



Protection Choices

Product Disclosure Statement
including policy terms

1 March 2010

About this Product Disclosure Statement

This Product Disclosure Statement (PDS) contains information about the product being offered. It will help you to:

- decide whether to buy this product; and
- compare this product with other products.

If we accept your application we will send you a policy schedule which, together with this PDS, will form the contract of insurance.

In this PDS:

- “we” means St.George Life Limited ABN 88 076 763 936 AFSL 240900;
- “policy owner” means the person applying for insurance;
- “life insured” means the person whose life is insured (who may be either the policy owner or someone else); and
- “you” means the policy owner, life insured or person making a claim, as applicable.

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About Protection Choices

Protection Choices is insurance which is designed to:

- pay a lump sum if you:
 - die or are diagnosed with a terminal illness (Death Cover);
 - become permanently disabled (Total Permanent Disability Cover);
 - are diagnosed with a covered medical condition (Recovery Benefit);
- pay a monthly amount if you cannot work due to sickness or injury (Disability Income Protection Benefit);
- pay eligible business expenses if you cannot work due to sickness or injury (Business Expenses Benefit); and
- pay a lump sum if your child dies or suffers a covered event (Child Cover).

You can choose from any one or more of the following covers and benefits:

- Death Cover;
- Total Permanent Disability Cover;

- Recovery Benefit;
- Disability Income Protection Benefit; and
- Business Expenses Benefit.

You can also choose to add Child Cover to any of these covers and benefits.

The cover provided is as set out in this PDS and the policy schedule which you will receive if you buy the policy.

A summary of the covers and benefits is set out on pages 2 to 10.

The full details of the covers and benefits are set out on pages 11 to 28.

Premiums can be paid monthly or annually in advance via credit card or bank debit. Your premium due date will be shown on the policy schedule.

The life insured is covered anywhere in the world, 24 hours a day during the period of insurance.

Protection Choices is only available to Australian residents.

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Section 1 – Policy summary

This section gives a summary of the covers and benefits. The full details are set out in section 2.

Death Cover

Feature	Description	More details
Insured event	Death We will pay the Death Cover sum insured if the life insured dies.	page 11
	Terminal illness We will pay the Death Cover sum insured if the life insured suffers a terminal illness (as defined).	page 11
Maximum sum insured	No pre-defined maximum, but subject to acceptance by us.	
Entry age	16 – 70.	
Cover expiry	First policy anniversary after age 99.	
Funeral Cash Advance Benefit	We will pay 10% of the Death Cover sum insured, up to a maximum of \$25,000, on satisfactory evidence of the life insured's death.	page 11
Financial Planning Benefit	Allows for reimbursement of up to \$5,000 for financial planning advice.	page 11
Counselling Benefit	Allows for reimbursement of the cost of up to 10 counselling sessions.	page 11
Future Insurability Benefit	Allows for the Death Cover sum insured to be increased on the happening of certain specified events. Some of these events are: <ul style="list-style-type: none"> ● marriage ● divorce ● birth of a child ● taking out a mortgage, and ● salary increases greater than \$10,000. 	page 21
Indexation	On each policy anniversary the Death Cover sum insured will increase in line with the Consumer Price Index or 3%, whichever is more.	page 22
Premium Freeze Benefit	You can select a fixed premium amount to pay each year. The sum insured generally reduces.	page 23

Suicide exclusion

We will not pay for death or terminal illness caused by the life insured's deliberate act within 13 months after the Death Cover commencement date.

Full details

The full details of Death Cover are set out on page 11.

Total Permanent Disability (TPD) Cover

Feature	Description	More details
Insured event	We will pay the TPD Cover sum insured if the life insured suffers total permanent disability (as defined).	page 11
TPD occupation category	You can choose between the following TPD occupation categories: <ul style="list-style-type: none"> ● own occupation; or ● any occupation. 	page 12
Maximum sum insured	\$3,000,000 but subject to acceptance by us.	
Entry age	16 - 60.	
Cover expiry	The first policy anniversary after age 80. However, when you turn age 70: <ul style="list-style-type: none"> ● only loss of independence (activities of daily living) and severe permanent impairment are covered; and ● the TPD Cover sum insured reduces by 10% each year until TPD Cover expiry. 	page 13
Financial Planning Benefit	Allows for reimbursement of up to \$5,000 for financial planning advice.	page 13
Counselling Benefit	Allows for reimbursement of the cost of up to 10 counselling sessions.	page 13
Indexation	On each policy anniversary the TPD Cover sum insured increases in line with the Consumer Price Index or 3%, whichever is more.	page 22
Premium Freeze Benefit	You can select a fixed premium amount to pay each year. The sum insured generally reduces.	page 23

TPD occupation categories

If you select this TPD occupation category	You can claim under any of these TPD definitions
Own occupation	A1, B, C or D
Any occupation	A2, B, C or D

Definitions

A1. Own occupation

Total permanent disability means that the life insured, as a result of sickness or injury:

- has been unable to work for 3 consecutive months; and
- at the end of those 3 months, in our opinion (after considering medical advice and any other relevant information) is unlikely ever to be able to perform their own occupation.

If the life insured was performing full-time domestic duties immediately prior to becoming unable to work for 3 consecutive months, their “own occupation” is:

- full-time domestic duties; or
- their occupation immediately prior to commencing full-time domestic duties;

whichever is more favourable to them.

A2. Any occupation

Total permanent disability means that the life insured, as a result of sickness or injury:

- has been unable to work for 3 consecutive months; and
- at the end of the 3 months, in our opinion (after considering medical advice and any other relevant information) is unlikely ever to be able to perform any gainful occupation for which they are reasonably suited by education, training or experience.

If the life insured was performing full-time domestic duties immediately prior to becoming unable to work for 3 consecutive months, “any occupation” includes full-time domestic duties.

In definitions A1 and A2 (above) and definition D (below), **domestic duties** means the domestic duties normally performed by a person who stays at home and is not working in regular employment for income, including but not limited to:

- cleaning the home, doing the dishes, shopping for food, cooking meals; and
- where applicable – looking after children.

B. Severe permanent impairment

Total permanent disability means that the life insured has, 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 of 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 of both eyes means that, as a result of sickness or injury:

- (a) visual acuity after correction by suitable lenses is less than 6/60 in both eyes; or
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

Loss of sight in one eye means that, as a result of sickness or injury:

- (a) visual acuity after correction by suitable lenses is less than 6/60; or
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

C. Loss of independence (activities of daily living)

Total permanent disability means that the life insured, as a result of sickness or injury, has been under the supervision of a registered medical practitioner and, in our opinion (after considering medical advice and any other relevant information), is unlikely ever to be able to perform any one of the following activities of daily living without physical assistance from another adult person:

- bathing or showering; or
- dressing; or
- moving from place to place, in and out of bed, in and out of a chair; or
- eating and drinking; or
- using the toilet.

D. 25% whole person impairment

Total permanent disability means that the life insured, as a result of sickness or injury:

- has an impairment of at least 25% of whole person function (as defined); and
- in our opinion (after considering medical advice and any other relevant information) is unlikely ever to be able to perform any gainful occupation for which they are reasonably suited by their education, training or experience.

If the life insured was performing full-time domestic duties immediately prior to them having a 25% whole person impairment, “any gainful occupation” includes full-time domestic duties.

Full details

The full details of TPD Cover are set out on pages 11 to 13.

