insured turns 99.

Beneficiaries

If the Life Insured is also the policy owner, up to 5 beneficiaries can be nominated to receive the benefit of the policy if the Life Insured dies. This facility is not available if the policy is effected for business purposes or forms part of a superannuation plan.

Future Insurability Benefit

The Future Insurability Benefit:

- Allows the Life Insured's Death Benefit to be increased without the need for medical evidence.
- Is available until the policy anniversary prior to the Life Insured's 60th birthday.
- Allows one increase for each personal and/or business event in any 12 month period.
- Each minimum increase is \$25,000. The maximum cumulative amount by which the Death Benefit sum insured can increase is the lesser of the amount of the original cover or \$1,000,000. This limit applies to all policies on the Life Insured held with us.
- Premiums will rise in proportion to the increased Death Benefit sum insured.
- Is only available if the Life Insured's policy is originally issued on medically standard rates.
- The increase must be applied for within 30 days of the event for personal events.
- In relation to business events, the increase can be applied for as and when the value in the Life Insured's share of the business or value of key person increases.
- The Future Insurability Benefit is not available if the Life insured has made a claim or is eligible to make a claim under any St.George Life policy for any benefit.

The table below sets out Future Insurability Events, the evidence required to apply for a Future Insurability Benefit and the benefit you can apply for.

Future Insurability (Personal) Event (occurring after the benefit commencement date)	Evidence Required	Benefit
<p>The Life Insured's marriage* (this event is available once only during the period of the policy).</p> <p>The Life Insured or The Life Insured's spouse giving birth to or adopting a child.</p>	<ul style="list-style-type: none"> • Completion of our Future Insurability Benefit Increase Application Form; and • A copy of the marriage certificate in respect of a marriage recognised under the Marriage Act 1961 (Commonwealth). • Completion of our Future Insurability Benefit Increase Application Form; and • A copy of the birth certificate for the child or the adoption documentation. 	<p>The Death Benefit sum insured may be increased by the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Death Benefit sum insured at benefit commencement date; or • \$200,000. <p>* During the first six months after effecting the Future Insurability benefit in respect of marriage, the portion of the Death Benefit sum insured increased by the Future Insurability Benefit will be paid only in the event of the Life Insured's accidental death.</p> <p>The Death Benefit sum insured may be increased by the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Death Benefit sum insured at benefit commencement date; or • \$200,000.
Future Insurability (Business) Event (occurring after the benefit commencement date)	Evidence Required	Benefit
<p>The Life Insured:</p> <ul style="list-style-type: none"> • Takes out a mortgage; or • Increases an existing mortgage, on the Life Insured's principal place of residence with a registered mortgage provider.* <p>The Life Insured is a 'key person' in a business and the Life Insured's value to the business increases.</p> <p>The Life Insured is a key person if he/she is crucial to the operation of the business and it can be reasonably demonstrated to us that the business would suffer a financial loss in the event of the Life Insured's death.</p> <p>The Life Insured's increased value to the business shall be measured having regard to his/her gross remuneration package, including his/her share of any distributed net profit of the business as determined by a professionally qualified and practising accountant.</p> <p>The Life Insured is a 'key person' in a business and the Life Insured's financial interest in the business increases.</p> <p>The Life Insured is a key person if he/she is a partner, share holder, unit holder, or a similar principal in a business and the policy forms part of a written 'buy/sell', share purchase or business succession agreement and the value of the Life Insured's financial interest in the business increases.</p> <p>The Life Insured's financial interest in the business shall be measured having regard to his/her share of the net value of the business after allowing for business liabilities, as determined by a professionally qualified and practising accountant or an appropriately qualified business valuer.</p>	<ul style="list-style-type: none"> • Completion of our Future Insurability Benefit Increase Application Form; and • Written confirmation from the Life Insured's mortgage provider(s) of: <ul style="list-style-type: none"> (i) the amount and effective date of the mortgage where the Life Insured takes out a mortgage; or (ii) the amount of the mortgage immediately preceding the increase and the effective date and current level of the mortgage where you increase your mortgage, whether with an existing or different mortgage provider. • Completion of our Future Insurability Benefit Increase Application Form which requires the policy owner to provide information on such matters as: <ul style="list-style-type: none"> (i) the Life Insured's gross remuneration package for the last 3 years; (ii) the proportion of the net profits of the business that can fairly be attributed to the Life Insured; and (iii) details of the business results for the last 3 years. • We may require additional information. Such information may include copies of the audited business results or business accounts if available, tax returns, or other documents substantiating the Life Insured's increased value to the business. • Completion of our Future Insurability Benefit Increase Application Form which requires you to provide information on such matters as: <ul style="list-style-type: none"> (i) the net value, assets and liabilities of the business and the Life Insured's financial interest in the business for the last 3 years; and (ii) details of the business results for the last 3 years. • We may require additional information. Such information may include copies of the audited business results or business accounts if available, or other documents substantiating the Life Insured's increased financial interest in the business and the method chosen to value the business. 	<p>The Death Benefit sum insured may be increased by the lesser of:</p> <ul style="list-style-type: none"> • 50% of the Death Benefit sum insured at the benefit commencement date; or • the amount of the mortgage where the Life Insured takes out a mortgage for the first time; or • the amount of the increase to the level of the mortgage; or • \$200,000. <p>* During the first six months after effecting the Future Insurability benefit in respect of a mortgage, the portion of the Death Benefit sum insured increased by the Future Insurability Benefit will be paid only in the event of the Life Insured's accidental death.</p> <p>The Death Benefit sum insured may be increased by the lesser of:</p> <ul style="list-style-type: none"> • A multiple of 5 times the average of the life Insured's last 3 consecutive annual increases in his/her gross remuneration package; or • 25% of the Death Benefit sum insured at the benefit commencement date; or • \$200,000. <p>The Death Benefit sum insured may be increased by the lesser of:</p> <ul style="list-style-type: none"> • The average of the 3 consecutive annual increases in the net value of the Life Insured's financial interest in the business; or • 25% of the Death Benefit sum insured at the benefit commencement date; or • \$200,000.

Other benefits

A trauma counselling service is available for the Life Insured in the event of Terminal Illness.

A bereavement counselling service is available for immediate family members in the event of the Life Insured's death.

For no additional cost, we will provide accidental death cover to a maximum of \$300,000 while an application is being considered (see page 25 for further details).

TOTAL PERMANENT DISABILITY BENEFIT**When we will pay**

This benefit can be taken out on its own or with other benefits and is payable if the Life Insured suffers Total Permanent Disability, as defined on page 17 while cover is in place. You can choose an "own occupation" definition for Total Permanent Disability. See paragraph B of the definition for more information.

We pay the Total Permanent Disability sum insured as a lump sum or, at our option, by 10 six monthly instalments (as long as the Life Insured is living and Totally and Permanently Disabled when each instalment is due for payment).

Minimum and maximum insurance amounts

The minimum Total Permanent Disability sum you can take out insurance for is \$100,000.

The maximum sum you can take out insurance for is the Death Benefit sum insured (if selected), or \$2,000,000 (for all policies issued by us) whichever is less. These limits may be revised.

Reduction of sum insured

Where you have taken out the TPD Benefit with a Death Benefit, the Death Benefit sum insured will reduce by any amount paid in respect of Total Permanent Disability. Your premium will be reduced accordingly.

Where you have taken out the TPD Benefit with a Death Benefit, the Total Permanent Disability sum insured will reduce by any amount paid for Terminal Illness (as defined on page 16). Your premium will be reduced accordingly.

Option to purchase back Death Benefit

Where a TPD Benefit has been paid and the Death Benefit reduced by the amount paid under the TPD Benefit, for an additional premium, you have the option to increase the Death Benefit sum insured, without evidence of the Life Insured's health, by the TPD Benefit sum insured paid.

You must exercise the option on the first anniversary of the payment of the TPD Benefit. To exercise an option, you must notify us in writing within 30 days of the first anniversary date. Note that this option does not apply in respect of the Standalone TPD Benefit option.

Who can be insured

The Life Insured must be between the ages of 18 and 60 when the cover commences.

The Total Permanent Disability Benefit expires on the policy anniversary after the Life Insured turns 65, but may be renewed until the policy anniversary after the Life Insured turns 80 at a reduced premium, in which case the Total Permanent Disability Benefit will only cover the Life Insured's Loss of Independence. See page 17 for the definition of Total Permanent Disability and Loss of Independence. The sum insured will be reduced by 10% each year on each renewal following the Life Insured's 70th birthday.

Other benefits

A trauma counselling service is available for the Life Insured in the event of Total Permanent Disability.

RECOVERY BENEFIT

What we will pay

This benefit can be taken out on its own or with other benefits and is payable if the Life Insured requires a procedure, or suffers one of the medical conditions, listed below, and which are defined on pages 18 to 20 while cover is in place.

Medical conditions and procedures covered by the Recovery Benefit

- Advanced Dementia (including Alzheimer's Disease)
- Aortic Surgery
- Aplastic Anaemia
- Benign Brain Tumour
- Cancer*
- Cardiomyopathy
- Chronic Liver Disease
- Chronic Lung Disease
- Chronic Renal Failure
- Coma
- Coronary Bypass Surgery*
- Deafness
- Encephalitis and Meningitis
- Heart Attack*
- Heart Valve Surgery*
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Medically Acquired HIV
- Minimally Invasive Cardiac Surgery* (10% of Recovery Benefit sum insured to a maximum of \$25,000)
- Motor Neurone Disease
- Multiple Sclerosis
- Occupationally Acquired HIV
- Paralysis
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Severe Burns
- Stroke*
- Total Permanent Disability (including Loss of Independence)

* 3 month exclusion period applies from the benefit commencement date.

