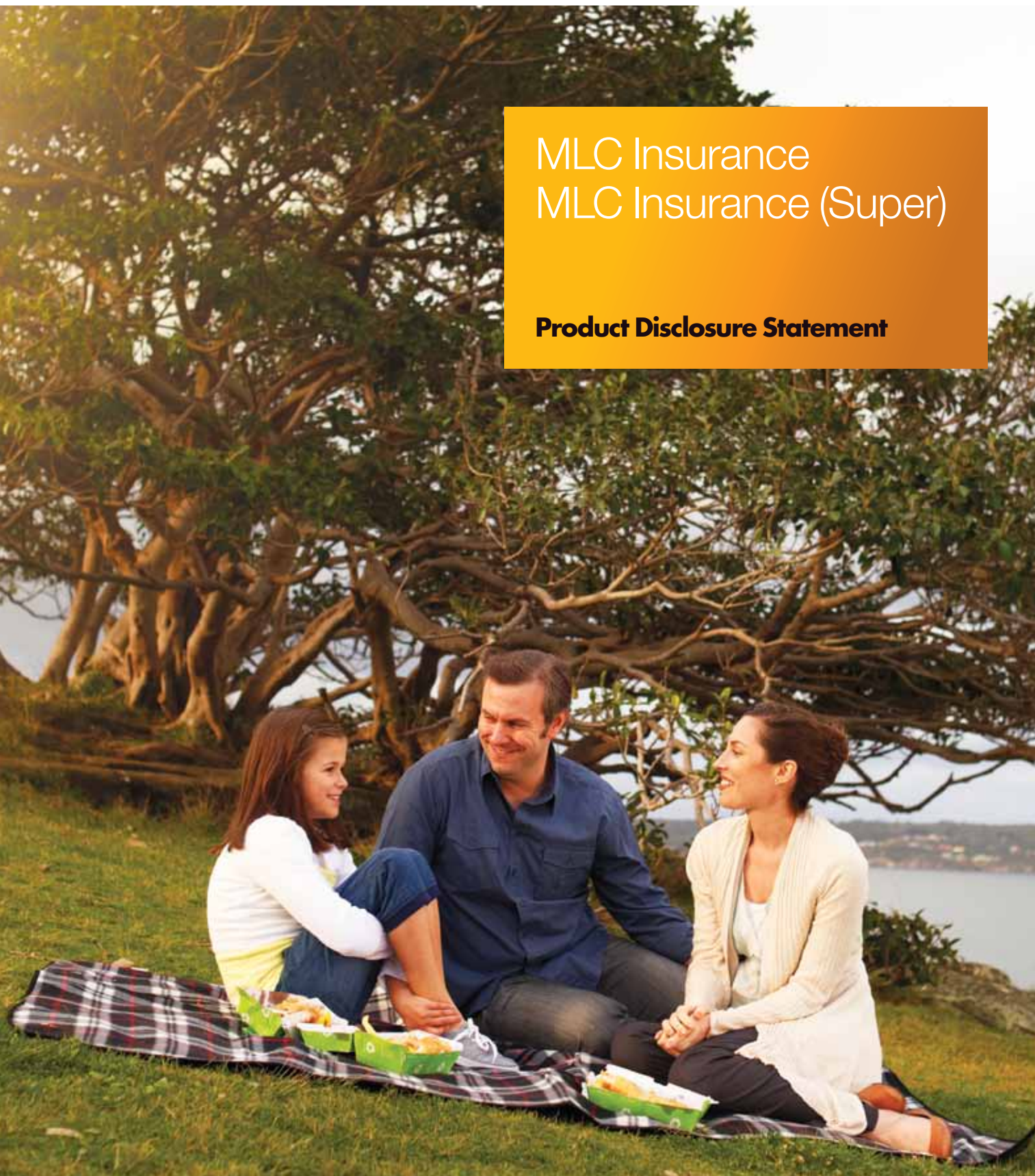




With you

MLC Insurance MLC Insurance (Super)

Product Disclosure Statement



Preparation date:
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Issue no: 2

This Product Disclosure Statement (PDS) was prepared by MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Insurance

and MLC Nominees Pty Limited
ABN 93 002 814 959
AFSL 230702 RSE L0002998
Issuer of MLC Insurance (Super)

Trustee for The Universal Super Scheme
ABN 44 928 361 101
R1056778 SFN 281440944

How to read this Product Disclosure Statement (PDS)

It's made up of six sections:

Section 1

You're making the right choice with MLC – this section provides details of our insurance products.