Recovery (or Trauma) Benefit

Feature	Description	More details
Insured event	We will pay the Recovery Benefit sum insured if the life insured is diagnosed with a specified medical condition or undergoes a specified medical procedure (see list of specified medical conditions and procedures on page 13).	page 13
Maximum sum insured	\$2,000,000 but subject to acceptance by us.	
Entry age	16 - 60.	
Benefit expiry	The first policy anniversary after age 80. However, when you turn age 70: <ul style="list-style-type: none"> ● only loss of independence (activities of daily living) and severe permanent impairment are covered, and ● the Recovery Benefit sum insured reduces each year by 10% until Recovery Benefit expiry. 	page 14
Partial Payment Benefit	For some specified medical conditions and procedures, we will pay 25% of the Recovery Benefit sum insured, up to a maximum of \$100,000 (see list of Partial Payment Benefit medical conditions and procedures on pages 13 to 14).	page 13
Financial Planning Benefit	Allows for reimbursement of up to \$5,000 for financial planning advice.	page 14
Counselling Benefit	Allows for reimbursement of the cost of up to 10 counselling sessions.	page 14
Indexation	On each policy anniversary the Recovery Benefit sum insured increases in line with the Consumer Price Index or 3%, whichever is more.	page 22
Premium Freeze Benefit	You can select a fixed premium amount to pay each year. The sum insured generally reduces.	page 23

Specified medical conditions and procedures

The specified medical conditions and procedures (which are all defined on pages 25 to 27) are:

- Alzheimer's disease/dementia;
- aortic surgery;
- aplastic anaemia;
- benign brain tumour;
- cancer;
- cardiomyopathy;
- chronic liver failure;
- chronic lung disease;
- chronic renal disease;
- coma;
- coronary artery bypass surgery;
- deafness;
- encephalitis;
- heart attack;
- heart surgery (open);
- accidental HIV infection;
- intensive care;
- loss of independence (activities of daily living);
- loss of sight of both eyes;
- loss of speech;
- major head trauma;
- major organ transplant;
- meningitis;
- meningococcal septicaemia;
- motor neurone disease;
- multiple sclerosis;
- muscular dystrophy;
- other serious coronary artery disease;
- paralysis, including:
 - diplegia;
 - hemiplegia;
 - paraplegia;
 - quadriplegia; and
 - tetraplegia;
- Parkinson's disease;
- pneumonectomy;
- primary pulmonary hypertension;
- severe burns;
- severe permanent impairment; and
- stroke.

Partial Payment Benefit medical conditions and procedures

The Partial Payment Benefit medical conditions and procedures are:

- carcinoma in situ;
- chronic lymphocytic leukaemia (Rai stage 0);
- melanoma (Breslow thickness up to 1.55mm and less than Clark Level 3);
- prostate cancer; and
- minimally invasive cardiac surgery (including Angioplasty).

When we won't pay

Pre-existing conditions

We will not pay for any condition or procedure which is due to a pre-existing condition.

Definition

pre-existing condition means:

- any injury, illness, disease or disorder, whether diagnosed or not, for which the life insured received medical treatment or advice before the Recovery Benefit commencement date or reinstatement date; or
- any injury, illness, disease or disorder whether diagnosed or not, which showed symptoms before the Recovery Benefit commencement date or reinstatement date, which would have caused a reasonable person to seek medical treatment or advice.

However, **pre-existing condition** does not include any condition which has been disclosed to us in the application for insurance and which we have agreed to cover.

Qualifying period

We will not pay for any of the following conditions and procedures occurring within 90 days of the Recovery Benefit commencement date or any reinstatement date:

- aortic surgery;
- cancer;
- coronary artery bypass surgery;
- heart attack;
- heart surgery (open);
- other serious coronary disease; or
- stroke.

We will not pay for any Partial Payment Benefit medical conditions or procedures occurring within 90 days of the Recovery Benefit commencement date or reinstatement date.

Full details

The full details of the Recovery Benefit are set out on pages 13 to 14.

Disability Income Protection Benefit

Feature	Description	More details
Insured event	We will pay a monthly benefit if the life insured is totally or partially disabled (as defined).	pages 14 to 15
Maximum monthly sum insured	\$25,000, but subject to acceptance by us.	
Benefit period	You can choose between 2 or 5 years, or to age 65.	
Waiting period	You can choose between 30, 60 or 90 days or 2 years.	
Sum insured category	<p>You can choose between the following sum insured categories:</p> <p>1. Agreed value</p> <p>In the case of total disability we will pay the selected monthly sum insured.</p> <p>In the case of partial disability, we will pay a lesser amount.</p> <p>2. Indemnity</p> <p>In the case of total disability we will pay the selected monthly sum insured or 75% of the life insured's pre-disability monthly income, whichever is less.</p> <p>In the case of partial disability, we will pay a lesser amount.</p>	page 15
Entry age	16 - 60.	
Benefit expiry	The first policy anniversary after age 65.	page 16
Premium Waiver Benefit	After the waiting period we will waive any premiums for the Disability Income Protection Benefit that become payable while the life insured is totally or partially disabled.	page 15
Retraining Expenses Benefit	Allows for reimbursement of the cost of approved retraining, up to a maximum of 6 times the selected monthly sum insured.	page 15
Death Benefit	We will pay a lump sum amount, equal to 6 times the selected monthly sum insured, if the life insured dies.	page 15

Disability Income Protection Benefit (Continued)

Feature	Description	More details
Indexation Benefit	On each policy anniversary the Disability Income Protection sum insured increases in line with the Consumer Price Index or 3%, whichever is more. Indexation occurs during the waiting period but not while we are paying a claim.	page 22
Premium Freeze Benefit	You can select a fixed premium amount to pay each year. The sum insured generally reduces.	page 23
Increasing Claim Benefit (optional)	If a claim has been paid continuously for 12 months, the monthly benefit paid will increase in line with the Consumer Price Index or 3%, whichever is more.	page 16
Accident Benefit (optional)	We will waive the 30-day waiting period in the event of an accident.	page 16
Disability Income Protection Plus Benefit (optional)	This is a package of the following additional benefits: <ul style="list-style-type: none"> ● Specific Event Benefit; ● Additional Rehabilitation Benefit; ● Nursing Care Benefit; ● Assisted Homecare Benefit; ● Support for Immediate Family Benefit; ● Transportation Benefit; ● Repatriation and Accommodation Benefit; ● Complete Premium Waiver Benefit; and ● Counselling Benefit. 	pages 16 to 17
Continuation Benefit (optional)	This is an annual option available for continuation of the Disability Income Protection Benefit after age 65.	page 16

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 of their usual occupation; and
- not gainfully employed; and
- under the care of, and following the treatment recommended by, a registered medical practitioner approved by us.

Partially disabled and partial disability means that, due to sickness and injury, the life insured is “totally disabled” for at least 7 consecutive days and then:

- is unable to work in their usual occupation at full capacity but is working in any gainful occupation for more than 10 hours per week; and
- is under the care of, and following the treatment recommended by, a registered medical practitioner approved by us; and
- their income remains less than their pre-disability income.

Full details

The full details of the Disability Income Protection Benefit are set out on pages 14 to 18.

Business Expenses Benefit

Feature	Description	More details
Eligibility	The Business Expenses Benefit is only available if the life insured is self-employed.	
Insured event	We will pay the cost of eligible business expenses if the life insured is totally disabled.	page 18
Maximum sum insured	\$25,000 but subject to acceptance by us.	
Benefit period	12 months.	
Waiting period	30 days.	
Benefit expiry	The first policy anniversary after age 65.	
Entry age	16 - 60.	
Eligible business expenses	Some examples of business expenses are: <ul style="list-style-type: none"> ● rent; ● mortgage interest; ● lease of office equipment; ● trade subscriptions; and ● telephone, gas and electricity on business premises. 	page 19
Premium Waiver Benefit	After the waiting period, we will waive any premiums for the Business Expenses Benefit that become payable while the life insured is totally disabled.	page 19

Full details

The full details of the Business Expenses Benefit are set out on pages 18 to 19.

Child Cover

Feature	Description	More details																
Eligibility	Child Cover is only available if you also apply for another Protection Choices cover or benefit.	pages 19 to 20																
Insured events	<p>We will pay the Child Cover sum insured if the insured child dies or suffers any of the following events:</p> <ul style="list-style-type: none"> ● cancer; ● deafness; ● loss of hand or foot; ● loss of sight of both eyes; ● major head trauma; ● major organ transplant; ● paralysis; ● terminal illness, or ● total permanent disability. 	page 19																
Entry age	Your child is aged at least 2 years but is not older than 15.																	
Cover expiry	18 years.	page 20																
Premium and sum insured	<p>The premium and the sum insured remain the same until the cover expires.</p> <p>If you choose to pay your Protection Choices premium monthly, you can choose the sum insured from the following:</p> <table border="1"> <thead> <tr> <th>Monthly premium</th> <th>Sum insured</th> </tr> </thead> <tbody> <tr> <td>\$5</td> <td>\$25,000</td> </tr> <tr> <td>\$10</td> <td>\$50,000</td> </tr> <tr> <td>\$20</td> <td>\$100,000</td> </tr> </tbody> </table> <p>If you choose to pay your Protection Choices premium annually, you can choose the sum insured from the following table:</p> <table border="1"> <thead> <tr> <th>Yearly premium</th> <th>Sum insured</th> </tr> </thead> <tbody> <tr> <td>\$55</td> <td>\$25,000</td> </tr> <tr> <td>\$110</td> <td>\$50,000</td> </tr> <tr> <td>\$220</td> <td>\$100,000</td> </tr> </tbody> </table>	Monthly premium	Sum insured	\$5	\$25,000	\$10	\$50,000	\$20	\$100,000	Yearly premium	Sum insured	\$55	\$25,000	\$110	\$50,000	\$220	\$100,000	
Monthly premium	Sum insured																	
\$5	\$25,000																	
\$10	\$50,000																	
\$20	\$100,000																	
Yearly premium	Sum insured																	
\$55	\$25,000																	
\$110	\$50,000																	
\$220	\$100,000																	
Suicide exclusion	We will not pay for suicide or attempted suicide within 13 months of the benefit commencement date.																	