How we will pay

If the Recovery Benefit is payable because the Life Insured suffers Total Permanent Disability, we pay the Recovery Benefit sum insured as a lump sum or, at our option, by 10 six monthly instalments (as long as the Life Insured is living and Totally and Permanently Disabled when each instalment is due for payment). If the Recovery Benefit is payable for other reasons, we will pay the Recovery Benefit as a lump sum, unless the Recovery Benefit sum insured becomes payable because the Life Insured has undergone Minimally Invasive Cardiac Surgery in which case, the sum insured payable is 10% of the Recovery Benefit sum insured to a maximum of \$25,000.

Minimum and maximum insurance amounts

The minimum Recovery Benefit sum you can take out insurance for is \$100,000. The maximum sum you can take out insurance for is the Death Benefit sum insured (if selected) or \$1,000,000 for all policies issued by us, whichever is less. These limits may be revised.

Reduction of sum insured

Where you have taken out the Recovery Benefit with a Death Benefit, the Recovery Benefit sum insured will reduce by any amount paid for Terminal Illness under the Death Benefit. Where you have taken out the Recovery Benefit with a Death Benefit, the Death Benefit sum insured will reduce by any amount paid under the Recovery Benefit. Your premium will be reduced accordingly.

Option to purchase back Death Benefit in portions

Where a Recovery Benefit has been paid and the Death Benefit reduced by the amount paid under the Recovery Benefit, you have the option to increase the Death Benefit sum insured, without evidence of the Life Insured's health, by one-third of the Recovery Benefit sum insured paid:

- if the Recovery Benefit is paid as a lump sum, on the first anniversary of that date and each of the next two anniversaries; or
- if the Recovery Benefit is paid by instalments, on the first anniversary of the date the last instalment was paid, and each of the next two anniversaries.

You must exercise these options as they become available in order to be eligible for future options. To exercise an option, you must notify us in writing within 30 days of each anniversary date. Note that this option does not apply in respect of the Standalone Recovery Benefit option.

Option to purchase back Death Benefit in full within 12 months – 'Accelerated Buy Back Benefit'

Where a Recovery Benefit has been paid and the Death Benefit reduced by the amount paid under the Recovery Benefit, for an additional premium, you have the option to increase the Death Benefit sum insured, without evidence of the Life Insured's health, by the Recovery Benefit sum insured paid.

You must exercise the option on the first anniversary of the payment of the Recovery Benefit. To exercise an option, you must notify us in writing within 30 days of the first anniversary date. Note that this option does not apply in respect of the Standalone Recovery Benefit option.

Who can be insured

The Life Insured must be between the ages of 18 and 60 when the cover commences.

The Recovery Benefit expires on the policy anniversary after the Life Insured turns 65, but may be renewed until the policy anniversary after the Life Insured turns 80 at a reduced premium, in which case the Recovery Benefit will only cover the Life Insured's Loss of Independence. See page 17 for the definition of Loss of Independence. The sum insured will be reduced by 10% each year on each renewal following the Life Insured's 70th birthday.

Other Benefits

A trauma counselling service is available for the Life Insured in the event the Life Insured requires a procedure or suffers one of the medical conditions listed.

DISABILITY INCOME PROTECTION BENEFIT

What we will pay

We pay a monthly benefit in arrears for up to the chosen Benefit Period while the Life Insured is **Totally Disabled**, as defined on page 16, after a waiting period.

If the Life Insured returns to work for 5 days or less in any 14 consecutive day period, or for 7 days or less in any 30 consecutive day period, we will add the days the Life Insured spends at work to the waiting period. If the Life Insured returns to work for longer than the periods previously specified, the waiting period will start from the date the Life Insured is next Totally Disabled.

Waiting Period

You can choose a waiting period of:

- 30 days; or
- 60 days; or
- 90 days; or
- 2 years.

However, a minimum waiting period of 60 days applies to disability arising from transplant or cosmetic surgery.

Benefit Period

You can choose a benefit period of:

- 2 years;
- 5 years; or
- to age 65.

For the same Sickness or Injury the maximum number of monthly benefits payable is the number of months in the benefit period.

Benefit Limits

You can generally insure up to a maximum 75% of the Life Insured's total pre-tax income earned through personal exertion.

However, the minimum monthly benefit you can take out insurance for is \$1,500. This minimum may be revised.

We pay the lesser of the monthly benefit or 75% of the highest income earned in any consecutive 12 month period in the three years prior to the Life Insured becoming Totally Disabled.

We will not pay a monthly benefit greater than 75% of the Life Insured's Pre-Disability Earnings, as defined on page 16.

The monthly benefit may be reduced if the Life Insured receives other income (for example workers' compensation, sick leave, or benefits under another insurance or superannuation plan), so that the total benefit the Life Insured receives from all sources does not exceed 75% of pre-disability earnings.

Who can be insured

The Life Insured must be between the ages of 18 and 60 when the cover commences.

The Disability Income Protection Benefit expires on the policy anniversary after the Life Insured turns 65. No benefits are payable after this date.

Other Benefits

- The Disability Income Protection Benefit also offers these other features:

Partial Disability Benefit – the Life Insured can receive a Partial Disability Benefit if, having been Totally Disabled for at least 14 consecutive days he or she returns to work, or is capable of working more than 10 hours per week in his or her usual occupation, but because of the Sickness or Injury which caused Total Disability, Net Monthly Earnings are less than Pre-Disability Earnings (see definitions on page 16).

To qualify for the Partial Disability Benefit the Life Insured must be under the care of, and following the treatment recommended by, a registered medical practitioner approved by us at all times. **No benefit is payable in the waiting period.**

Rehabilitation Expenses Benefit – if, while receiving Total or Partial Disability Benefits, the Life Insured incurs rehabilitation expenses approved by us, we will reimburse expenses incurred, less any amounts otherwise reimbursed. The maximum amount payable is equal to 6 months' benefit. If the Life Insured participates in a recognised rehabilitation programme approved by us, we will pay an additional 50% of the monthly benefit for up to six months in addition to reimbursing the rehabilitation expenses approved by us.

Recurrent Disability – if, due to the same Sickness or Injury the Life Insured is again Totally Disabled or Partially Disabled within 6 months of the receipt of a Disability Income Protection Benefit, we will waive the waiting period. Payments only continue for the remainder (if any) of the original benefit period.

Death Benefit – if the Life Insured dies while the Disability Income Protection Benefit is in force, we will pay a lump sum equal to 6 months' benefit.

Increasing Claim Benefit – for an additional premium you may choose this option which will allow the monthly benefit received to increase yearly. This means that if a claim has been paid continuously for 12 months, the benefit paid will increase in line with the Consumer Price Index up to a maximum of 6% per annum.

Waiver of premium – premiums for the Disability Income Protection Benefit that become due while we are paying a claim under this benefit will be waived. Premiums for any other benefits under the policy will still need to be paid unless the Disability Income Protection Plus option applies. (See page 13.)

The following are optional benefits you may be eligible to add to the Disability Income Protection Benefit:

ACCIDENT BENEFIT OPTION

If you select a Disability Income Protection Benefit waiting period of 30 days, you may choose this option for an additional premium. If the Life Insured is Totally Disabled for 30 consecutive days as the direct result of an Injury, we will pay the monthly benefit from the first day of the Life Insured's Total Disability.

INVOLUNTARY UNEMPLOYMENT BENEFIT OPTION

- This option is available with the Disability Income Protection Benefit for an additional premium. We will pay the monthly benefit in the event of the Life Insured becoming **Involuntarily Unemployed** (see the definition below) for longer than the waiting period. We will pay monthly benefits for a maximum period of 90 days in respect of any one claim, after the end of the waiting period.
- We will cease paying the Involuntary Unemployment Benefit immediately upon the Life Insured commencing new employment for 30 or more hours per week.
- We will pay the Involuntary Unemployment Benefit once only in any 12 month period and for up to 180 days in total during the term of the policy.
- **"Involuntarily Unemployed"** – means that the Life Insured has become redundant or has been dismissed from employment through no fault of his or her own but solely because an employer has terminated the employment of the Life Insured. We will require reasonable proof of the Involuntary Unemployment.

When we will not pay

We will not pay an Involuntary Unemployment Benefit:

- within six months of the commencement date of the Involuntary Unemployment Benefit; or
- within six months of any reinstatement date of the Involuntary Unemployment Benefit; or
- if the Life Insured becomes Involuntarily Unemployed from the same employment more than once.

Who is an employee

The Life Insured must have been an employee of the employer for a minimum of 12 months before the occurrence of Involuntary Unemployment. The Life Insured will not be considered to be an employee for the purpose of the Involuntary Unemployment Benefit if the Life Insured:

- was an independent contractor;
- was employed by an Immediate Family member, family company or trust;
- was a partner in a partnership; or
- held any financial interest in the employer from which he or she has become Involuntarily Unemployed.

DISABILITY INCOME PROTECTION PLUS

This is an option which is only available with the Disability Income Protection Benefit and provides for the payment of additional benefits to assist the Life Insured during a period of Total or Partial Disability.

The Disability Income Protection Plus option provides these additional benefits for an additional premium:

Specific Event Benefit

If the Life Insured suffers a specific injury, fracture, illness or procedure (as listed below and referred to as "Specific Events"), we will pay the monthly benefit for the specified payment period even if the Life Insured is not Totally Disabled. There is no waiting period for the Specific Event Benefit. Where multiple Specific Events occur, we will only pay one benefit. In these circumstances, we will pay for whichever Specific Event provides the greatest benefit. If the Life Insured remains Totally Disabled at the end of the specified payment period, the Total Disability Benefit will become payable (after any unexpired waiting period has elapsed).