Section 2

Types of insurance available – this section provides an overview of the types of insurance available.

Section 3

Structuring your insurance – this section provides information on how to structure your insurance.

Section 4

How it all works – this section provides general information on your insurance, including applying for and renewing your insurance.

Section 5

Insurance glossary and general definitions

– this section provides information on the features and additional options of the types of insurance available in the Insurance glossary and also lists general definitions. Where you see a term where the initial letters are capitalised, such as Accident, these terms have specific meanings which are explained in this section.

Section 6

Critical Illness and Total and Permanent Disability (TPD) definitions.

You can find information on the **Interim Accident Insurance Certificate** on page 108.

In this PDS you'll find the following terms used:

For MLC Insurance

MLC/we/us	refers to	MLC Limited in its capacity as insurer and issuer of MLC Insurance.
you/your	assumes that	you are both the policy owner and the life insured.

For MLC Insurance (Super)

MLC/we/us	refers to	MLC Limited either in its capacity as insurer, or its capacity as administrator of the Scheme, on behalf of the Trustee.
MLC Nominees/the Trustee	refers to	MLC Nominees Pty Limited in its capacity as the Trustee of The Universal Super Scheme (the Scheme) and issuer of MLC Insurance (Super).
the Scheme	refers to	The Universal Super Scheme.
you/your/member	refers to	a member of MLC Insurance (Super) and the life insured.

Important information

The information in this PDS may change from time to time. We'll let you know of changes that are materially adverse to you. Changes that aren't materially adverse will be updated and made available to you at mlc.com.au or you can call us on **1300 428 482** for a paper copy.

MLC and the Trustee are the joint issuers of this PDS. Each issuer takes full responsibility for the whole of the PDS.

The full legal terms and conditions for each product are contained in their respective policy documents. Copies of the policy document(s) may be obtained free of charge, upon request.

In providing this information we haven't taken account of your objectives, financial situation or needs. Because of this, before acting on this information you should consider whether the information in this PDS is appropriate having regard to your situation.

Application and Expiry Ages

This table provides a guideline as to when you can apply for your insurance and when it ends.

For more information on stepped and level premiums, please see page 67.

	Minimum sum insured	Maximum sum insured	MLC Insurance			MLC Insurance (Super)		
			Application ages (next birthday)		Expiry ages (cover expires on Review Date after age attained)	Application (next birthday)		Expiry ages (cover expires on Review Date after age attained)
			Level	Stepped	Stepped and Level*	Level	Stepped	Stepped and Level*
Life Cover insurance	\$25,000	No general maximum (special terms may apply for amounts greater than \$15 million)	16-60	11-70	100	16-60	16-65	74 **
Terminal Illness Support insurance	n/a	Lesser of \$250,000 and 50% of Life Cover insurance	19-60		65	19-60		65
Business Safeguard Option – Life Cover	n/a	\$15 million (refer to the Insurance glossary on page 91)	19-60		65	19-60		65
Accidental Death insurance	\$25,000	No general maximum (special terms may apply for amounts greater than \$15 million)	16-60	11-70	100	16-60	16-65	74 **
Total and Permanent Disability insurance (extension to Life Cover insurance and stand-alone)	\$25,000	\$5 million for AAA, ACT, M, L occupations \$3 million for other occupations	16-60		100	16-60 (stand-alone not available)		74 **
Total and Permanent Disability insurance (extension to Critical Illness insurance)	\$25,000	\$2 million	19-60		65	19-60		65
Business Safeguard Option – TPD extension and TPD stand-alone	n/a	\$5 million for AAA, ACT, M, L occupations \$3 million for other occupations (refer to the Insurance glossary on page 91)	19-60		65	19-60		65
Critical Illness insurance (extension to Life Cover insurance and stand-alone)	\$25,000	\$2 million	19-60		75			
Business Safeguard Option (Critical Illness extension and Critical Illness stand-alone)	n/a	\$2 million	19-60		65	19-60		65
Child Critical Illness insurance	\$10,000	\$200,000	3-18		21			
Occupationally Acquired HIV, Hepatitis B or C Infection insurance	\$25,000	\$1 million	19-60		70			
Premium Waiver insurance	n/a	n/a	19-55		65	19-55		65
Income Protection insurance	\$1,500	\$60,000 for AAA, ACT, M, L occupations \$30,000 for other occupations	19-60 (up to \$40,000) 19-55 (over \$40,000 - \$60,000)		65 for Income Protection Special Risk, 70 for Income Protection Platinum and Income Protection	19-60 (up to \$40,000) 19-55 (over \$40,000 - \$60,000)		65 for Income Protection Special Risk, 70 for Income Protection Platinum and Income Protection
Business Expenses insurance	\$1,500	\$60,000	19-60		65			