Full details

The full details of Child Cover are set out on pages 19 to 20.

Section 2 – Policy terms

This section sets out the full details of the covers and benefits. The covers and benefits that apply to you are shown on your policy schedule.

Covers and Benefits

2.1 Death Cover

2.1.1 When we will pay

We will pay the Death Cover sum insured:

- if the life insured dies during the period of insurance; or
- if the life insured suffers a terminal illness during the period of insurance.

Definition

Terminal illness means that the life insured is diagnosed as having a life expectancy of less than 12 months, as confirmed by a registered medical practitioner approved by us.

We will only pay the Death Cover sum insured once under this policy.

2.1.2 When we won't pay

We will not pay for death or terminal illness caused by the life insured's deliberate act within 13 months after:

- the Death Cover commencement date or any reinstatement date; or
- any increase in the sum insured you have applied for, but only in respect of the increase.

2.1.3 Funeral Cash Advance Benefit

This benefit applies where the Death Cover sum insured is \$100,000 or more.

Upon receipt of a copy of an Australian death certificate (or other evidence satisfactory to us), we will pay 10% of the Death Cover sum insured, up to a maximum amount of \$25,000, to cover immediate expenses.

We will only pay the Funeral Cash Advance Benefit once under this policy.

The Death Cover sum insured will be reduced by any amount paid under the Funeral Cash Advance Benefit.

2.1.4 Financial Planning Benefit

This benefit applies where the Death Cover sum insured is \$100,000 or more, and the life insured dies or suffers a terminal illness.

We will reimburse the cost of financial planning advice from a financial adviser approved by us, up to a maximum amount of \$5,000.

The most we will pay, in total, for all financial planning advice under this policy is \$5,000.

2.1.5 Counselling Benefit

This benefit applies where the life insured dies or suffers a terminal illness.

We will reimburse the cost of up to 10 counselling sessions for the life insured or immediate family members with a counsellor approved by us.

We will not pay for more than 10 counselling sessions in total under this policy.

2.1.6 Future Insurability Benefit

This benefit allows for the Death Cover sum insured to be increased on the happening of certain specified events. Some of these events are:

- marriage;
- divorce;
- birth of a child;
- taking out a mortgage; or
- salary increases greater than \$10,000.

The full details of the Future Insurability Benefit are set out on page 22.

2.2 Total Permanent Disability (TPD) Cover

2.2.1 When we will pay

We will pay the TPD Cover sum insured if the life insured suffers total permanent disability (as defined) during the period of insurance.

We will only pay the TPD Cover sum insured once under this policy.

2.2.2 TPD occupation categories

If the policy schedule shows this TPD occupation category applies	You can claim under any of these TPD definitions
Own occupation	A1, B, C or D
Any occupation	A2, B, C or D

Definitions

A1. Own occupation

Total permanent disability means that the life insured, as a result of sickness or injury:

- has been unable to work for 3 consecutive months; and
- at the end of those 3 months, in our opinion (after considering medical advice and any relevant information), is unlikely ever to perform their own occupation.

If the life insured was performing full-time domestic duties immediately prior to becoming unable to work for 3 consecutive months, their “own occupation”, is:

- full-time domestic duties; or
- their occupation immediately prior to commencing full-time domestic duties;

whichever is more favourable to them.

A2. Any occupation

Total permanent disability means that the life insured, as a result of sickness or injury:

- has been unable to work for 3 consecutive months; and
- at the end of the 3 months, in our opinion (after considering medical advice and any relevant information) is unlikely ever to be able to perform any gainful occupation for which they are reasonably suited by education, training or experience.

If the life insured was performing full-time domestic duties immediately prior to becoming unable to work for 3 consecutive months, “any occupation” includes full-time domestic duties.

In definitions A1 and A2 (above) and definition D (below), **domestic duties** means the domestic duties normally performed by a person who stays at home and is not working in regular employment for income, including but not limited to:

- cleaning the home, doing the dishes, shopping for food, cooking meals; and
- where applicable – looking after children.

B. Severe permanent impairment

Total permanent disability means that the life insured has, 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 of 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 of both eyes means that, as a result of sickness or injury:

- (a) visual acuity after correction by suitable lenses is less than 6/60 in both eyes; or
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

Loss of sight in one eye means that, as a result of sickness or injury:

- (a) visual acuity after correction by suitable lenses is less than 6/60;
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

C. Loss of independence (activities of daily living)

Total permanent disability means that the life insured, as a result of sickness or injury, has been under the supervision of a registered medical practitioner and, in our opinion (after considering medical advice and any other relevant information), is unlikely ever to be able to perform any one of the following activities of daily living without physical assistance from another adult person:

- bathing or showering; or
- dressing; or
- moving from place to place, in and out of bed, in and out of a chair; or
- eating and drinking; or
- using the toilet.

D. 25% whole person impairment

Total permanent disability means that the life insured, as a result of sickness or injury:

- has an impairment of at least 25% of whole person function (as defined); and
- in our opinion (after considering medical advice and any other relevant information) is unlikely ever to be able to perform any gainful occupation for which they are reasonably suited by their education, training or experience.

If the life insured was performing full-time domestic duties immediately prior to them having a 25% whole person impairment, “any gainful occupation” includes full-time domestic duties.

2.2.3 When we won't pay

We will not pay for total permanent disability caused by the life insured's deliberate act.

2.2.4 When you turn 70

From the first policy anniversary after the life insured's 70th birthday, you can only claim for:

- severe permanent impairment (i.e. TPD definition B), or
- loss of independence (activities of daily living) (i.e. TPD definition C).

On each policy anniversary after the life insured's 70th birthday, the sum insured reduces by 10% (of the sum insured as at the 70th birthday).

The premium will be adjusted accordingly.

Example

As at the life insured's 70th birthday the TPD Cover sum insured is \$500,000. On the next policy anniversary the TPD Cover sum insured reduces to \$450,000 (i.e. \$500,000 less \$50,000).

On the policy anniversary after that the TPD Cover sum insured reduces to \$400,000 (i.e. \$450,000 less \$50,000), and so on.

2.2.5 Financial Planning Benefit

This benefit applies where the TPD Cover sum insured is \$100,000 or more and the life insured suffers total permanent disability.

We will reimburse the cost of financial advice from a financial adviser approved by us up to a maximum amount of \$5,000.

The most we will pay, in total, for all financial planning advice under this policy is \$5,000.

2.2.6 Counselling Benefit

This benefit applies where the life insured suffers total permanent disability.

We will reimburse the cost of up to 10 counselling sessions for the life insured or immediate family members with a counsellor approved by us.

We will not pay for more than 10 counselling sessions in total under this policy.

2.3 Recovery Benefit

2.3.1 When we will pay

We will pay the Recovery Benefit sum insured if, during the period of insurance, the life insured is diagnosed with a specified medical condition or undergoes a specified medical procedure as listed below.

The specified medical conditions and procedures are:

- Alzheimer's disease/dementia;
- aortic surgery;
- aplastic anaemia;
- benign brain tumour;
- cancer;
- cardiomyopathy;
- chronic liver failure;
- chronic lung disease;
- chronic renal disease;
- coma;
- coronary artery bypass surgery;
- deafness;
- encephalitis;
- heart attack;
- heart surgery (open);
- accidental HIV infection;
- intensive care;
- loss of independence (activities of daily living);
- loss of sight of both eyes;
- loss of speech;
- major head trauma;
- major organ transplant;
- meningitis;
- meningococcal septicaemia;
- motor neurone disease;
- multiple sclerosis;
- muscular dystrophy;
- other serious coronary disease;
- paralysis, including:
 - diplegia;
 - hemiplegia;
 - paraplegia;
 - quadriplegia; and
 - tetraplegia;
- Parkinson's disease;
- pneumonectomy;
- primary pulmonary hypertension;
- severe burns;
- severe permanent impairment; and
- stroke.

We will only pay the Recovery Benefit if the life insured survives the medical condition or procedure for at least 14 days.