Specific Events – injuries

	Payment Period
Paralysis	60 months#
Loss of 2 feet or 2 hands or sight in 2 eyes	24 months
Loss of a combination of 2 of: a hand, a foot and sight in one eye	24 months
Loss of 1 leg or 1 arm	12 months
Loss of 1 foot or 1 hand or sight in 1 eye	12 months
Loss of thumb and index finger on 1 hand	6 months

Specific Events – fractures

Thigh or pelvis	3 months
Leg (between knee and foot), kneecap, upper arm or shoulder bone	2 months
Skull (excluding bones of nose and face)	2 months
Forearm, jaw or collarbone	1 month

Specific Events – illnesses and procedures

	Payment Period
Heart attack*	6 months
Coronary bypass surgery*	6 months
Cancer*	6 months
Stroke*	6 months
Major organ transplant	6 months
Severe burns	6 months

* 3 month exclusion period applies from the benefit commencement date.

Note: A maximum payment period of 24 months applies if the benefit period under the Disability Income Protection Benefit is 2 years.

Additional Rehabilitation Benefit

If, while receiving Total or Partial Disability Benefits, the Life Insured incurs rehabilitation expenses approved by us, we will reimburse expenses incurred, less any amounts otherwise reimbursed. We will pay up to a further 6 months' benefit to that provided by the Rehabilitation Expenses Benefit (see page 10).

Nursing Care Benefit

If the Life Insured is confined to bed during the waiting period as the result of Sickness or Injury, and a registered medical practitioner approved by us certifies that the continuous care of a Registered Nurse for a period longer than 72 consecutive hours is required, we will pay 1/30th of the monthly benefit for each day nursing care is required for a maximum period of 90 days.

Assisted Homecare Benefit

If, after the waiting period, the Life Insured is confined to bed whilst Totally Disabled as the result of Sickness or Injury, and a registered medical practitioner approved by us certifies that the care of a Registered Nurse or a housekeeper is required, we will pay an additional benefit equal to the monthly benefit or \$2,500 per month, whichever is less, for a maximum period of 3 months. Payments under this benefit shall be **reduced by** any payments made under the Support for Immediate Family benefit (see below).

Support for Immediate Family

If, after the waiting period, the Life Insured is confined to bed whilst Totally Disabled as the result of Sickness or Injury, and a registered medical practitioner approved by us certifies that continuous care is required and an Immediate Family member ceases paid employment to care for the Life Insured, we will pay an additional 50% of the monthly benefit or \$3,000 per month, whichever is less, for up to 3 months. Payments under this benefit shall be **reduced by** any payments made under the Assisted Homecare Benefit (see above).

Repatriation and Accommodation Benefits

If the Life Insured is outside Australia and is Totally Disabled for longer than 30 consecutive days, any air fare costs that are medically necessary for the repatriation of the Life Insured to Australia will be paid to a maximum amount equal to three times the monthly benefit less any amounts reimbursed under other insurance held by the Life Insured.

If the Life Insured is Totally Disabled and confined to bed:

- more than 100 kilometres from the Life Insured's usual place of residence, or
- it is reasonably considered medically necessary for the Life Insured to travel to a place more than 100 kilometres from their usual place of residence for reasons directly associated with the Sickness or Injury causing Total Disability, and
- an Immediate Family member requires accommodation near the Life Insured,

we will reimburse associated expenses approved by us to a maximum amount of twice the monthly benefit. Accommodation Benefits will be paid monthly in arrears and will cease on the earliest of the Life Insured no longer being confined to bed or the Immediate Family member no longer requiring accommodation near the Life Insured.

Complete Premium Waiver Benefit

Premiums for all benefits that become due under your policy while we are paying a claim under the Disability Income Protection and Disability Income Protection Plus benefits will be waived.

Trauma Counselling Benefit

A trauma counselling service is available for the Life Insured in the event of the Life Insured's Total Disability.

BUSINESS EXPENSES PLAN

What we will pay

If the Life Insured is self-employed, the Business Expenses Plan covers Eligible Business Expenses (defined on page 14) that must be paid each month while the Life Insured is Totally Disabled, as defined on page 16, after a waiting period of 30 days. The Life Insured must also be Totally Disabled on each day of the waiting period.

The benefit will be paid each month in arrears while the Life Insured is Totally Disabled for up to a maximum benefit period of one year. We may extend this period for up to another 12 months until the Life Insured's reimbursed Eligible Business Expenses equal twelve (12) times the monthly benefit.

We will not pay a monthly amount that is more than:

- the lesser of the monthly benefit or accrued monthly benefits; and
- the Life Insured's share of the monthly Eligible Business Expenses that are incurred while the Life Insured is Totally Disabled.

When we will not pay

No benefit is payable for Partial Disability (as defined on page 16).

Minimum and maximum insurance amounts

You can generally insure up to 100% of the Life Insured's Eligible Business Expenses, but a minimum insured monthly benefit of \$1,000 applies. This minimum may be revised.

Who can be insured

The Life Insured must be between the ages of 18 and 60 when the cover commences.

The Business Expenses Plan expires on the policy anniversary after the Life Insured turns 65.

What we will cover

"Eligible Business Expenses" are the normal day-to-day running expenses of the Life Insured's business and include, but are not limited to:

- Accounting and audit fees
- Business insurance premiums (but not premiums for this policy)
- Business premises rent/mortgage interest payments (excluding mortgage principal)
- Lease of office equipment and motor vehicles
- Salaries and payroll tax for employees not involved in the generation of income
- Superannuation contributions for non-income producing employees
- Utilities (electricity, gas, water, telephone)
- Cleaning
- Property rates (council rates and land tax)
- Depreciation
- Net cost of locum
- Subscriptions to trade or professional organisations
- Any other expenses agreed to by us.

What we will not cover

The following business expenses will not be covered:

- The Life Insured's personal remuneration, salary, fees, drawings or other benefits of any kind to the Life Insured or their replacement in the business
- Cost of goods, stock or merchandise, mortgage principal, cost of implements or tools of profession
- Rent or mortgage on a private residence even if it is used for business purposes
- Tax payable by the business
- Premiums payable on the policy
- Salaries, superannuation contributions and payroll tax for employees involved in the generation of income or for any member of the Life Insured's family who has been employed in the business for less than three months prior to the Life Insured becoming totally disabled
- Any expense that was not normally paid before the Life Insured became totally disabled
- Any other personal expense of the Life Insured.

Other Benefits

The Business Expenses Plan also includes these other features:

Recurrent Disability – if due to the same Sickness or Injury the Life Insured is again Totally Disabled or Partially Disabled within 6 months of the receipt of a Business Expenses Benefit, we will waive the waiting period. Payments only continue for the remainder (if any) of the original benefit period.

Waiver of premium – premiums for the Business Expenses Plan that become due while we are paying a claim under this benefit will be waived. Premiums for any other benefits under the policy will still need to be paid unless Disability Income Protection Plus applies.

OTHER FEATURES COMMON TO ALL BENEFITS

Indexation Option

- On the anniversary date of the policy, the level of cover under each chosen benefit will increase in line with the Consumer Price Index with the exception of:
 - (a) any benefit after the Life Insured has reached age 60;
 - (b) any benefit where the increase would result in a level of cover greater than our maximum level at that time; or
 - (c) the Disability Income Protection Benefit and/or Business Expenses Plan, while a claim is being paid.

Please note that you may elect to refuse this option by advising us in writing when you receive your annual renewal notice.

Interim Accident Cover

- If you have applied for a Death Benefit, Disability Income Protection Benefit or the Business Expenses Plan, we will provide free Interim Accident Cover for the Life Insured while your application is being considered or until your policy commences, up to a maximum period of 45 days. See page 25 for full details.

AIDS Cover

- AIDS Cover will be included in your policy at no extra cost if the Life Insured meets our acceptance requirements.

Guarantee of Upgrade

We will improve the St.George Protection Choices policy features and conditions from time to time. You will automatically receive the benefit of these improvements if there is no increase in the premium rates at the time of their introduction. If new features or options are introduced at different premium rates, you will have the option to apply for those.

The improvements and additional benefits included in any upgrade will apply only to claims occurring after their introduction. We will not pay benefits that only become payable under the improved policy features and conditions for any claim/s made previously to or current at the time of any upgrade or if, at the time of any upgrade, the Life Insured is experiencing symptoms of any relevant condition that might be covered as a result of the upgrade that would cause a reasonable person to seek medical advice, diagnosis, care or treatment, or medical advice or treatment was recommended by or received from a medical practitioner in respect of that condition.

Further Features Common to All Benefits

The Life Insured is covered anywhere in the world, 24 hours a day while cover is in force.

Your cover cannot be cancelled because of a change in the Life Insured's health.

STANDARD EXCLUSIONS

There are circumstances where we will not pay a benefit. Please refer to the policy document for full details of the exclusions. We will not pay a benefit:

- on death or Terminal Illness caused by the Life Insured's own act within 13 months after:
 - the benefit commencement date;
 - any reinstatement date;
 - an increase in the sum insured you have applied for, but only in respect of the increase; or
- on Total Permanent Disability, Total Disability, Partial Disability, or on the occurrence of a Recovery Benefit condition or procedure (listed on page 9 and defined on pages 18 – 20), caused directly or indirectly by:
 - an intentionally self inflicted act or injury; or
 - an act of war whether war is declared or not;or
- for the Recovery Benefit and the Disability Income Protection Plus Specific Event Benefit where:
 - the Life Insured had symptoms which would cause a reasonable person to seek medical advice, for the condition in relation to which the benefit would otherwise be payable, before:
 - the benefit commencement and any reinstatement date; or
 - an increase in the sum insured or monthly benefit you have applied for, but only in respect of that increase; or
 - in the case of Cancer, Heart Attack, Stroke or coronary artery disease requiring Coronary Bypass Surgery, Heart Valve Surgery or Minimally Invasive Cardiac Surgery, if the Life Insured had symptoms, which would cause a reasonable person to seek medical advice, of the condition within 3 months following:
 - the benefit commencement and any reinstatement date; or
 - the date of an increase in the sum insured or monthly benefit you have applied for, but only in respect of that increase; or
- on Total Disability or Partial Disability caused by transplant or cosmetic surgery which takes place within 6 months of the cover commencing.