In some cases you may not be eligible for the insurance you've asked for, or we might offer you insurance on different terms. This may include a change to the terms shown above.

* At the Review Date following age 65, we'll automatically continue your insurance on a stepped premium.

** A conversion option is available to continue as non-super to Review Date after 100.

Contents

Here's what you'll find within this PDS.

Section 1

You're making the right choice with MLC

MLC. With you	6
Why choose insurance with MLC?	7
MLC Insurance	8
MLC Insurance (Super)	9

Section 2

Types of insurance

Life Cover insurance	12
Accidental Death insurance	14
Total and Permanent Disability (TPD) insurance	15
Critical Illness insurance	18
Child Critical Illness insurance	23
Occupationally Acquired HIV, Hepatitis B or C Infection insurance	26
Premium Waiver insurance	28
Income Protection insurance	30
Business Expenses insurance	43

Section 3

Structuring your insurance

Section 4

How it all works

Setting up your insurance	58
Altering, renewing, transferring or cancelling your insurance	62
Beneficiaries	63
How to make a claim	66
Premium	67
Policy fee and other charges	70
Taxation	71
Additional information about MLC Insurance (Super)	73

Section 5	
Insurance glossary and general definitions	77

Section 6

Critical Illness and Total and Permanent Disability (TPD) definitions

Critical Illness definitions	100
TPD definitions	108

Interim Accident Insurance Certificate 110

Accompanying this PDS

Application
Supplementary Underwriting Questionnaires



**You're making
the right choice
with MLC**



MLC With you

Our track record speaks for itself.

With over 120 years of insurance experience in Australia, we provide long-term, sustainable insurance to our customers.

Year after year, we've won insurance industry awards for being innovative and having the best products.

Our claims philosophy

We're always there for our customers at claim time.

Our team of claims assessors and support staff assess each claim with integrity and fairness.

Worldwide insurance

Our insurance travels with you, which means you're covered 24 hours a day, anywhere in the world.

Keeping your insurance up to date

We continuously look for ways to improve the features and benefits of our insurance, so you'll receive better protection.

Where it won't affect your premiums, we'll add those improvements to your insurance.

We'll also inform you of any improvements we make.

What you need to know about the risks

There is a risk that the insurance won't meet your needs. Your adviser can thoroughly assess your circumstances and help you choose a type and amount of insurance to suit your needs. They can help you consider your future requirements now as you may not qualify for some insurance if your circumstances change.

The MLC group of companies is the wealth management division of the National Australia Bank (NAB).

We provide investment, superannuation and insurance solutions, working with you and your financial adviser to help grow and protect your wealth.

Why choose insurance with MLC?

What would happen to you, your family or business if you became seriously ill, injured or disabled?

Insurance provides financial support in the event of your death, injury or illness. Having enough money to make a lifestyle change after a serious illness or disablement is something that we'd all like to have. We can help there too.

No matter what stage of life you're at, insurance is an important part of your financial plan.

Choosing your insurance

We offer a range of insurances you can choose from to meet your personal and business needs.

The flexible design of our products means you can protect your lifestyle, family and business.

We actively look for the most cost-effective and tax-effective ways for our customers to purchase their insurance.

Because of this, we give you two ways to package your insurance:

- **MLC Insurance** where you can purchase insurance outside superannuation (super).
- **MLC Insurance (Super)** where you can purchase insurance inside super.

MLC Insurance

This offers a wide range of insurances to meet your needs, all packaged within one policy **outside** super.