2.3.2 Partial Payment Benefit

We will pay 25% of the Recovery Benefit sum insured, up to a maximum amount of \$100,000, for the following conditions and procedures:

- carcinoma in situ;
- chronic lymphocytic leukaemia (Rai stage 0);

- melanoma (Breslow thickness up to 1.5mm and less than Clark Level 3);
- prostate cancer (TNM Classification T1); and
- minimally invasive cardiac surgery (including Angioplasty).

The Recovery Benefit sum insured will be reduced by any amount paid under the Partial Payment Benefit.

You can claim more than once under the Partial Payment Benefit.

The most we will pay, in total, for all Recovery Benefit and Partial Recovery Benefit claims under this policy is the Recovery Benefit sum insured.

2.3.3 When we won't pay

Pre-existing condition

We will not pay a Recovery Benefit or Partial Payment Benefit for any condition or procedure which is due to a pre-existing condition.

Definition (for Recovery Benefit)

Pre-existing condition means:

- any injury, illness, disease or disorder, whether diagnosed or not, for which you received medical treatment or advice before the Recovery Benefit commencement date or any reinstatement date; or
- any injury, illness, disease or disorder, whether diagnosed or not, which showed symptoms before the Recovery Benefit commencement date or any reinstatement date, which would have caused a reasonable person to seek medical treatment or advice.

However, **pre-existing condition** does not include any condition which has been disclosed to us in the application for insurance and which we have agreed to cover.

Qualifying period

We will not pay for any of the following conditions and procedures occurring within 90 days of the Recovery Benefit commencement date or any reinstatement date:

- aortic surgery;
- cancer;
- coronary artery bypass surgery;
- heart attack;
- heart surgery (open);
- other serious coronary disease; and
- stroke.

We will not pay for any Partial Payment Benefit medical conditions or procedures occurring within 90 days of the Recovery Benefit commencement date or any reinstatement date.

2.3.4 Financial Planning Benefit

This benefit applies where the Recovery Benefit sum insured is \$100,000 or more and the life insured is diagnosed with a specified medical condition or undergoes a specified medical procedure as listed in 2.3.1 above.

We will reimburse the cost of financial advice from a financial adviser approved by us, up to a maximum amount of \$5,000.

The most we will pay, in total, for all financial planning advice under this policy is \$5,000.

2.3.5 Counselling Benefit

This benefit applies where the life insured is diagnosed with a specified medical condition or undergoes a specified medical procedure as listed in 2.3.1.

We will reimburse the cost of up to 10 counselling sessions for the life insured or immediate family members with a counsellor approved by us.

We will not pay for more than 10 counselling sessions in total under this policy.

2.3.6 When you turn 70

From the first policy anniversary after the life insured's 70th birthday you can only claim for the following medical conditions:

- loss of independence (activities of daily living); or
- severe permanent impairment.

On each policy anniversary after the life insured's 70th birthday, the Recovery Benefit sum insured reduces by 10% (of the Recovery benefit sum insured as at the 70th birthday).

Example

As at the life insured's 70th birthday the Recovery Benefit sum insured is \$500,000. On the next policy anniversary the Recovery Benefit sum insured reduces to \$450,000 (i.e. \$500,000 less \$50,000).

On the policy anniversary after that, the Recovery Benefit sum insured reduces to \$400,000 (i.e. \$450,000 less \$50,000), and so on.

The premium will be adjusted accordingly.

2.4 Disability Income Protection Benefit

2.4.1 When we will pay

We will pay the Disability Income Protection Benefit if, during the period of insurance, the life insured is totally or partially disabled for longer than the waiting period shown in the policy schedule.

After the waiting period, we will pay the benefit while the life insured remains totally or partially disabled, up to a maximum of the benefit period shown in the policy schedule.

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 of their usual occupation; and
- not gainfully employed; and
- under the care of, and following the treatment recommended by, a registered medical practitioner approved by us.

Partially disabled and partial disability mean that, due to sickness or injury, the life insured is totally disabled for at least 7 consecutive days, and then:

- is unable to work in their usual occupation at full capacity but is working in a reduced capacity in any gainful occupation for more than 10 hours per week; and
- is under the care of, and following the treatment recommended by, a registered medical practitioner approved by us; and
- their income remains less than their pre-disability income.

Pre-disability income means the life insured's highest average monthly income during any consecutive 12 month period in the 3 years immediately prior to the commencement of total disability.

2.4.2 How much will we pay?

Total disability

If you have chosen the agreed value sum insured category, for each full month of total disability after the waiting period, we will pay the Disability Income Protection Benefit sum insured.

If you have chosen the indemnity sum insured category, for each full month of total disability after the waiting period, we will pay the Disability Income Protection Benefit sum insured or 75% of the life insured's pre-disability income, whichever is less.

Partial disability

For each full month of partial disability after the waiting period, we will pay an amount calculated in accordance with the following formula:

$$\frac{A - B}{A} \times (\text{the Disability Income Benefit sum insured})$$

where:

A = the life insured's pre-disability income; and

B = the income earned by the life insured in respect of the period to be paid.

Calculation of daily benefits

For periods of less than a full month of total or partial disability after the waiting period, we will pay the relevant benefit calculated on a daily basis, i.e. for each day of disability we will pay one-thirtieth of the relevant monthly benefit.

2.4.3 When we won't pay

We will not pay where the disability was caused by the life insured's deliberate act.

2.4.4 Death Benefit

We will pay a lump sum, equal to 6 times the Disability Income Protection Benefit sum insured, if the life insured dies during the period of insurance.

This is in addition to the Death Cover sum insured (if Death Cover has been chosen).

2.4.5 Premium Waiver Benefit

After the waiting period we will waive premiums for the Disability Income Protection Benefit that fall due while the life insured is totally or partially disabled.

Premiums for all other covers and benefits under the policy still have to be paid.

2.4.6 Retraining Expenses Benefit

If, while receiving total or partial disability benefits, the life insured incurs retraining expenses approved by us, we will reimburse the cost of those expenses incurred.

The most we will pay, in total, for all retraining expenses under this policy is an amount equal to 6 times the Disability Income Protection sum insured.

Definition

Retraining expenses means special equipment, vocational retraining expenses, travel expenses and any other payments approved by us.

2.4.7 Claiming more than once

You can claim more than once under the Disability Income Protection Benefit.

A subsequent claim for an unrelated sickness or injury will be subject to a new waiting period and a new benefit period.

A subsequent claim for the same or related sickness or injury occurring within 12 months of returning to work will be treated as a continuation of the previous claim. A new waiting period will not apply. The benefit period will be the balance (if any) of the original benefit period.

Any subsequent claim for the same or related sickness or injury occurring more than 12 months after returning to work will be treated as a new claim. A new waiting period and a new benefit period will apply.

2.4.8 Continuation option after 65

The Disability Income Protection Benefit ends when the life insured turns 65. At that time, you can apply to extend the Disability Income Protection Benefit for a further year.

To be eligible:

- the life insured must be working full-time;
- the life insured must have an occupation acceptable to us; and
- you must apply for this option no later than 30 days prior to expiry of the Disability Income Protection Benefit.

We will require information on occupation and proof of income, which we will assess.

If we accept your application, the maximum monthly benefit will be \$5,000, the waiting period will be 90 days and the benefit period will be one year. The premium will be adjusted accordingly.

2.4.9 Increasing Claim Benefit

If you have chosen the Increasing Claim Benefit the sum insured will increase on each anniversary of the commencement of the claim period (after the waiting period) while the Disability Income Protection Benefit is being paid.

2.4.10 Accident Benefit

If you have chosen the Accident Benefit and you are totally disabled due to an accident for more than 30 consecutive days, we will pay the monthly benefit from the first day of your total disability (i.e. the waiting period does not apply).

The Accident Benefit is not available under the Continuation option after 65 (see 2.4.8).

2.4.11 Disability Income Protection Plus Benefit

If you have chosen the Disability Income Protection Plus Benefit the following benefits apply:

- Specific Event Benefit;
- Additional Retraining Benefit;
- Nursing Care Benefit;
- Assisted Homecare Benefit;
- Support for Immediate Family Benefit;
- Transportation (inside Australia) Benefit; and
- Repatriation and Accommodation (outside Australia) Benefit.

Specific Event Benefit

We will pay the Disability Income Protection Plus sum insured for the specified payment period if the life insured suffers a loss, fracture, illness or procedure listed below. There is no waiting period.

At any one time we will only pay one benefit for all losses, fractures, illnesses and procedures under this benefit.