The optional Involuntary Unemployment Benefit will not be paid within 6 months after the benefit commencement date or any reinstatement date.

If the 'Standalone' Recovery Benefit option applies, no payments will be made under the Recovery Benefit unless the Life Insured survives the respective medical condition or procedure covered by the Recovery Benefit, without the aid of a life support system, for at least 14 days.

DEFINITIONS

"Totally Disabled" and **"Total Disability"** means that, due to Sickness or Injury, the Life Insured is:

- unable to perform any one of the principal income producing duties in his or her usual occupation;
- not working for payment or profit; and
- under the care of, and following the treatment recommended by, a registered medical practitioner approved by us.

"Terminal Illness" means the Life Insured is diagnosed as having a life expectancy of less than 12 months, as confirmed by a medical practitioner approved by us.

"Net Monthly Earnings" means:

- if the Life Insured is an employee, his or her pre-tax monthly remuneration including salary; wages; fees; fringe benefits; regular commissions; bonuses; overtime payments; and superannuation; or
- if the Life Insured is self-employed or a part-owner or a director of a business, pre-tax monthly income earned by the business directly due to the Life Insured's personal exertion, less his or her reasonable share of business expenses incurred in earning that income.

If the Life Insured is not working while Partially Disabled, we will calculate net monthly earnings on the basis of what we consider the Life Insured could reasonably be expected to earn if he or she were working, having regard to medical advice.

"Partially Disabled" and **"Partial Disability"** means that the Life Insured is working in any occupation, or is capable of working more than 10 hours per week in his or her usual occupation but, because of Sickness or Injury, Net Monthly Earnings are less than Pre-Disability Earnings, and he or she is under the care of, and following the treatment recommended by, a registered medical practitioner approved by us.

"Pre-disability Earnings" means the Life Insured's highest average net monthly earnings earned through his or her personal exertion during any consecutive twelve month period in the 3 years prior to commencement of Total Disability and does not include any income earned from investments.

"Injury" means – bodily injury which you disclosed to us before, or which occurs after:

- the benefit commencement and any reinstatement date;
- the date of an increase to the sum insured you have applied for (but only in respect of that increase);

other than an injury specifically excluded by us.

“Immediate Family” means the Life Insured’s spouse or de facto partner, immediate relative, or a person with whom the Life Insured resides in a domestic living arrangement and with whom a financial interdependency exists.

“Sickness” means a sickness, disorder or disease which you disclosed to us before, or which first becomes evident after:

- the benefit commencement and any reinstatement date;
- the date of an increase to the sum insured you have applied for (but only in respect of that increase);

other than a sickness specifically excluded by us. By “first becomes evident after” and the dates set out above, we mean that before those dates the life insured did not have symptoms which would cause a reasonable person to seek medical advice.

“Total Permanent Disability” and **“Totally and Permanently Disabled”** means:

- A. the life insured has, in our opinion, as a result of Sickness or Injury, suffered:
- the loss of two hands; or
 - the loss of two feet; or
 - the loss of one hand and one foot; or
 - the loss of sight in both eyes; or
 - the loss of one hand or foot and the loss of sight in one eye.

Loss of hand or foot means:

- severance above the wrist or ankle; or
- the permanent loss of use of the hand or foot below the wrist or ankle respectively.

Loss of sight means the permanent loss of all vision.

OR

- B. the Life Insured, as a result of Sickness or Injury:
- has been unable to work for 6 consecutive months; and at the end of the 6 months,
 - in our opinion, after considering medical advice and any other relevant information, is unable to perform any gainful occupation in the future for which he or she is reasonably suited by education, training or experience.

For the payment of an additional premium, the following definition of ‘B’ above may be substituted. This provides cover against the Life Insured being Totally and Permanently Disabled from performing their Own Occupation:

- B. (Own Occupation option) the Life Insured, as a result of Sickness or Injury:

- has been unable to work for 6 consecutive months; and at the end of the 6 months,
- in our opinion, after considering medical advice and any other relevant information, is unable to gainfully perform their own occupation. The Life Insured’s own occupation means the occupation agreed to by us and as specified in the policy schedule.

OR

- C. The Life Insured, as a result of Sickness or Injury:
- (a) has been under the supervision of a registered medical practitioner approved by us and is completely incapable of performing any normal domestic duties or to move from home without assistance; and
- (b) is incapable of performing at least 2 of the following six numbered activities of daily living without physical help from another person:
1. bathing or showering;
 2. dressing;
 3. moving from place to place, in and out of bed, in and out of a chair;
 4. eating and drinking;
 5. using the toilet;
 6. maintaining continence; and
- (c) the incapacity referred to in paragraphs (a) and (b) has persisted continuously over the 6 months preceding the claim and, in our opinion, the life insured is never likely to regain this capacity.

“Loss of Independence” means the Life Insured, as a result of Sickness or Injury:

- (a) has been under the supervision of a registered medical practitioner approved by us, and
- (b) is permanently incapable of performing at least 2 of the following six numbered activities of daily living without physical help from another person
1. bathing or showering;
 2. dressing;
 3. moving from place to place, in and out of bed, in and out of a chair;
 4. eating and drinking;
 5. using the toilet;
 6. maintaining continence.

MEDICAL DEFINITIONS

PROOF OF OCCURRENCE OF AN INSURED EVENT

Proof of the occurrence of any insured event must be supported by:

1. appropriate Specialist Medical Practitioners registered in Australia and New Zealand (or other country approved by us),
2. confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence, and
3. if the insured event required a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

Our Medical Advisers must support the occurrence of the insured events. We reserve the right to require the Life Insured to undergo an examination or other reasonable tests to confirm the occurrence of an insured event.

“Whole Person Function” means where a payment depends on the Life Insured meeting criteria that are based on the Whole Person Function, the calculation is to be based on the edition of the American Medical Association publication “Guides to the Evaluation of Permanent Impairment” or an equivalent Australian guide that is then current that has been sanctioned by the Australian Medical Association.

“Advanced Dementia (including Alzheimer’s Disease)” means the Life Insured has Alzheimer’s Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function and result 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 as a result of alcohol use or drug abuse is specifically excluded.

“Aortic Surgery” means the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. ‘Minimally invasive’, ‘keyhole’ surgery or surgery performed using catheter only techniques are specifically excluded.

“Aplastic Anaemia” means the acquired abnormality of blood production characterised by total aplasia of bone marrow.

“Benign Brain Tumour” means a life-threatening, non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit causing at least 25% impairment of whole person function that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are not covered.

“Cancer” means the presence and diagnosis of one or more malignant tumours including Leukaemia, Lymphoma and Hodgkin’s Disease that is confirmed by pathology tests and characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered by the policy:

- Carcinoma in-situ (including cervical dysplasia CIN-1, CIN-2, CIN-3) or Premalignant tumours (Note: Carcinoma in-situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed as a direct result of the carcinoma in-situ and specifically to arrest the spread of malignancy and be considered appropriate and necessary treatment).
- All hyperkeratoses or basal cell carcinomas of the skin.
- All squamous cell carcinomas of the skin unless it has spread to other organs.
- Prostatic cancers which are histologically described as TNM classifications T1 (including T1a or T1b) or another equivalent or lesser classification.
- Chronic Lymphocytic Leukaemia less than Rai stage 3 or classified as binet stages A and B.
- All Kaposi’s Sarcoma.
- Other tumours associated with HIV infection.

“Cardiomyopathy” means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 4 of the New York Heart Association Classification of Cardiac Impairment and resulting in the Life Insured being unable to perform their usual occupation. Cardiomyopathy related to alcohol use or drug abuse is specifically excluded.

“Chronic Liver Disease” means end stage liver failure with permanent jaundice, ascites and encephalopathy. Liver disease related to alcohol use or drug abuse is specifically excluded.

“Chronic Lung Disease” means end stage respiratory failure requiring extensive, continuous and permanent oxygen therapy as well as FEV 1 test results of consistently less than one litre.

“Chronic Renal Failure” means end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, as a result of which regular renal dialysis is instituted or renal transplantation is required.

“Coma” means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours requiring the use of life support systems and resulting in neurological deficit causing at least 25% impairment of whole person function that is permanent. Coma as a result of alcohol use or drug abuse is specifically excluded.

“Coronary Bypass Surgery” means the first undergoing of coronary artery by-pass grafting to one or more coronary arteries, performed via open chest surgery for the treatment of coronary artery disease where angioplasty is contra-indicated. The surgery must be considered medically necessary by a consultant cardiologist appointed by us. Angioplasty, laser or other intra-aertrial procedures and non surgical techniques are excluded.

“Deafness” means the complete and irrecoverable loss of hearing of both ears (whether aided or unaided) as a result of sickness or injury.

“Encephalitis and Meningitis” means the severe inflammatory disease of the brain or the meninges of the brain resulting in neurological deficit causing at least 25% impairment of whole person function that is permanent.

“Heart Attack” means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with a heart attack and will include either:

- Recent electrocardiographic IECG changes and diagnostic elevation of cardiac enzymes CK-MB; or
- The elevation of Troponin I greater than 2.µg/L, or Troponin T greater than 0.6µg/L, or their equivalent, and left ventricular ejection fraction of less than 50%.