However you wish to arrange your financial affairs, MLC Insurance can be tailored to your circumstances.

Who is the life insured?

This is the person whose circumstances we assess and accept as the life insured and is named in the Schedule.

One person can be insured per policy.

Who is the policy owner?

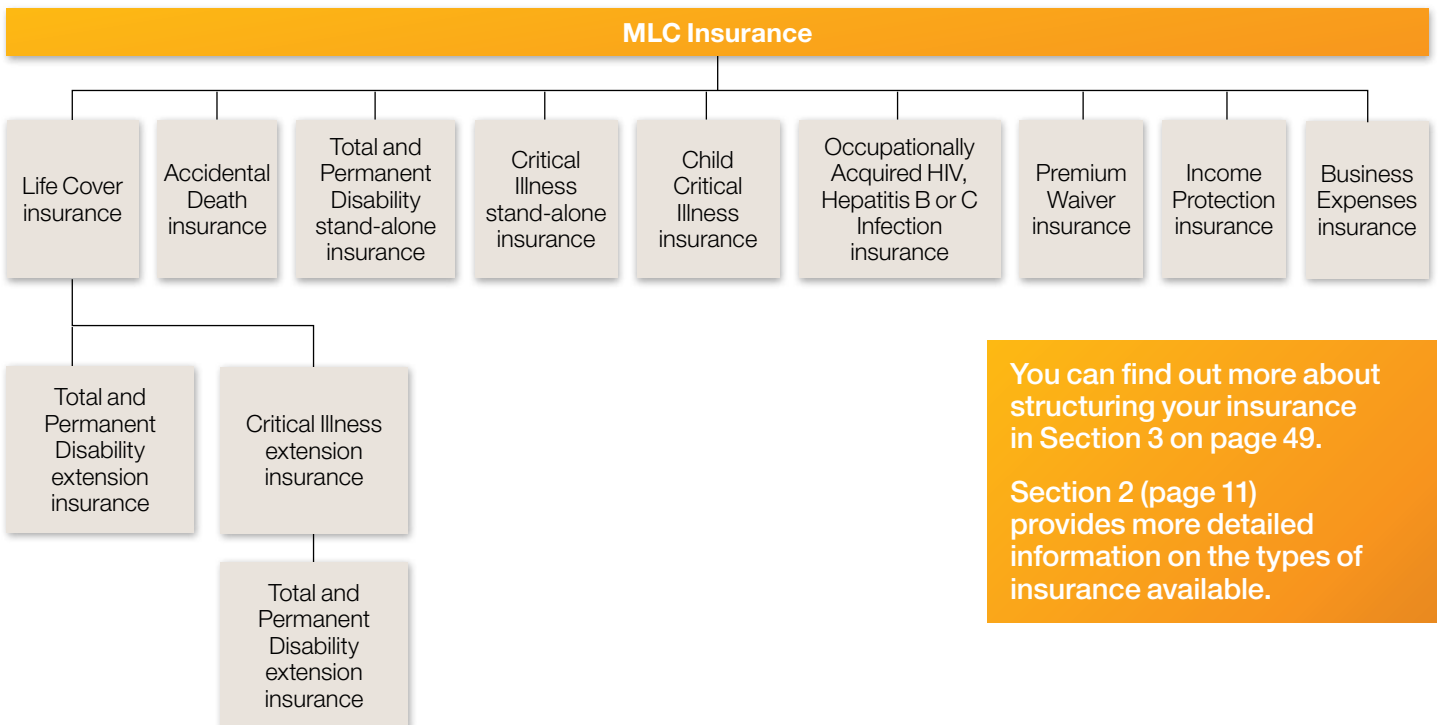
This is the person or entity who applies and is accepted for this policy and is named in the Schedule. The policy owner is the person who is entitled to receive benefits under the policy and is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner can be an individual(s), a company, partnership or the trustee(s) of a family trust or a super fund.

Ownership must be the same for all insurances under the one policy.

Income Protection insurance must generally be owned by the life insured.

Types of insurance available



You can find out more about structuring your insurance in Section 3 on page 49.

Section 2 (page 11) provides more detailed information on the types of insurance available.

MLC Insurance (Super)

This offers a broad range of insurances to meet your needs, all packaged within one policy **inside** super.