Where more than one loss or fracture results from a single accident we will only pay one benefit (i.e. we will pay for the loss or fracture providing the greatest benefit).

Losses	Payment period
Paralysis (includes tetraplegia, quadriplegia, paraplegia, hemiplegia and diplegia)	60 months or the Disability Income Protection Benefit period, whichever is less
Loss of both feet or both hands or sight of both eyes	24 months
Loss of a combination of two of: a hand, a foot and sight in one eye	24 months
Loss of one leg or one arm	18 months
Loss of one foot or one hand or sight in one eye	12 months
Loss of thumb and index finger on one hand	6 months
Fractures	
Thigh or pelvis	3 months
Kneecap, lower leg, ankle, shoulder bone, upper arm or elbow	2 months
Skull (excluding bones of nose and face)	2 months
Foot (excluding toes), heel, collarbone, forearm, wrist, or hand (excluding fingers)	1.5 months
Jaw	1 month

Illnesses and procedures	
A payment period of 6 months applies to the following illnesses and procedures.	
Alzheimer's disease/dementia	loss of independence (activities of daily living)
aortic surgery	loss of speech
aplastic anaemia	major head trauma
benign brain tumour	major organ transplant
cancer	meningitis
cardiomyopathy	meningococcal septicaemia
chronic liver failure	motor neurone disease
chronic lung disease	multiple sclerosis
chronic renal disease	muscular dystrophy
coma	accidental HIV infection
coronary artery bypass surgery	other serious coronary disease
deafness	Parkinson's disease
encephalitis	pneumonectomy
heart attack	primary pulmonary hypertension
heart surgery (open)	severe burns
intensive care	stroke

Additional Retraining Benefit

We will reimburse retraining expenses incurred if, while receiving total or partial disability benefits, the life insured participates in a form of retraining approved by us.

We will pay up to an additional 6 times your monthly benefit in addition to that amount provided by the Retraining Expenses Benefit.

Where the Disability Income Protection Plus Benefit is chosen, the most we will pay, in total, for all retraining expenses under this policy is an amount equal to 12 times the Disability Income Protection Benefit sum insured.

Nursing Care Benefit

We will pay one-thirtieth of the Disability Income Protection Plus sum insured for each day nursing care is required if the life insured is confined to bed, as the result of sickness or injury, during the waiting period for the Disability Income Protection Benefit. A minimum of 3 days' nursing care applies.

We will pay for a maximum period of 90 days.

A registered medical practitioner approved by us must certify that nursing care is required.

Payments under this benefit will be reduced by any payments made under the Assisted Homecare Benefit or Support for Immediate Family Benefit (see below).

Assisted Homecare Benefit

We will pay an additional benefit equal to the monthly benefit or \$3,000 per month, whichever is less, if the life insured remains totally disabled and confined to bed as the result of sickness or injury, at the end of the waiting period for the Disability Income Protection Benefit.

We will pay for a maximum period of 180 days.

A registered medical practitioner approved by us must certify that the care of a registered nurse or a housekeeper is required.

Payments under this benefit will be reduced by any payments made under the Nursing Care Benefit (see above) or Support for Immediate Family Benefit (see below).

Support for Immediate Family Benefit

We will pay an additional 50% of the monthly benefit or \$3,000 per month, whichever is less, if the life insured is totally disabled and confined to bed as the result of sickness or injury, at the end of the waiting period for the Disability Income Protection Benefit.

A registered medical practitioner approved by us must certify that continuous care is required and an immediate family member must cease paid employment to care for the life insured.

We will pay for a maximum period of 180 days.

Payments under this benefit will be reduced by any payments made under the Assisted Homecare Benefit or Nursing Care Benefit (see above).

Transportation (inside Australia) Benefit

We will reimburse travel and accommodation expenses incurred by the life insured and by an immediate family member, if the life insured is totally disabled and:

- they are confined to bed more than 100 kilometres from their usual place of residence; or
- it is 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.

The most we will pay, in total, for all transportation benefits under this policy is an amount equal to twice the Disability Income Protection Benefit sum insured.

Repatriation and Accommodation (outside Australia) Benefit

We will reimburse any air fare costs, approved by us, that are medically necessary for the repatriation of the life insured to Australia, if the life insured is outside Australia and is totally disabled for longer than 30 consecutive days.

The most we will pay, in total, for all repatriation and accommodation benefits under this policy is an amount equal to 3 times the Disability Income Protection Benefit sum insured.

2.4.12 Complete Premium Waiver Benefit

After the waiting period for the Disability Income Protection Benefit we will waive all premiums that fall due for all covers and benefits under this policy while the life insured is totally or partially disabled.

2.4.13 Counselling Benefit

This benefit applies when a claim is paid under the Disability Income Protection Benefit.

We will reimburse the cost of up to 10 counselling sessions for the life insured or immediate family members with a counsellor approved by us.

We will not pay for more than 10 counselling sessions in total under this policy.

2.4.14 When we won't pay

Pre-existing conditions

We will not pay a Disability Income Protection Plus Benefit for any condition or procedure due to a pre-existing condition.

Definition (for Disability Income Protection Plus Benefit)

Pre-existing condition means:

- any injury, illness, disease or disorder, whether diagnosed or not, for which you received medical treatment or advice before the Disability Income Protection Plus Benefit commencement date or any reinstatement date; or
- any injury, illness, disease or disorder, whether diagnosed or not, which showed symptoms before the Disability Income Protection Plus Benefit commencement date or any reinstatement date which would have caused a reasonable person to seek medical treatment or advice.

However, pre-existing condition does not include any condition which has been disclosed to us in the application for insurance and which we have agreed to cover.

Qualifying period

We will not pay a Disability Income Protection Plus Benefit for any of the following conditions and procedures occurring within 90 days of the Disability Income Protection Plus Benefit commencement date or any reinstatement date:

- aortic surgery;
- cancer;
- coronary artery bypass surgery;
- heart attack;
- heart surgery (open);
- other serious coronary disease; and
- stroke.

2.4.15 Benefit offsets

Any benefit payable under the Disability Income Protection Benefit or Disability Income Protection Plus Benefit will be reduced by any amount the life insured receives from other sources of income in respect of the same, or related, sickness or injury.

If the agreed value option applies the benefit payable will be reduced so that the total from all sources does not exceed 75% of pre-disability income or the Disability Income Protection Benefit sum insured, whichever is more.

If the indemnity option applies the benefit payable will be reduced so that the total from all sources does not exceed 75% of pre-disability income.

Definition

Other sources of income includes the following payments:

- payments under workers' compensation or similar legislation; or
- regular periodic disability payments under any other individual or group income insurance, mortgage protection insurance, consumer credit insurance or staff superannuation fund. This does not include payments under the Retraining Expenses Benefit in respect of the same sickness or injury.

2.5 Business Expenses Benefit

2.5.1 When we will pay

We will pay for eligible business expenses if, during the period of insurance, the life insured is totally disabled for longer than 30 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 of their usual occupation; and
- not gainfully employed; and
- under the care of, and following the treatment recommended by, a registered medical practitioner approved by us.

After the waiting period we will pay for eligible business expenses while the life insured remains totally disabled.

2.5.2 How much we will pay

The most we will pay each month is the Business Expenses Benefit sum insured.

The most we will pay, in total, for all eligible business expenses under this policy is an amount equal to a maximum of 12 times the Business Expenses Benefit sum insured.

2.5.3 When we won't pay

We will not pay where the disability was caused by the life insured's deliberate act.

Definition

Eligible business expenses means the life insured's share of normal day-to-day running expenses of the life insured's business and includes, but is not limited to:

- regular accounting, auditing, advertising fees;
- rent or mortgage interest, insurance premiums and property rates on business premises;
- lease of office equipment;
- telephone, gas, electricity, water and cleaning on business premises;
- lease, registration and insurance of motor vehicles;
- salaries, payroll tax and superannuation contributions for employees not involved in the generation of income, for example apprentices and administration assistants;
- subscriptions to trade or professional organisations;
- premiums on business insurance (liability, workers compensation, etc); and
- any other business expenses approved by us.

Definition

Eligible business expenses does not include:

- 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 for this 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 3 months prior to the life insured becoming totally disabled;
- any expense that was not normally paid before the life insured became totally disabled; or
- any other personal expense of the life insured.

2.5.4 Premium Waiver Benefit

After the waiting period we will waive premiums for the Business Expenses Benefit that fall due while the life insured remains totally disabled.

Premiums for all other covers and benefits under the policy still have to be paid.