“Heart Valve Surgery” means the actual undergoing of surgery via a thoracotomy to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via valvotomy, catheter, ‘minimally invasive’, ‘keyhole’ surgery or similar techniques are specifically excluded.

“Loss of Speech” means the complete and irrecoverable loss of speech (whether aided or unaided) as a result of sickness or injury. The loss of the ability to speak must be established for a continuous period of 6 months.

“Major Head Trauma” means that an accidental head injury has, as determined by a brain injury unit, resulted in a neurological and/or cognitive deficit causing at least 25% impairment that lasts at least 6 weeks from the date of the accident and is likely to persist indefinitely.

“Major Organ Transplant” means the medically necessary human to human organ transplant from a donor to the Life Insured of one or more of the following complete organs: kidney; heart; lung; liver; pancreas; small bowel; or the transplant of bone marrow.

“Medically Acquired HIV” means infection with the 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 or New Zealand by a recognised and registered health professional:

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

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of HIV or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

Infection by any other manner, including infection as a result of sexual activity or intravenous drug use is excluded. St.George Life must have open access to all blood samples and be able to obtain independent testing of such blood samples.

“Minimally invasive cardiac surgery” means the actual undergoing of thoracoscopic, laparoscopic, ‘minimally invasive’ or ‘keyhole’ surgery to treat or repair:

- a narrowing or blockage of one or more coronary arteries,
- an obstruction of the aorta or a coarctation of the aorta, or
- a cardiac valve as a consequence of heart valve defects or abnormalities.

Investigative or diagnostic procedures are not included.

“Motor Neurone Disease” means the Life Insured has Motor Neurone Disease with significant persistent neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

“Multiple Sclerosis” means the Life Insured has Multiple Sclerosis 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, and with at least 25% impairment of whole person function that is permanent.

“Occupationally Acquired HIV” means infection with the Human Immunodeficiency Virus (HIV) where HIV was acquired as a result of an accident during the course of carrying out normal occupational duties with sero-conversion to HIV infection occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to Us within 30 days of the accident and be supported by a negative HIV antibody test taken within 7 days after the accident. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of HIV or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

Infection by any other manner, including infection as a result of sexual activity or intravenous drug use is excluded. St.George Life must have open access to all blood samples and be able to obtain independent testing of such blood samples.

“Paralysis” means the total and permanent loss of function or use of one or more limbs resulting from spinal cord injury or disease, or from brain injury or disease, including, but not limited to paraplegia, quadriplegia, diplegia and hemiplegia.

“Parkinson’s Disease” means the Life Insured has Parkinson’s Disease where the condition cannot be controlled with medication and shows signs of progressive incapacity with at least 25% impairment of whole person function that is permanent.

“Primary Pulmonary Hypertension” means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment to the degree of at least Class 4 of the New York Heart Association Classification of Cardiac Impairment, and resulting in the Life Insured being unable to perform their usual occupation.

“Severe Burns” means third degree burns to 20% or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement.

“Stroke” means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours, including infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excluding reversible neurological deficit and vascular disease affecting the eye or optic nerve, transient ischaemic attacks and cerebral symptoms due to migraine.

WHAT ARE THE CHARGES?

- Details about the premium payable can be found on page 5.
- In addition to the annual premium, an annual policy fee of \$33.00 (including GST) is payable and may be increased each year in line with the Consumer Price Index.
- We may pass on government charges and taxes such as stamp duty.
- If you decide to alter your policy at any time, there may be a charge to cover administration costs.
- We undertake not to apply any other charges without your specific consent or unless otherwise permitted under law.

COMMISSION

St.George Life Limited may pay commission as a percentage of the value of the premium to financial advisers and other representatives.

TAXATION

- **Death, Total Permanent Disability and Recovery Benefits**
Generally premiums are not tax deductible and the benefits paid are not subject to tax.
- **Disability Income Protection Benefit and Business Expenses Plan**
Generally premiums are tax deductible and benefits paid are taxed as income in the hands of the recipient or business.

These are general statements based on our interpretation of the law in force at the issue date of this PDS. You should seek professional advice on your tax situation as your individual circumstances may be different.

COOLING OFF PERIOD

After you receive your policy document, you have 21 days to check that the policy meets your needs – this is known as the cooling off period. If you are not satisfied, you may cancel your policy by writing to us at the address shown on the front cover and returning your policy document within the cooling off period. Any money paid will be refunded in full. However, your cooling off right does not apply if you make a claim under your policy.

INFORMATION ON YOUR POLICY

On acceptance of your application, we will send you a policy document which is the legal contract containing the full terms of your cover.

You should read this PDS and the policy document carefully and keep them in a safe place.

HOW TO MAKE A CLAIM

You must let us know in writing within 30 days of the date an insured event occurs, or as soon as is reasonably possible. You will need to complete a claim form and provide us with the evidence we require.

Payment of claims is subject to your providing proof of entitlement in line with the policy document.

WHEN COVER CEASES

- Cover under each benefit ceases on the expiry date of the benefit.
- Your policy ceases on the earliest of:
 - (a) expiry of all benefits under the policy; or
 - (b) termination of the policy due to non-payment of premiums (see page 5 for further details).

CANCELLATION

You can cancel the policy by notifying us in writing. The cancellation takes effect on the date we receive your request. We will refund any money we owe you less any cancellation fee that might apply, any reasonable administration and transaction costs we may impose and non-refundable government charges.

If you pay your premium by monthly instalments, you must first pay us any monthly instalments due but unpaid.

NO SURRENDER OR CASH VALUE

This product is not an investment policy and there will be no surrender nor cash value payable at any time.

STATUTORY FUND

The policy is issued from St.George Life's No. 1 Statutory Fund.

HOW TO APPLY

Application Form

Applications for any of the St.George Protection Choices policies detailed in this PDS will be accepted only on the application form attached at the back of this PDS.

Please read "Your duty of disclosure" on page 26 before you complete the application form.

Please ensure all questions in the relevant sections are answered, as the answers will affect our decision whether to accept your application and the terms of the insurance. You must fully and clearly give the information asked.

After completing your application form please lodge it with any St.George branch or send it to:

St.George Life Limited
Locked Bag 3
KOGARAH NSW 1485

Payment

If you choose to pay your premiums annually you will need to attach a cheque to your application for the likely first year's premium or complete the Credit Card Authority in the application form. If you choose to pay monthly you do not need to attach a cheque, but you will need to complete the deduction authority on the application form. We will begin deducting premiums from your nominated account following the issue of your policy.

Assessment

When your application is received we will assess it. To do this we may ask for more information or request that the person to be insured undergo medical tests that we will pay for. We will then advise you if your application has been accepted and if any special conditions apply, such as a higher premium or additional exclusions.

The commencement of your policy will be subject to our acceptance of your application.

PRIVACY

The St.George Privacy Statement sets out the St.George Group's policy on management of personal information. The Privacy Statement is set out on page 36 of this PDS.

Under the National Privacy Principles you may access personal information that the St.George Group holds about you and you may let us know if you think any of the information is inaccurate, incomplete or out of date. There are some limited situations, that are set out in the National Privacy Principles, where you will not have this right.

IF YOU HAVE A COMPLAINT

Complaints can be dealt with directly by calling St.George Life Customer Service on: (02) 9952 0930 between 9.00 am and 5.30 pm, Monday to Friday (EST) or writing to:

The Insurance Operations Manager
St.George Life
Locked Bag 3
KOGARAH NSW 1485

We will usually respond within 14 days.

If we do not resolve the complaint to your satisfaction, or within 45 days (or extended time you approve), you may refer the matter to the Financial Industry Complaints Service Limited ABN 64 068 901 904.

Your complaint should be put in writing and addressed to:

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

Telephone (03) 9629 7050
Outside Melbourne 1800 335 405 (toll free)
Facsimile (03) 9621 2291

The Financial Industry Complaints Service is an independent body and its services are free to complainants. There are some circumstances in which the Service cannot consider your complaint. The Service can advise you of these circumstances.

DIRECT DEBIT SERVICE AGREEMENT

1. DEBITING YOUR ACCOUNT

- 1.1 By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangements between you and us. You should not sign a Direct Debit Request (or if you have already done so prior to the receipt of this agreement, you should let us know that you wish it to be revoked) unless you have read and understood this agreement and agree to be bound by its terms.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- 1.3 If the debit day falls on a day that is not a business day we may direct your financial institution to debit your account on the following business day.
- 1.4 Please check with your financial institution if you are uncertain about the date it debits your account when the debit date falls on a non-business day.

2. CHANGES BY US

- 2.1 We may vary any details of or cancel this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days notice.

3. CHANGES BY YOU

- 3.1 Subject to clauses 3.2 and 3.3, you may change the arrangements under a Direct Debit Request by contacting us on (02) 9952 0930 or writing to St. George Life Limited, Locked Bag 3, Kogarah NSW 1485.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least ten (10) business days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us ten (10) business days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. YOUR OBLIGATIONS

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) You may be charged a fee and/or interest by your financial institution;
 - (b) You may incur fees or charges imposed or incurred by us; and
 - (c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate. You should also be aware of your obligations under clause 6 of this agreement.

5. DISPUTE

- 5.1 If you believe that there has been an error in debiting your account you should notify us directly on (02) 9952 0930 or write to St. George Life Limited, Locked Bag 3, Kogarah NSW 1485.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for the refund of the incorrect debit including charges accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence (if we deem it appropriate) for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between you and us. If we can not resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. ACCOUNTS

- 6.1 You should check:
- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
 - (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.
- 6.2 You should ensure you comply with clause 6.1 above, as we shall not be liable to you for any loss or damage you may suffer as a result of you providing us with incorrect details of your account (or other incorrect information) in the Direct Debit Request; and you will indemnify us should we suffer any loss or damage as a result of incorrect details or information provided by you.