In purchasing your insurance through super, you may be able to take advantage of a range of tax concessions generally not available when insuring outside super. These concessions can make it more affordable to insure through super.

This may affect the tax treatment of your premium and benefit payments. You can find more detailed information on taxation on page 71.

You should discuss with your financial adviser whether this structure is appropriate for you.

Who is the life insured?

The life insured is the person whose circumstances we assess and accept as the life insured and is named in the Schedule.

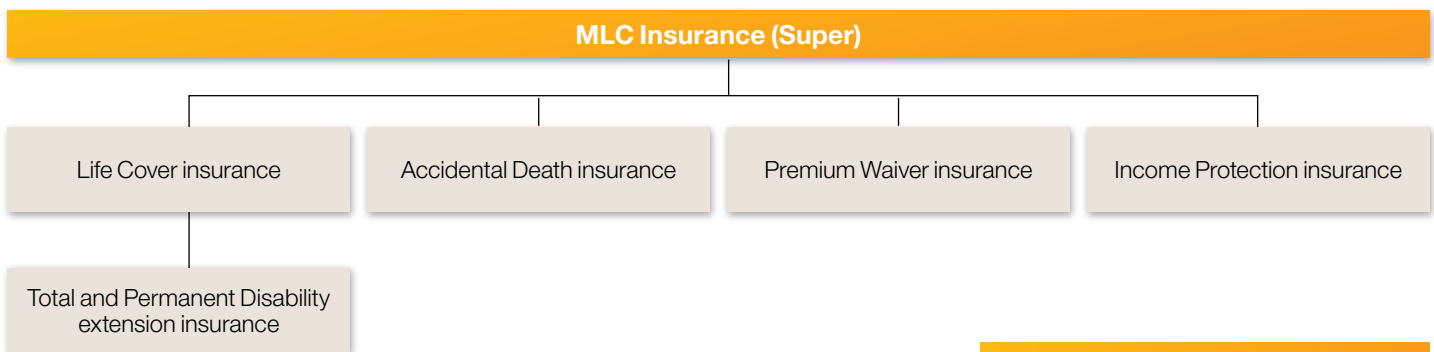
One person can be insured per policy.

Who is the policy owner?

When you take out MLC Insurance (Super), you become a member of The Universal Super Scheme. The Trustee of the Scheme takes out insurance on your behalf and becomes the policy owner.

You can find more detailed information on the Scheme on page 73.

Types of insurance available



You can find out more about structuring your insurance in Section 3 on page 49.

Section 2 (page 11) provides more detailed information on the types of insurance available.



Types of insurance



Life Cover insurance

Helps protect your family should you die.

You can apply for Life Cover insurance as stand-alone insurance, inside or outside super.

You can also apply to add Total and Permanent Disability or Critical Illness insurance extensions to your Life Cover insurance. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if:

- you die, or
- you're diagnosed with a terminal illness.

How much insurance can you apply for?

You can apply for as much Life Cover insurance as meets your needs. Special terms may apply for amounts above \$15 million. Your financial adviser can help you work out the right amount for you.

What is terminal illness?

An illness that, in the opinion of a Specialist approved by us, is likely to lead to your death within 12 months from the date we're notified in writing by the approved Doctor.

What are the features?

The table below provides a snapshot of the features included with your Life Cover insurance along with a page reference where you can find more detailed information in the Insurance glossary if applicable.

Features of Life Cover insurance	
Terminal illness	We'll pay your Life Cover lump sum benefit if you're diagnosed with a terminal illness. You won't have to return this benefit to us if you survive.
Accidental Injury Benefit (see page 79)	We'll pay you up to a maximum of \$2 million if you lose the use of your limbs or sight, depending on the nature and severity of your injury.
Increases without further Medical Evidence (see page 90)	You can apply to increase your Life Cover insurance without further medical evidence when certain personal and business events happen.
Advance Death Benefit (outside super only – see page 80)	To help with any urgent costs such as funeral expenses when you die, we'll make an advance payment of \$20,000.
Financial Planning Benefit (outside super only – see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.
Economiser (see page 88)	You can request that we freeze your Life Cover insurance stepped premium if you're aged 30 or over. The amount you pay then stays the same while your benefit will reduce each year.

What are the additional options?