2.5.5 Claiming more than once

You can claim more than once under the Business Expenses Benefit, in which case a new 30-day waiting period will apply.

However, any subsequent claim for the same, or related, sickness or injury occurring within 12 months of returning to work will be treated as a continuation of the previous claim, and a new waiting period will not apply.

2.6 Child Cover

2.6.1 When we will pay

We will pay the Child Cover sum insured if the insured child dies or suffers an event listed below during the period of insurance:

- cancer;
- deafness;
- loss of hand or foot;
- loss of sight of both eyes;
- major head trauma;
- major organ transplant;
- paralysis;
- terminal illness; or
- total permanent disability.

Definition (for Child Cover only)

Total permanent disability means the insured child has, as a result of sickness or injury:

- A. been under the supervision of a registered medical practitioner approved by us and is completely incapable of performing any normal physical duties; and
- B. is incapable of performing at least one of the following activities, as would be expected of a child of that age, without physical help from another person:
 - bathing and showering;
 - dressing;
 - moving from place to place, in and out of bed, in and out of a chair;
 - eating and drinking;
 - using the toilet; and
- C. the incapacity referred to in paragraphs A and B has persisted continuously over the 3 months before the claim and, in our opinion, the insured child is unlikely to ever regain this capacity.

2.6.2 When we won't pay

We will not pay a benefit for:

- death or any event due to a pre-existing condition; or
- suicide or attempted suicide within 13 months of the Child Cover commencement date or any reinstatement date.

Definition

Pre-existing condition (for Child Cover only) means:

- any injury, illness, disease or disorder, whether diagnosed or not, for which the child received medical treatment or advice before the Child Cover commencement date or any reinstatement date; or
- any injury, illness, disease or disorder, whether diagnosed or not, which showed symptoms before the Child Cover commencement date or any reinstatement date which would have caused a reasonable parent or guardian to seek medical treatment or advice.

However, **pre-existing condition** does not include any condition which has been disclosed to us in the application for insurance and which we have agreed to cover.

Qualifying period

We will not pay for any of the following conditions occurring within 90 days of the Child Cover commencement date or any reinstatement date:

- cancer.

2.6.3 Cover expiry

Child Cover ends on the first policy anniversary after the insured child turns 18. At that time, we will provide the opportunity of converting to a Death and Total Permanent Disability benefit that we choose.

General information

2.7 Guaranteed renewable

We will continue to renew your policy even if there is a change in the life insured's health or personal circumstances.

2.8 Guarantee of upgrade

If we improve the Protection Choices policy terms you will automatically receive these improvements.

2.9 TPD and Recovery riders

This option is only available where you decide to take Death Cover and also wish to take TPD Cover or the Recovery Benefit.

If you take Death Cover, you can choose to take TPD Cover or the Recovery Benefit (or both) as a "rider", rather than as a "stand-alone" cover.

Taking TPD Cover or a Recovery Benefit as a rider means that:

- if you take a TPD rider and we pay a TPD rider claim, your Death Cover sum insured and any Recovery rider sum insured are reduced by the amount we pay as the TPD rider claim; and
- if you take a Recovery rider and we pay a Recovery rider claim, your Death Cover sum insured and any TPD rider sum insured are reduced by the amount we pay as the Recovery rider claim; and

your future premium is adjusted accordingly.

Example 1

If you have Death Cover of \$500,000 and a TPD rider of \$300,000 and we pay a TPD rider claim of \$300,000, your Death Cover sum insured will be reduced to \$200,000 (i.e. \$500,000 less \$300,000).

Example 2

If you have Death Cover of \$500,000, a TPD rider of \$200,000 and a Recovery rider of \$300,000 and we pay a TPD rider claim of \$200,000, your Death Cover sum insured will be reduced to \$300,000 (i.e. \$500,000 less \$200,000) and your Recovery rider will be reduced to \$100,000 (i.e. \$300,000 less \$200,000).

2.9.1 Buybacks

In some circumstances you can choose to buy back the Death Cover you lose when we pay a TPD rider or Recovery rider claim. This is explained below.

TPD Buyback

Where you take a TPD rider and we pay a TPD rider claim, you can choose to buy back the Death Cover which you lost, between 14 and 45 days after we paid that claim. To do this, you must:

- choose TPD Buyback when you take the TPD rider (so that TPD Buyback is noted on your policy schedule); and
- between 14 and 45 days after we pay the TPD rider claim, choose to buy back the Death Cover which you have lost.

Example

If you have Death Cover of \$500,000 and a TPD rider of \$200,000 and we pay a TPD rider claim of \$200,000, your Death Cover sum insured will be reduced to \$300,000 (i.e. \$500,000 less \$200,000).

If you exercise your TPD Buyback option, your Death Cover sum insured will be increased back up to \$500,000.

Recovery Buyback

Where you take a Recovery rider and we pay a Recovery rider claim, you can choose to buy back the Death Cover which you have lost, between 12 months and 12 months and 30 days after we paid that claim.

This entitlement to buy back Death Cover is automatically included in your Recovery Benefit rider.

Recovery Accelerated Buyback

Where you take a Recovery rider and we pay a Recovery rider claim, you can also choose to buy back the Death Cover you have lost between 14 and 45 days after we paid that claim. To do this, you must:

- choose Recovery Accelerated Buyback when you take the Recovery rider (so that Recovery Accelerated Buyback is noted on your policy schedule); and
- between 14 and 45 days after we pay the Recovery rider claim, choose to buy back the Death Cover which you have lost.

Buybacks summary

The following table summarises how Buybacks work:

	Time for choosing to buy back Death Cover	Is Death Cover Buyback automatically included or must it be chosen when the rider is taken?
TPD Buyback	Between 14 and 45 days after we pay the TPD rider claim	TPD Buyback must be chosen when TPD rider is taken
Recovery Buyback	Between 12 months and 12 months and 30 days after we pay the Recovery rider claim	Automatically included when Recovery rider is taken
Recovery Accelerated Buyback	Between 14 and 45 days after we pay the Recovery rider claim	Recovery Accelerated Buyback must be chosen when Recovery rider is taken

2.10 Indexation of benefits

On each policy anniversary, the sum insured under Death Cover, Total Permanent Disability Cover, Recovery Benefit and the Disability Income Protection Benefit will increase in line with the Consumer Price Index, or 3%, whichever is more. However, this will not occur if:

- the life insured has reached age 70; or
- the increase would result in a sum insured greater than our maximum sum insured.

For the Disability Income Protection Benefit indexation will not occur:

- if the life insured has reached age 60; or
- while a claim is being paid (after the waiting period) under the Disability Income Protection Benefit.

You can refuse an increase by writing to us when you receive your renewal notice.

2.11 Future Insurability Benefit

The Death Cover sum insured can be increased without the need for medical evidence upon the occurrence of a future insurability event (see list below).

The increase must be for a minimum of \$25,000 and be applied for within 30 days of the event.

A maximum of one increase for a future insurability event can be applied for in any 12-month period.

The maximum cumulative amount by which the Death Cover sum insured can be increased under the Future Insurability Benefit is \$1,000,000.

The Future Insurability Benefit is only available if the policy was issued for the life insured on medically standard rates.

The Future Insurability Benefit expires on the policy anniversary after the life insured turns 59.

The Future Insurability Benefit is not available for any life insured in respect of whom a claim has been made (or an insured event has occurred) under any St. George Life policy for any benefit.

During the first 6 months after effecting the Future Insurability Benefit 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.

Future insurability events

The future insurability events are:

- the life insured's marriage;
- the life insured's divorce;
- the life insured, or their spouse, giving birth to or adopting a child;
- the life insured's child starts secondary school or university;
- the life insured receives a salary increase of \$10,000 or more;
- the life insured takes out a mortgage or increases an existing mortgage, on their principal place of residence; or
- the life insured is a "key" person in a business and:
 - their value to the business increases;
 - their financial interest in the business increases;
 - the business takes a business loan for which the life insured is personally responsible; or
 - the amount of a business loan for which the life insured is personally responsible increases.

If you decide to apply to increase the Death Cover sum insured under the Future Insurability Benefit please contact us for further details.

2.12 Alterations

We may, at your request, alter the cover provided under this policy, subject to our normal requirements at the time. These requirements may include payment of a fee for making the alteration.

2.13 Premiums

The premium is made up of:

- an amount for being on risk;
- a policy fee;
- if you choose to pay by the month – an administration fee to cover the extra cost of administering your policy; and
- government charges.