7. CONFIDENTIALITY

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
- (a) to the extent specifically required by law; or
 - (b) for the purpose of this agreement (including disclosing information in connection with any query of claim).

8. NOTICE

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to St.George Life Limited, Locked Bag 3, Kogarah NSW 1485.
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us.
- 8.3 Any notice will be deemed to have been received five (5) business days after it is posted.

DEFINITIONS (applicable to the Direct Debit Service Agreement)

'account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

'agreement' means this Direct Debit Request Service Agreement between you and us.

'business day' means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

'debit day' means the day that a payment by you to us is due.

'debit payment' means a particular transaction where a debit is made.

'direct debit request' means the direct debit request between you and us.

'us' or **'we'** means St.George Life Limited ABN 88 076 763 936 who you have authorised by signing a Direct Debit Request.

'you' means the customer who signed the Direct Debit Request.

'your financial institution' is the financial institution where you hold the account that you have authorised us to arrange to debit.

INTERIM ACCIDENT COVER CERTIFICATE

Life Insured:

Policy Owner: (called "you")

COMMENCEMENT OF INTERIM ACCIDENT COVER

Cover commences when the fully completed application is received at a St.George branch or by a St.George Life Representative and you receive a certificate signed by an authorised St.George Life representative to confirm the cover.

PERIOD OF INTERIM ACCIDENT COVER

Interim Accident Cover will continue until the earliest of the following:

- 45 days from the date of commencement of the Interim Accident Cover;
- St.George Life advises you that the application has been accepted, accepted on special terms or has been rejected; or
- withdrawal of the application by you.

DEATH BENEFIT

If you have applied for the Death Benefit we will pay a benefit if the Life Insured dies as a result of accidental bodily injury caused by external violent and visible means occurring during the period of the Interim Accident Cover. Death must occur within 14 days of the Injury occurring. The amount of benefit paid will be the Death Benefit sum insured applied for to a maximum of \$300,000.

DISABILITY INCOME PROTECTION BENEFIT AND BUSINESS EXPENSES PLAN

If you have applied for a Disability Income Protection Benefit and/or the Business Expenses Plan, the Life Insured will be paid a monthly benefit if the Life Insured becomes totally disabled (as defined on page 16) as a result of accidental bodily injury caused by external violent and visible means occurring during the period of the Interim Accident Cover. The Life Insured must be Totally Disabled for longer than the proposed waiting period.

The amount of monthly benefit paid for the Disability Income Protection Benefit and the Business Expenses Plan (whichever is applicable) will be the lesser of:

- \$5,000;
- an amount equal to the proposed monthly benefit; or
- 75% of the Life Insured's Pre-Disability Earnings, as defined on page 16, or the Life Insured's Eligible Business Expenses as defined on page 14 (whichever is applicable).

The benefit will be paid for the period of disablement (excluding the proposed waiting period) or for a period of 6 months, whichever is less.

If the Life Insured suffers an accident then, when we assess your application for insurance, we will take into account any change in the Life Insured's state of health as a result of the accident. This is so whether or not you are entitled to claim under this Interim Accident Cover. The insurance applied for may be declined or have special conditions imposed as a result.

WHEN BENEFITS WILL NOT BE PAID

A benefit will not be paid where death or disability is caused or contributed to by:

- illness or sickness;
- an intentional self-inflicted act or injury;
- participation in any occupation, sport or pastime which we would not normally cover on standard terms.

We will provide full details of the occupations, sports and pastimes which are not covered on request.

St.George Life Representative's Name:

Signature:

Date:

YOUR DUTY OF DISCLOSURE

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

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
- where 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 policy on any terms if the failure had not occurred, the insurer may avoid the policy within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the policy at any time. An insurer who is entitled to avoid a policy 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 premiums that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate your policy.

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Application for St.George Protection Choices



Insurer: St. George Life Limited ABN 88 076 763 936 AFSL 240900
4-16 Montgomery Street, Kogarah, NSW, 2217

Enquiries: Phone (02) 9952 0930

Office use only

Customer's No. _____ Representative's Name _____ Adviser/Employee No. _____

Notes

Before you sign this Application Form, you should have been provided with a Product Disclosure Statement (PDS) dated 1 March 2004 containing a summary of important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your objectives, financial situation and needs.

1. Life Insured

Title _____ Given name(s) in full _____ Surname _____

Home Address _____ Postcode _____

Work phone number _____ Home phone number _____ Email address _____

Date of birth _____ Sex Male Female Marital Status Single Married/De facto

Have you smoked in the last 12 months? No Yes *If yes, please advise type and average amount smoked per day* _____

May we phone or email you if we need more information (to save time and make sure we understand your situation)? Yes No

Phone _____

Convenient times Monday to Friday 9am to 5pm
or from _____ am/pm to _____ am/pm
 Monday Tuesday Wednesday Thursday Friday

Email address _____

2. Policy Owner
(only complete if policy owner is different from the Life Insured)

Title _____ Given name(s) in full _____ Surname _____

Mailing address _____ Postcode _____

Email address _____

Date of birth _____ Relationship to Life Insured _____

Or a corporation
Full company name _____ Relationship to Life Insured _____

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3. Policy Details

Refer to the Product Disclosure Statement for available Benefit combinations. A premium quote can be obtained from your St.George Life Representative or by calling (02) 9952 0930.

Important note:
If the Life Insured has a birthday prior to the application being accepted, any policy issued will be based on the premium rates for the Life Insured's age at that time

a)	Death Benefit Sum Insured	\$	The total of the TPD and/or Recovery Benefit/s Sum/s Insured combined cannot exceed the Death Benefit Sum Insured
	TPD Sum Insured*	\$	
	Recovery Benefit Sum Insured*	\$	

Please tick the respective box if any of the following optional benefits are to apply to the TPD and/or Recovery Benefits selected above

- TPD Buy Back Benefit 'Own Occupation' TPD
 Accelerated Buy Back Benefit (applies to the Recovery Benefit)

* If the TPD and/or Recovery Benefits are selected here, the Death Benefit Sum Insured will reduce by any amount paid for TPD and/or the Recovery Benefit (if applicable).

Standalone TPD Sum Insured	\$
Standalone Recovery Benefit Sum Insured	\$

Please tick the box if the 'Own Occupation' TPD definition is to apply to the Standalone TPD Benefit

- 'Own Occupation' TPD

Disability Income Protection Benefit	\$	/month
Business Expenses Plan Benefit	\$	/month

Please complete the following additional details if you have selected the Disability Income Protection Benefit

- b) Disability Income Protection Plus Option? Yes No
c) Accident Benefit Option? Yes No
d) Involuntary Unemployment Benefit Option? Yes No
e) Increasing Claim Benefit? Yes No
f) Waiting Period (tick one) 30 days 60 days 90 days 2 years
g) Benefit Period (tick one) 2 years 5 years To age 65

Please indicate whether premiums are to be paid monthly or annually

- Monthly Premiums
 Annual Premiums

Total Premium:

\$

4. Insurance History Details

- a) Has any life, disability or Business Expenses insurance held or applied for by you ever been refused, postponed, loaded or restricted? Yes No
b) Do you have any existing life, disability or Business Expenses cover with any financial institution including St.George, or are you currently applying for such insurance? Yes No

If you answered YES to either of the above questions, please complete the table below.

Name of Insurer	Type of insurance (include benefits or waiting periods that apply)	Insured Amount	Decision details eg. loaded, declined, accepted standard	Is this application replacing the insurance listed?

5. Residential Details

- a) Are you a citizen or permanent resident of Australia or New Zealand? Yes No
If No, please tell us how many months you have been a resident, whether you have applied for permanent residency status and what your future residency plans are

- b) Are you planning on travelling overseas in the future? Yes No
If yes, please provide details of the country, the length of your intended stay in each country, and the purpose for your visit (ie. holiday, business, etc)

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6. Family History
(if insufficient space, please use the Additional Information section on page 35 to provide more detail)

- a) Has your mother, father, any sister or any brother had a serious illness before age 65 such as diabetes, heart disease, mental illness, haemophilia, Huntington's disease, polycystic kidney disease, other kidney disease, high blood pressure, cancer (please specify type) or any hereditary disease? Yes No
If Yes, please complete the table below.

Relation	Condition/illness	Age when symptoms first appeared	Age at death (if applicable)

7. Activity Details

- a) Do you engage in or intend to engage in any hazardous activities? Yes No
 (eg. football, boxing, martial arts, underwater diving, motor racing, hang gliding, mountaineering or flying other than as a fare paying passenger) **If Yes**, please complete the following questionnaire:

Important: *If you have more than one activity, please photocopy this page before you complete any details and attach the photocopies to your application*

b) Please give a description of the activity

c) How long have you been doing this activity? _____ d) How often do you do this activity? _____

e) What grade, class of licence or qualification do you have in this activity?

f) Where do you do this activity? Give geographical locations if possible

g) What is the greatest height, depth, speed or distance you go in this activity?

h) Do you participate in this activity alone or with others? (tick one) Alone With others

i) Do you participate as an amateur or a professional? (tick one) Amateur Professional

j) If you participate in diving, do you do cave diving or pot holing? (tick one) Yes No

k) If vehicles are involved, please advise the class, engine capacity and type of racing

l) Have you ever had an injury as a result of this activity for which you needed time off work or medical attention? **If Yes**, please describe injury, degree of recovery and specify for how long you were off work.