You can also apply for the options listed below. These can be purchased at an additional cost. A page reference indicates where you can find more detailed information in the Insurance glossary if applicable.

Life Cover insurance additional options	
Business Safeguard Option (see page 81)	You can apply to increase your Life Cover insurance for certain business purposes by up to the lesser of three times the original insurance benefit and \$15 million without further medical evidence.
Terminal Illness Support insurance	We'll pay the lesser of \$250,000 and 50% of your Life Cover insurance benefit as a lump sum if you're diagnosed with a terminal illness and survive 30 days after you've told us. The Terminal Illness Support insurance benefit is in addition to any terminal illness benefit paid as part of your Life Cover insurance. You won't have to return this benefit to us if you survive.

For MLC Insurance (Super), the Trustee can release the Accidental Injury Benefit only where permitted by super law. The conditions of release are defined under super legislation. Please see page 73 for more information.

When won't a benefit be paid?

For Life Cover insurance:

We won't pay a benefit for death or terminal illness arising from or contributed to by suicide or attempted suicide within 13 months after this insurance:

- started
- was last reinstated, or
- was increased (for the increase in the Life Cover insurance benefit).

For Terminal Illness Support insurance:

We won't pay a benefit for terminal illness arising from or contributed to by an intentional self-inflicted injury or attempted suicide within 13 months after this insurance:

- started
- was last reinstated, or
- was increased (for the increase in the insurance benefit).

When will your insurance end?

Your Life Cover and Terminal Illness Support insurance will end when:

- you cancel your insurance
- we pay you an amount equal to your full Life Cover or Terminal Illness Support insurance benefit (as applicable)
- this insurance is reduced to nil by payments of MLC extension insurance benefits (see page 51)
- for Terminal Illness Support insurance, your Life Cover is reduced to nil
- you reach the termination date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For MLC Insurance (Super) your insurance will also end if it's replaced by a non-super policy as detailed on page 74.

Accidental Death insurance

Helps protect your family should you die because of an Accident.

You can apply for Accidental Death insurance, inside or outside super. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you die due to an Accident and your death occurs within 180 days of the Accident.

How much insurance can you apply for?

You can apply for as much Accidental Death insurance as meets your needs. Special terms may apply for amounts above \$15 million. Your financial adviser can help you work out the right amount for you.

What are the features?

The table below provides a snapshot of the feature you'll receive with your Accidental Death insurance along with a page reference where you can find more detailed information in the Insurance glossary.

Feature of Accidental Death insurance	
Financial Planning Benefit (outside super only – see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.

When won't a benefit be paid?

We won't pay a benefit for Accidental Death arising from or contributed to by:

- intentional self-inflicted injury or suicide, or
- any cause other than the Accident.

When will your insurance end?

Your Accidental Death insurance will end when:

- you cancel your insurance
- we pay you an amount equal to your full Accidental Death insurance benefit
- you reach the Termination Date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For MLC Insurance (Super) your insurance will also end if it's replaced by a non-super policy as detailed on page 74.

Total and Permanent Disability (TPD) insurance

Helps protect your financial security if you suffer Total and Permanent Disability.

You can apply for TPD insurance as an extension to Life Cover or Critical Illness insurance. This can be purchased inside or outside super.

You can also apply for TPD stand-alone insurance outside super. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you suffer Total and Permanent Disability (TPD). How TPD is defined depends on whether you choose to have an Any Occupation or Own Occupation TPD definition. The definition of TPD will change to Loss of Independence following the Review Date after you turn 65.

However, if you hold TPD as an extension to Critical Illness insurance, your TPD insurance ends at your Review Date after you turn 65. This is because Loss of Independence is available as a separate critical condition under Critical Illness insurance.

For more information on the TPD definitions and their requirements, please see Total and Permanent Disability (TPD) definitions on page 108.

How much insurance can you apply for?

You can apply for TPD insurance up to a maximum of:

- \$5 million for certain professional occupations such as surgeons, accountants and solicitors, or
- \$3 million for other occupations.

The maximum you'll receive for Loss of Independence is \$3 million.

Your financial adviser can help you work out which occupation group applies to you.

You can choose from two TPD definitions.