The amount of your premium is based on a number of factors including the life insured's age, sex, occupation, smoking status, benefits applied for and sum insured, as well as other risk factors.

We will tell you the amount of the premium when we offer you the policy.

Your premium is shown on the policy schedule and is payable on the premium due date shown there.

What happens if premiums are not paid?

If you do not pay the premium by the due date, we may cancel the policy by giving you 35 days' written notice of cancellation.

The notice period will commence on the day we post the notice of cancellation to you.

Premium adjustments

On the policy anniversary, the premium will be adjusted in line with the life insured's age, benefits and sum insured.

Premium rates are not guaranteed.

On each policy anniversary, we may increase the administration fee in line with the Consumer Price Index, or 3%, whichever is more.

We may otherwise change premium rates:

- on the advice of our appointed actuary but only if the increase applies to all benefits of the same type in this series of policies; or
- to reflect any changes in government charges.

Premium Freeze Benefit

If you choose this benefit the premium stays the same each year. The sum insured will generally reduce.

Premium freeze can occur at the start of the policy or within 30 days of any policy anniversary. The policy owner can revoke this option on a policy anniversary by writing to us.

While the Premium Freeze Benefit is being exercised Indexation will stop and you will be unable to exercise any Future Insurability Benefit increases.

2.14 Taxation

You should seek professional advice on your tax situation, as individual circumstances may differ from the following:

Death Cover, Total Permanent Disability Cover, Recovery Benefit and Child Cover

Generally, premiums are not tax deductible and the benefits paid are not subject to tax.

Disability Income Protection Benefit and Business Expenses Benefit

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 as at the issue date of this PDS.

2.15 When cover begins and ends

The policy begins on the policy commencement date shown on the policy schedule.

Each cover or benefit begins on the cover or benefit commencement date shown on the policy schedule.

Each cover or benefit ends on the earliest of:

- the cover or benefit expiry date shown on the policy schedule;
- the date you cancel the cover or benefit; or
- the date the cover or benefit sum insured is exhausted by claim payments.

The policy ends on the earliest of:

- the date all covers end; or
- the date you, or we, cancel the policy.

If the policy ends while you are receiving a total or partial disability benefit, we will continue to pay you up to the chosen benefit period, while you remain totally or partially disabled.

2.16 Cancelling the policy

During the cooling-off period

After we issue your policy schedule, you have 30 days to check that the policy meets your needs. This is known as the "cooling-off" period.

If you are not satisfied, you can cancel the policy by writing to us. Any premium paid will be refunded in full, less any government charges.

However, your cooling-off right does not apply if you make a claim.

After the cooling-off period

You may cancel the policy at any time by notifying us in writing.

If you have chosen to pay the premium annually, the cancellation takes effect on the date we receive your request.

If you have chosen to pay the premium monthly, the cancellation takes effect on the next monthly premium due date.

2.17 Making a claim

To make a claim, please call us and ask for a claim form.

We will require the claim form to be completed and returned with the following documents (usually at your cost):

- Death Cover – proof of death (e.g. death certificate) and, where applicable, proof of who the benefit should be paid to (e.g. a copy of the will);
- other covers and benefits – medical reports and test results and other documentation (e.g. receipts for expenses incurred) providing details of the benefit or condition being claimed for.

For some claims we may require further reports from treating doctors and hospitals. We may also require you to have a medical examination. We will pay for these reports and examinations.

2.18 Privacy statement

We collect personal information about you so that we can provide you with insurance and administer any insurance products issued.

We may also use your personal information to tell you about products and services offered by us, other Westpac Group* companies or our preferred suppliers, which may be of interest to you. If you do not want your personal information to be used in this way, you can always opt out by writing to The Operations Manager, St. George Life Limited, Locked Bag 3, Kogarah NSW 1485.

Subject to the Privacy Act 1988, you can have access to your personal information by using these same contact details. Without your personal information we cannot provide you with insurance or properly administer any insurance products issued.

We disclose personal information to third parties to assist us in providing insurance and administering the insurance products issued, and to assist us and other Westpac Group companies in developing new products and services. Those third parties (who may be overseas) may include other Westpac Group companies, consultants, contractors, business partners, mail houses, medical practitioners, reinsurers and claims handlers.

Sensitive information about you (including your health information) is protected by the Privacy Act.

A copy of our privacy policy is available on request.

2.19 Complaints

If you have a complaint, please contact us first. We have a free internal dispute resolution procedure which you can access by calling 02 9952 0930 or by writing to us.

If your complaint is not resolved in this way, you can contact the Financial Ombudsman Service Limited (telephone 1300 780 808, www.fos.org.au). This is an independent and impartial body that provides a free external dispute resolution procedure.

*Westpac Group means Westpac Banking Corporation (Westpac) ABN 33 007 457 141 AFSL 233714 and its subsidiaries. St. George Life is a subsidiary of Westpac.

2.20 Duty of disclosure

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your policy.

Your duty is to tell us beforehand every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know;

is relevant to our decision whether to insure you and, if so, on what terms.

Everyone who is insured under the policy must comply with the duty of disclosure.

The duty of disclosure continues until we notify you that your application for a Protection Choices policy has been accepted. It also applies when you vary, replace or reinstate your policy.

Non-disclosure

If you have not disclosed all relevant matters to us and we would not have entered into the policy on any terms if we had known about those matters, we may avoid the policy within 3 years of policy commencement. If your non-disclosure is fraudulent, we may avoid the policy at any time.

Alternatively, we may, within 3 years of policy commencement, decide to reduce the sum insured to an amount we would have been prepared to offer for the premiums paid, had you disclosed all relevant facts to us.

2.21 Other information

Westpac Banking Corporation does not, nor do any of its Related Bodies Corporate (as defined in the Corporations Act 2001 (Cth)), other than the insurer, St. George Life Limited guarantee, payment of any policy benefits.

The policy is not capable of assignment without our prior written consent.

The policy is issued from our Statutory No 1 Fund.

The policy is governed by the laws in force in New South Wales.

Definitions

2.22 Medical definitions

Alzheimer's disease/dementia means the life insured has Alzheimer's disease or other dementia as confirmed by a consultant neurologist or geriatrician. The condition must result in significant cognitive impairment and the permanent inability to perform any one of the "activities of daily living".

Dementia as a result of alcohol or drug use is specifically excluded.

aortic surgery means the actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

aplastic anaemia means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- blood product transfusion; or
- marrow stimulating agents; or
- immunosuppressive agents; or
- bone marrow transplantation.

benign brain tumour means non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure, such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit resulting in either:

- at least 25% impairment of whole person function; or
- the life insured being totally and permanently unable to perform any one of the "activities of daily living".

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

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 this definition:

- carcinoma in situ (including cervical dysplasia, Cervical Intraepithelial Neoplasia (CIN) classifications including 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;
- melanomas less than 1.5mm Breslow thickness and less than Clark level 3;
- 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 1 or classified as binet stages A and B.

cardiomyopathy means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 3 of the New York Heart Association Classification of Cardiac Impairment and resulting in the life insured being unable to perform their usual occupation.

chronic liver failure means end stage liver failure with permanent jaundice, ascites and hepatic encephalopathy. Liver disease related to alcohol or drug use 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 disease 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, as determined by a consultant neurologist.

Coma as a result of alcohol or drug use is specifically excluded.

coronary artery bypass surgery means the first undergoing of coronary artery bypass 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.

Angioplasty, laser or other intra-arterial 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, as certified by a registered medical practitioner.

encephalitis means the severe inflammatory disease of the brain, certified by a consultant neurologist, resulting in neurological deficit causing:

- at least 25% impairment of whole person function; or
- the life insured being totally and permanently unable to perform any one of the "activities of daily living".

heart attack (myocardial infarction) means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis for this must be evidenced by:

- new and permanent ECG changes consistent with myocardial infarction; and
- elevation of chemical markers (such as troponin or cardiac enzymes) consistent with myocardial infarction.

heart surgery (open) means the actual undergoing of open heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or any reinstatement date of the Recovery

Benefit or Disability Income Protection Plus Benefit (as applicable). Valvotomy is specifically excluded.

accidental HIV infection means infection with the Human Immunodeficiency Virus (HIV) where it was acquired either:

- in the course of carrying out normal occupational duties; or
- 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; or
 - a medical procedure or operation performed by a doctor or dentist;

and

seroconversion to HIV infection occurs within 6 months of the incident.

Any incident giving rise to a potential claim must be reported to us and supported by a negative HIV antibody test taken after the incident.