- m) If aviation (other than as a fare paying passenger on a regular scheduled airline) please complete the following table

Type of Aircraft	Hours flown in last 12 months		Anticipated in next 12 months	
	Crew	Passenger	Crew	Passenger
Charter				
Aero club/flying school				
Agricultural				
Helicopter				
Ultralight aircraft				

8. Occupation Details

- a) What is your principal occupation? _____
- b) Please give your current business name and address (**Not** Post Office Box) _____
- c) Please give a description of the duties in your occupation _____
- d) Please advise what industry you work in _____
- e) What is your annual income? (before tax but after deducting business expenses) \$ _____
- f) Are any of the duties of your occupation hazardous (eg. underground, at heights, with explosives/dangerous substances, etc)? Yes No
If Yes, please provide details, including maximum height/depth and frequency _____
- g) What is the percentage of manual work performed? (ie. non-clerical) _____ %
- h) Please indicate the percentage of your **working time** that you spend in the following environments
- in office or indoors (other than at home) _____
 - at home _____
 - outdoors or travelling _____
- 100% _____
- i) Do you have any intention of changing your occupation or taking extended leave within the next 12 months? **If Yes**, give details Yes No

- j) Do you have a second occupation? **If Yes**, please advise Yes No
- the main duties in this job _____
 - the hours per week in this job _____
 - the income earned from this job _____

9. Further Occupation Details

Complete this section ONLY if you have applied for Disability Income Protection or Business Expenses Benefit

- a) How many hours per week do you work in your principal occupation? _____
- b) How many weeks do you work per year? _____
- c) Are you self employed, in a business partnership or employed by your own business entity? Yes No
- d) How long have you been in your principal occupation? (please tick one)
 Less than 12 months Between 1 and 2 years 2 years or more
- e) If you have been in this occupation **less than 2 years**, please complete the following schedule relating to your occupation history.
- | Occupation | Date from | Date to | Employer |
|------------|-----------|---------|----------|
| | | | |
| | | | |
- f) What was your earned income over the last three years (net of expenses but before tax)?
- | | | |
|-----------|-----------|------------------|
| This year | Last year | Year before last |
| \$ _____ | \$ _____ | \$ _____ |
- g) Do you possess any trade or tertiary qualifications? **If Yes**, give details Yes No

- h) If you become disabled, will your employer or any other institution continue to pay part or all of your income (excluding workers' compensation and annual sick leave)? Yes No
If Yes, for how long? For what amount
 _____ days \$ _____

10. Business Expenses Benefit Questionnaire

Complete this section ONLY if you have applied for the Business Expenses Benefit

Note: The Business Expenses Benefit is payable for a maximum period of 12 months. If the equivalent of 12 months' benefit has not been paid, the benefit can continue for up to a further 12 months, until the equivalent of 12 months' benefits have been paid.

The following expenses cannot be included:

- (i) Personal remuneration, salary, fees or drawings for the Life Insured;
- (ii) The cost of goods or merchandise, mortgage principal, costs of implements of trade or profession;
- (iii) Premiums payable for this Business Expenses Benefit.

a) Name of Business:

b) What is your current business address (**Not** Post Office Box) if different to that given in section 8:

c) Structure of Business (eg, self-employed, partnership, company, etc):

d) What is your relationship to the business (eg, sole owner, director, shareholder, partner, etc):

e) What percentage of:

- (i) business income is derived from your personal exertion? _____ %
- (ii) total business expenses are you responsible for? _____ %
- (iii) business income is earned by other income producing employees? _____ %

f) If working in a partnership, the expenses listed below must be your share of the partnership expenses only. Please specify:

- (i) the number of partners _____
- (ii) their percentage interest in the business _____ %

g) Eligible Expenses applicable to your share of the business:

- Accounting and audit fees \$ _____
- Business insurance premiums (fire, liability, professional indemnity, etc) \$ _____
- Business premises rent or mortgage interest payments (excl, principal) \$ _____
- Lease of office equipment, including motor vehicles \$ _____
- Salaries of employees not involved in the generation of income \$ _____
- Payroll tax for above employees \$ _____
- Superannuation contributions for above employees \$ _____

Please state number of employees not involved in the generation of income and briefly describe their duties: _____

- Electricity \$ _____
- Gas \$ _____
- Water \$ _____
- Telephone \$ _____
- Cleaning \$ _____
- Property rates (council rates and land tax) \$ _____
- Depreciation \$ _____
- Estimated **net** cost of locum (ie, cost of locum minus income generated) \$ _____
- Subscriptions to trade or professional organisations \$ _____
- Other fixed expenses (please specify):
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total: \$ _____

11. Medical Details
 (if insufficient space, please use the Additional Information section on page 35 to provide more detail)

- a) Please give the name/s and address/es of the doctor/s or medical centre/s you usually visit for medical attention and/or where your medical records are located.

- b) How long have you been a patient of this doctor? _____ c) Date of last consultation? _____ / _____ / _____
- d) Reason for the consultation and result/outcome?

- e) If you have known this doctor for less than 2 years, please provide the name and address of your previous doctor.
 Name _____
 Address _____
- f) What is your height? _____ cms or _____ ft/ins g) What is your weight? _____ kgs or _____ st/lbs
- h) Do you consume alcohol? Yes No
If Yes, what type and average **weekly** quantity? (Terms such as "social" and "moderate" are unacceptable)

- i) Have you ever used any drug not prescribed by a doctor and not purchased at a chemist or supermarket? Yes No
If Yes, please give the name of the drug and approximate dates used

- j) Have you ever had asthma, diabetes, arthritis, back, neck or joint pain, a cyst, growth or skin cancer, any mental or nervous disorder (including depression, stress or anxiety), or any thyroid condition? Yes No
If Yes, please complete the appropriate questionnaire/s on the following page/s
- k) Have you ever had diseases or disorders of the heart or circulatory system, stroke or high blood pressure, cancer or malignancy, any kidney or bladder disorder, any respiratory disorder (other than asthma as answered above), liver disease, epilepsy, any stomach or bowel disorder, hepatitis, sexually transmitted disease, or chronic fatigue? Yes No
If Yes, please provide details in the table below
- l) Have you had a positive HIV test or any other AIDS related illness or are you in a high risk group for AIDS? Yes No
If Yes, please provide details in the table below or in the Additional Information section on page 37
- m) Have you ever had any illness or condition that you have been treated for, undergone medical tests for, or been prescribed medication for (other than cold, influenza, or family planning advice)? Yes No
If Yes, please provide details in the table below
- n) Have you ever made a claim or received benefits for any injury or sickness, or is there a claim pending (other than private health insurance/Medicare)? Yes No
If Yes, please provide details in the table below
- o) Do you contemplate seeking any medical examination, advice or treatment, including surgery, in the near future for anything not already disclosed? Yes No
If Yes, please give details.

(if insufficient space, please use the Additional Information section on page 35 to provide more detail)

Question	Condition, illness, or injury	Dates From – To	Type of treatment	How long off work?	Degree of recovery	Name/address of doctor attended

12. Special Health Questionnaires

(complete only if you have been directed to do so on page 32)

Asthma Questionnaire

To be completed by the Life Insured

When was your first asthma attack?

When was your most recent attack?

How many do you have per year?

How much time have you had off work due to asthma in the last 12 months?

Have you ever been hospitalised for asthma, or needed to attend a hospital, casualty, or doctor's surgery for urgent treatment? Yes No
If Yes, give details

Please specify medication taken in the last 12 months, including steroids (eg, Prednisone).

Please advise name and address of doctor/s consulted for asthma

Diabetes Questionnaire

To be completed by the Life Insured

When was your diabetes first diagnosed?

Are you currently taking insulin? Yes No
When did you last consult a doctor for diabetes?

Since treatment began, have you had a diabetic or insulin coma? Yes No
If Yes, give details

Have you ever had any diabetic complications (eg, eye problems, high blood pressure, heart problems, numbness in feet, etc)? Yes No
If Yes, give details

Please advise name and address of doctor/s consulted for diabetes

Mental or nervous disorder (including depression/stress/anxiety)

To be completed by the Life Insured

When was your condition first diagnosed?

What was the doctor's diagnosis?

Please describe your symptoms fully

Are you still experiencing symptoms? Yes No
If No, give date of last symptoms

Are you taking medication? Yes No
If No, give date ceased. If Yes, please state type and dosage

Have you ever been hospitalised due to this? Yes No
If Yes, advise date/s

Have you had time off work for this? Yes No
If Yes, advise when & how long

Please advise name and address of doctor/s consulted for this condition

Thyroid Disorders Questionnaire

To be completed by the Life Insured

When was your condition first diagnosed?

What was the exact diagnosis?

Was your thyroid gland removed? Yes No
What other treatments were you given?

Are you still on treatment? Yes No
Please advise name and address of doctor/s consulted for this condition

Cyst/Mole/Skin cancer Questionnaire

To be completed by the Life Insured

Site Date / /

Do you know the type of lesion? *(Basal cell, carcinoma, melanoma, keratosis, etc)*

Was the lesion removed? Yes No
How was it removed? *(burnt/frozen off, cut out)*

Please advise name and address of doctor/s consulted for this condition

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13. Special Health Questionnaires
(complete only if you have been directed to do so on page 32 and ONLY if you have applied for Disability Income Protection, Business Expenses Benefit, TPD, or Recovery Benefits)

Arthritis, Back, Neck or Joint Pain Questionnaire
To be completed by the Life Insured ONLY if applying for Disability Income Insurance, Business Expenses Benefit, TPD or Recovery Benefits

Please give an exact description of the disorder, including the symptoms and which part/s of the body affected

When did you first suffer from this? _____

What was the doctor's diagnosis? _____

What was/is the cause? _____

Is the disorder related to your work? Yes No

If arthritis, do you know if it is osteo or rheumatoid arthritis? _____

Give details of any test you've had, eg. Xray, scans, etc, including the **dates & results**

What treatment have you had for this?