Own Occupation

If you choose this definition, then we'll assess your likely ability to ever be able to work again, taking into account your own occupation. This means you may be eligible for your TPD insurance benefit if you can't work in your own occupation, even if you may be able to work in another occupation.

You'll be charged a higher premium if you choose Own Occupation. Not all occupations are eligible for this definition.

Any Occupation

If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account not only your occupation, but also any occupation which you're reasonably suited to by way of education, experience or training.

For full details of when a TPD insurance benefit may be payable, please see page 108. For MLC Insurance (Super) there may also be tax and super legislation implications, depending on your choice of definition. Please see pages 72 and 73.

Total and Permanent Disability (TPD) insurance

What are the features?

The table below provides a snapshot of the features included with your TPD insurance, along with a page reference where you can find more detailed information in the Insurance glossary, if applicable.

Features of TPD insurance	
12-month Life Cover Buy Back (extension only – see page 78)	12 months after we've paid your full TPD insurance benefit, you can ask us to restore your Life Cover insurance by the same amount as the benefit paid. Your premium will be based on our Life Cover Premium Rates at the time the Life Cover is restored, taking into account the amount of the Benefit, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Partial Payment Benefit (outside super only – see page 95)	We'll pay you the lesser of \$500,000 and 25% of your TPD insurance benefit as a lump sum if you lose the use of one limb or sight in one eye.
Increases without further Medical Evidence (see page 90)	You can apply to increase your TPD insurance without further medical evidence when certain personal and business events happen.
Financial Planning Benefit (outside super only – see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.
Economiser (see page 88)	You can request that we freeze your TPD insurance stepped premium if you're aged 30 or over. The amount you pay then stays the same while your benefit will reduce each year.
Death Benefit (TPD stand-alone only)	If the TPD stand-alone benefit isn't payable because you die within 14 days of becoming TPD, we'll pay a death benefit of \$5,000.

What are the additional options?

You can also apply for the options listed below. These can be purchased at an additional cost. A page reference indicates where you can find more detailed information in the Insurance glossary if applicable.

TPD insurance additional options	
Double TPD (Life Cover Buy Back with Premium Waiver) (see page 87)	If you live for 14 days after we've paid your TPD insurance benefit, we'll automatically restore your Life Cover insurance up to the same amount as the TPD insurance benefit paid. We'll also waive your premiums on this restored Life Cover Insurance up to age 65.
Business Safeguard Option (see page 81)	You can apply to increase your TPD insurance for certain business purposes, by up to the lesser of three times the original insurance benefit and \$5 million without further medical evidence.
14-day Life Cover Buy Back (extension only – see page 78)	If you live for 14 days after we've paid your full TPD insurance benefit, we'll automatically restore your Life Cover insurance up to the same amount as the TPD insurance benefit paid. Your premium will be based on our Life Cover Premium Rates at the time the Life Cover is restored, taking into account the amount of the Benefit, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When won't a benefit be paid?

We won't pay a benefit for any total and permanent disablement arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us as part of the application or reinstatement process).

For TPD stand-alone, we won't pay the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started or was last reinstated.

For MLC Insurance (Super), the Trustee can release the TPD insurance benefit only where permitted by super law. The conditions of release are defined under super legislation. Please see page 73 for more information.

When will your insurance end?

Your TPD insurance will end when:

- you cancel your insurance
- we pay you an amount equal to your full TPD insurance benefit
- this insurance is reduced to nil by payments of MLC extension insurance benefits (see page 51)
- the Life Cover and/or Critical Illness insurance to which this TPD insurance is an extension, ends
- you reach the Termination Date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For MLC Insurance (Super) your insurance will also end if it's replaced by a non-super policy as detailed on page 74.

Critical Illness insurance

Helps protect your finances if you become critically ill.

You can apply for Critical Illness insurance as an extension to Life Cover insurance or as stand-alone insurance. It can be purchased outside super only. Please see Section 3 for more information.

How does it work?

This insurance pays you a lump sum if you suffer a critical condition.

We offer two types of insurance. Your financial adviser can help you work out which is the most appropriate for you.

Insurance types	
Critical Illness Plus	Provides benefits for an extensive range of critical conditions and additional options. You can see the full list of conditions in the table opposite.
Critical Illness Standard	Provides benefits for the most common critical conditions with fewer additional options, at a lower cost.