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

intensive care means a sickness or injury that has for the first time resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Intensive care as a result of drug or alcohol use is excluded.

loss of independence (activities of daily living) means that the life insured, as a result of sickness or injury, has been under the supervision of a registered medical practitioner and, in our opinion (after considering medical advice and any other relevant information) is unlikely ever to be able to perform any of the following activities of daily living without physical assistance from another adult person:

- bathing or showering; or
- dressing; or
- moving from place to place, in and out of bed, in and out of a chair; or
- eating and drinking; or
- using the toilet.

loss of sight of both eyes means that as a result of sickness or injury the:

- (a) visual acuity after correction by suitable lenses is less than 6/60 of both eyes; or
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object); or

(c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

loss of sight in one eye means that, as a result of sickness or injury:

- (a) visual acuity after correction by suitable lenses is less than 6/60, or
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) a combination of visual defects in the same degree of vision impairment as that occurring in (a) or (b) above.

loss of speech means the complete and irrecoverable loss of the ability to speak as a result of sickness or injury, which must be established and the diagnosis reaffirmed after a continuous period of 3 months of such loss by a registered medical practitioner.

major head trauma means that an accidental head injury has, as determined by a brain injury unit or consultant neurologist, resulted in a neurological and/or cognitive deficit causing either:

- at least 25% impairment of whole person function; or
- the life insured being totally and permanently unable to perform any one of the “activities of daily living”.

major organ transplant means the medically necessary organ transplant, or placement on an official Australian acute care hospital waiting list to undergo 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.

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

meningitis means the unequivocal diagnosis of meningitis by a consultant neurologist.

meningococcal septicaemia means the unequivocal diagnosis of meningococcal septicaemia by a consultant neurologist.

motor neurone disease means the unequivocal diagnosis of motor neurone disease by a consultant neurologist.

multiple sclerosis means the unequivocal diagnosis of multiple sclerosis by a consultant neurologist.

There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

muscular dystrophy means the unequivocal diagnosis of muscular dystrophy by a consultant neurologist.

other serious coronary artery disease means:

- the actual undergoing of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of 3 or more coronary arteries is required to confirm the need for this procedure; or
- the narrowing of the lumen of at least 3 coronary arteries as proven for the first time by coronary arteriography, regardless of whether or not coronary artery surgery was performed.

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, hemiplegia and tetraplegia.

Parkinson's disease means the unequivocal diagnosis of Parkinson's disease by a consultant neurologist.

Partial payment benefit medical conditions and procedures

- **“carcinoma in situ”** means a carcinoma in situ, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. “Invasion” means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Only carcinoma in situ of the following sites is covered:

- **cervix - uteri** - the tumour must be classified as Tis according to the TNM staging method or FIGO stage 0 (Excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN 1, CIN 2, and CIN 3).
- **fallopian tube** - the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO Stage 0.
- **vagina** - the tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.
- **vulva** - the tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.
- **breast** - the tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.
- **prostate** - the tumour is confined within the prostate and histologically described as T1 according to the TNM staging method or a Gleason Score of either 2, 3, 4 or 5.

(Note: FIGO refers to the staging method of The Federation Internationale de Gynecologie et d'Obstetrique.)

- **chronic lymphocytic leukaemia** means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.
- **melanoma** means the presence of one or more malignant melanomas of 1.5mm or less maximum thickness as determined by histological examination using the Breslow method, and less than Clark Level 3 depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

- **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; or
 - 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.

pneumonectomy means the undergoing of surgery to remove an entire lung.

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 3 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
- 50% or more of both hands; or
- 50% or more of the head.

severe permanent impairment means that the life insured has, 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 of both eyes; or
- the loss of one hand or foot and the loss of sight in one eye.

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.

whole person function means where a payment depends upon the life insured meeting criteria that are based on whole person function, the calculation is to be based on the latest edition of American Medical Association publication “Guides to the Evaluation of Permanent Impairment” or an equivalent current Australian guide that has been sanctioned by the Australian Medical Association.

2.23 Other definitions

activities of daily living

- bathing or showering – i.e. the ability to wash or shower without assistance;
- dressing – i.e. the ability to put on and take off clothing without assistance;
- moving from place to place – i.e. the ability to get in and out of bed and a chair without assistance;
- eating and drinking – i.e. the ability to get food from a plate into the mouth without assistance; or
- using the toilet – i.e. the ability to use the toilet including the ability to get on and off without assistance.

Consumer Price Index means the most recent change in the CPI (all groups – Eight Capital Cities combined) published by the Australian Bureau of Statistics. If no Consumer Price Index is published, we will use another index that we consider appropriate.

immediate family means the life insured's:

- spouse or de facto partner;
- parent or parent-in-law; or
- a person with whom the life insured resides in a domestic living arrangement and with whom a financial interdependency exists.

income means the life insured's income earned through personal exertion and does not include any income earned from investments.

injury means a physical injury arising from the life insured's involvement in an accident.

gainful occupation means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

loss of independence (activities of daily living) – see page 4.

partially disabled and partial disability – see page 15.

pre-existing condition:

- see page 14 (Recovery Benefit);
- see page 18 (Disability Income Protection Plus Benefit); and
- see page 20 (Child Cover).

registered medical practitioner means a legally qualified medical practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.

sickness means an illness or disease.

total permanent disability –

- see page 12 (TPD Cover), and
- see page 19 (Child Cover).

totally disabled and total disability –

- see page 15 (Disability Income Protection Benefit) and
- see page 18 (Business Expenses Benefit)

terminal illness and terminally ill – see page 11.

Section 3 – Interim Cover Certificate

When Interim Cover begins and ends

Interim Cover begins when your fully completed application for Protection Choices is received at any St.George Bank branch or by a St.George Life agent.

Interim Cover ends on the earliest of the following times:

- 90 days after your Interim Cover begins; or
- when your application is accepted or declined; or
- when your application is withdrawn.

Death Cover

If you have applied for Death Cover, we will pay a benefit if the life insured dies during the period of Interim Cover.

The benefit will be the Death Cover sum insured applied for, or \$1,000,000, whichever is less.

Total Permanent Disability (TPD) Cover

If you have applied for TPD Cover, we will pay a benefit if the life insured suffers total permanent disability (as defined for the TPD occupation category selected) during the period of the Interim Cover.

The benefit paid will be the TPD Cover sum insured applied for, or \$500,000, whichever is less.

Recovery Benefit

If you have applied for the Recovery Benefit, we will pay a benefit if the life insured is diagnosed with one of the following medical conditions or undergoes one of the following medical procedures during the period of Interim Cover:

Alzheimer's disease/dementia	accidental HIV infection
aplastic anaemia	loss of sight of both eyes
benign brain tumour	meningitis
cardiomyopathy	meningococcal septicaemia
chronic liver failure	motor neurone disease
chronic lung disease	multiple sclerosis
chronic renal disease	muscular dystrophy
coma	paralysis including:
deafness	<ul style="list-style-type: none"> ● diplegia; ● hemiplegia; ● paraplegia; ● quadriplegia; or ● tetraplegia.
encephalitis	Parkinson's disease
intensive care	pneumectomy
loss of independence (activities of daily living)	primary pulmonary hypertension
loss of speech	severe burns
major head trauma	
major organ transplant	

The benefit will be the Recovery Benefit sum insured applied for, or \$500,000, whichever is less.

Disability Income Protection Benefit

If you have applied for the Disability Income Protection Benefit, we will pay a monthly benefit if the life insured becomes totally disabled as a result of:

- a sickness which first became apparent; or
- an injury which occurred;

during the period of Interim Cover.

The monthly benefit will be the least of:

- \$5,000;
- the Disability Income Protection Benefit sum insured applied for; or
- 75% of the life insured's pre-disability income.

The life insured must be totally disabled for longer than the waiting period applied for. The benefit will be paid while the life insured remains totally disabled, up to a maximum period of six months.

Our underwriting guidelines apply

Interim Cover is subject to our standard underwriting guidelines for Protection Choices. This means that:

- if you have an excluded occupation, sport or pastime – your Interim Cover does not provide cover for accidents arising from that occupation, sport or pastime;
- if you are not eligible for our standard offering to applicants of your age, sex or occupation and smoking status – your Interim Cover is subject to varied terms or a reduced sum insured; and
- if you are not eligible for a Protection Choices policy – you do not have Interim Cover.

When we will not pay

We will not pay for any event caused or contributed to by:

- any pre-existing condition of which you were aware, or of which a reasonable person in your circumstances could be expected to have been aware; or
- the life insured's deliberate act.