Are you still receiving treatment? Yes No

Is the condition getting worse? Yes No

Has the condition recurred at all? Yes No

If Yes, advise when _____

Are you still experiencing symptoms? Yes No

If no, for how long have you been symptom free? _____

What work time have you lost due to this? _____

Please advise name and address of doctor/s consulted for this condition

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14. Nomination of Beneficiary/s

If the Policy Owner is the same person as the Life Insured, the Policy Owner may nominate to whom death benefits will be paid, and in what proportions. This facility is subject to the following conditions:

- The policy must not form part of a superannuation plan.
- The facility is only available if the Life Insured and Policy Owner are the same person.
- The nomination shall be void if the Policy is subsequently assigned.

Complete ONLY if the Policy Owner and the Life Insured are the same person and you wish to nominate to whom the Death Benefit will be paid

A 'Nominated Beneficiary' is a person named in the Policy Schedule as a Nominated Beneficiary. A Nominated Beneficiary cannot be the Policy Owner or the Life Insured under the Policy. A maximum of 5 beneficiaries may be nominated under the Policy.

Nominations are not valid unless confirmed by St.George Life Limited in writing to the Policy Owner.

Please complete the table below to nominate beneficiary/s.

I, the Policy Owner and Life Insured, nominate the following beneficiary/s to receive the specified proportion of the sum insured payable on my death. Such payment is subject to the terms and conditions of the Policy and any limitations imposed by law at the time of payment.

I understand that I reserve the right to alter this nomination at any time and that subsequent nominations void previous nominations. If the Policy is assigned at any time this nomination shall become void.

Name of Nominated Beneficiary	Relationship to Life Insured	Date of Birth	% Proportion of the Sum Insured
			= 100%

Signature of the Policy Owner and Life Insured

.....

Date

/ /

15. Additional Information

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Privacy Statement

What this statement is about

Your right to privacy is important to us. This statement explains your privacy rights and our rights and obligations in relation to your personal information.

Your rights

You need not give us any of the personal information requested in the application form or any other document or communication relating to this insurance product. However, without this information, we may not be able to process this application or provide you with an appropriate level of service.

You may request access at any time to personal information held by us about you and ask us to correct it if you believe it is incorrect or out of date.

How we may use your personal information

We use your personal information to:

- assess and process your application for insurance
- administer and manage any insurance provided to you
- assess, process and investigate claims made against any insurance provided to you, and
- facilitate our internal business operations, including fulfilment of any legal requirements and confidential systems maintenance and testing.

Our right to disclose your personal information

We may disclose your personal information in the following circumstances:

- to our external service providers and their agents or sub-contractors (which may be located overseas) that provide services to us for the purposes only of our business. This is on a confidential basis and may include, for example, organisations that provide administrative or marketing services or a mailing house
- to a reinsurance company (which may be located overseas) providing us with reinsurance or considering providing us with reinsurance
- except in the case of information about your health or medical history, to any persons acting on your behalf, including your solicitor,

accountant or financial adviser, unless you tell us not to

- in connection with a proposed sale or acquisition of an interest in any business
- to any complaints body to whom a complaint relating to this product or service is referred, and
- if you request us to do so or if you consent (for example for a direct debit) or where the law requires or permits us to do so (for example, under the Insurance Contracts Act or for law enforcement).

Use by the St.George Group

Except in the case of information about your health or medical history, we may also use your personal information or give access to personal information about you to any member of the St.George Group to:

- perform advisory and administrative services
- assess your total relationship and product holding within the St.George Group, analyse products and consumer needs and develop new products, and
- inform you of products and services provided by us, any member of the St.George Group or by preferred providers which we think may be of value or interest to you, unless you tell us not to.

Your authority to us

By signing this application form you authorise us to collect, maintain, use and disclose your personal information in the manner set out in this privacy statement. You also authorise any of our external service providers to collect health information about you from St.George Life Limited or us and any medical practitioner or other professional to disclose any information they may possess about you to St.George Life Limited or its external providers in relation to this insurance or any claim under it.

The information in this form is collected by either St.George Life Limited, a member of the St.George Group as agent for the insurer St.George Life Limited or an external provider on behalf of St.George Life Limited.

Information About Products and Services

From time to time, St.George would like to provide you with information about products and services – which may be supplied by us, any member of the St.George Group or our preferred suppliers – that we believe may be of interest or value to you. Simply by ticking the **YES** box below, you can be sure that as your financial needs change you won't miss out on the information, special offers and opportunities that could help you to simplify your banking, lower banking costs and build your investments.

Life Insured: Yes No **Policy Owner:** Yes No **2nd Policy Owner (if applicable):** Yes No

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Doctors Authorisation (to be completed by the life insured)

To Doctor,
I authorise you to release details of my personal medical history to St.George Life Limited ABN 88 076 763 936 AFSL 240900. A photocopy (or similar) of this authorisation shall be as valid as the original.

Name of Life Insured _____ Signature of Life Insured _____ Date _____ / ____ / ____

Doctors Authorisation (to be completed by the life insured)

To Doctor,
I authorise you to release details of my personal medical history to St.George Life Limited ABN 88 076 763 936 AFSL 240900. A photocopy (or similar) of this authorisation shall be as valid as the original.

Name of Life Insured _____ Signature of Life Insured _____ Date _____ / ____ / ____

Advice Declaration (To be completed by the policy Owner)

I/we have provided all the information requested by my/our adviser to complete a financial needs analysis and I/we elected to purchase the product/s recommended by my/our adviser.

OR

By indicating one of the following alternatives, I/we understand that I/we risk making a financial commitment to a product that may not be appropriate to my/our objectives, financial situation or needs:

I/we requested not to receive any personal advice or have a fact finder completed; or
 I/we elected only to receive advice about a limited range of products; or
 I/we did not wish to/did not provide all the information my/our adviser requested; or
 I/we chose a product that differs from my/our adviser's recommendation.

Please tick (✓) the most appropriate box

Declarations by the Life Insured and Policy Owner/s

I declare that I have:

- received, read and understood the St.George Protection Choices PDS dated 1 March 2004;
- read and understood the application form and confirm that the answers given are true and correct;
- read my Duty of Disclosure in the Product Disclosure Statement and have not withheld any information material to this insurance; and
- read and understood the Privacy Statement in this form and I consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where I have provided information about another individual (for example, a relative, doctor or beneficiary), I declare that the individual has been made aware of that fact and the contents of the Privacy Statement.

Consents:

- I consent to the collection of the information sought by this form and subsequent collections of health information about me, whether directly from me or from other sources, such as from doctors.
- I agree that St.George Life Limited may receive from and give to St.George Bank Limited ABN 92 055 513 070 AFSL 240997 and its related companies, any relevant information about me in relation to this application and the provision of financial services by the St.George Group.
- I authorise St.George Life to disclose any information in relation to this insurance to any person for the purpose of assisting St.George Life to make a decision in relation to this insurance.
- I also authorise any medical practitioner or other professional to disclose any information that they may possess about me to St.George Life in relation to this insurance or any claim under it.

Cooling Off Period

- I understand that after I receive the Policy Document from St.George Life I have 21 days to check that the policy meets my needs. Within this time I may cancel my policy by writing to St.George Life and returning my policy document. Any money paid will be refunded in full.

Signature of Life Insured _____ Date _____ / ____ / ____

Signature/s of Policy Owner/s (if different to the Life Insured) _____ Date _____ / ____ / ____

Please complete appropriate authority on page 38 if paying premiums by direct debit or credit card.

RETHINK



St.George Life Limited ABN 88 076 763 936 AFSL 240900
4-16 Montgomery Street, Kogarah NSW 2217
Enquiries: (02) 9952 0930

RETHINK



St.George Life Limited ABN 88 076 763 936 AFSL 240900
4-16 Montgomery Street, Kogarah NSW 2217
Enquiries: (02) 9952 0930

Direct Debit request – DDR

(Complete this section if you wish to pay by monthly deductions from your bank or building society account)

This form is to authorise St.George Life Limited to debit insurance premiums from your account as set out in the Direct Debit Service Agreement.

(Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your bank or building society before completing this form)

Name of financial institution (bank or building society)	Branch Number (BSB)
Branch address	Postcode
Account name	Account Number

I/we _____ request you, until further notice in writing, to debit my/our account described above with, any amounts which St.George Life Limited, User ID 77820 may debit or charge me through the direct debit system.

I/We acknowledge and agree that:

1. this Direct Debit Request (“**DDR**”) is governed by the terms and conditions of the Direct Debit Service Agreement (“**Agreement**”) provided to me/us:
2. by signing this DDR, I/we acknowledge that I am/we are bound by all of the terms and conditions of the agreement; and you may vary the amount and frequency of future debits under this DDR and the Agreement by prior arrangement and advice to me/us in accordance with the terms of the Agreement.

Signature of Account Holder	Date	Second signature <i>(if joint account)</i>	Date
_____	____/____/____	_____	____/____/____

Credit Card Authority

(Complete this section if you wish to pay by credit card)

I hereby authorise St.George Life Limited to charge my (tick one)

Card type: VISA MasterCard Bankcard Frequency: Monthly One annual payment only

Card Number	Expiry date
_____	____/____

Card holder’s name/s (please print)	Date
_____	____/____/____

Signature/s	Date
_____	____/____/____

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DIRECTORY

ST.GEORGE LIFE LIMITED

ADMINISTRATION AND CUSTOMER SERVICE

Level 3, 4-16 Montgomery Street
Kogarah NSW 2217

POSTAL ADDRESS

Locked Bag 1
Kogarah NSW 1485

ENQUIRIES

Phone (02) 9952 0930 between
9.00 am and 5.30 pm,
Monday to Friday (EST)