In the case of stand-alone insurance, we'll pay your full Critical Illness insurance benefit if you survive for 14 days after suffering a critical condition.

How much insurance can you apply for?

You can apply for Critical Illness insurance up to a maximum of \$2 million.

What is a critical condition?

Each critical condition is defined on pages 100 to 107. An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

Qualifying periods

Some critical conditions are covered only after a period of time known as a qualifying period. This means that you're not covered for those conditions when they first appear, happen or are diagnosed within that period after this insurance started, was last reinstated or increased. Please see page 95 for more detailed information in the Insurance glossary.

Critical conditions

This table sets out the critical conditions covered by Critical Illness Plus and Standard insurance and their qualifying periods.

Critical conditions	Critical Illness Plus	Critical Illness Standard	Qualifying period
Aorta Repair	•		3 months
Aplastic Anaemia	•		
Bacterial Meningitis	•		
Benign Brain Tumour	•		
Blindness	•		
Cardiomyopathy	•		
Chronic Kidney Failure	•		
Chronic Liver Failure	•		
Chronic Lung Failure	•		
Coma	•		
Coronary Artery Angioplasty*	•		3 months
Coronary Artery Angioplasty – Triple Vessel	•		3 months
Coronary Artery Bypass Surgery	•	•	3 months
Deafness	•		
Dementia or Alzheimer's Disease	•		
Encephalitis	•		
Heart Attack	•	•	3 months
Heart Valve Surgery	•		3 months
HIV contracted through medical procedures	•		
HIV contracted through your work	•		
Intensive Care	•		
Loss of Independence	•	•	
Loss of Speech	•		
Major Brain Injury	•		
Major Burns	•		
Major Organ or Bone Marrow Transplant	•		
Malignant Cancer	•	•	Standard: 6 months Plus: 3 months
Meningococcal Septicaemia	•		
Motor Neurone Disease	•		
Multiple Sclerosis	•		
Muscular Dystrophy	•		
Open Heart Surgery	•		
Out of Hospital Cardiac Arrest	•		
Parkinson's Disease	•		
Paralysis (includes paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia)	•		
Pneumonectomy	•		
Primary Pulmonary Hypertension	•		
Severe Diabetes	•		
Severe Osteoporosis	•		
Severe Rheumatoid Arthritis	•		
Stroke	•	•	3 months

* Coronary Artery Angioplasty – This benefit will only apply if your Critical Illness benefit is \$100,000 or more. The benefit payable for Coronary Artery Angioplasty is 10% of your Critical Illness benefit up to a maximum of \$20,000 per event. For more information on this condition, please see Critical Illness definitions on page 101.

Critical Illness insurance

What are the features?

The table below provides a snapshot of the features included with your Critical Illness insurance along with a page reference where you can find more detailed information in the Insurance glossary, if applicable.

Features of Critical Illness insurance	
Child Support Benefit (Plus only – see page 82)	When you hold Critical Illness insurance of \$100,000 or more, we'll pay a lump sum of \$10,000 if your Child first has a Child Support Benefit Condition or dies.
Increases without further Medical Evidence (Plus only – see page 90)	You can apply to increase your Critical Illness insurance without further medical evidence when certain personal and business events happen.
Financial Planning Benefit (see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.
Economiser (see page 88)	You can request that we freeze your Critical Illness insurance stepped premium if you're aged 30 or over. The amount you pay then stays the same while your benefit will reduce each year.
Death Benefit (Critical Illness stand-alone only)	If the Critical Illness stand-alone benefit isn't payable because you die within 14 days of suffering a critical condition, we'll pay a benefit of \$5,000.

What are the additional options?

You can also apply for the options listed below. These can be purchased at an additional cost. A page reference indicates where you can find more detailed information in the Insurance glossary, if applicable.

Critical Illness insurance additional options	
Double Critical Illness (Life Cover Buy Back with Premium Waiver) (Plus Only – see page 86)	If you live for 14 days after we've paid your Critical Illness insurance benefit, we'll automatically restore your Life Cover insurance up to the same amount as the Critical Illness insurance benefit paid. We'll also waive your premiums on this restored Life Cover insurance up to age 65.
12-month Life Cover Buy Back (extension only – see page 79)	12 months after we receive your valid Critical Illness insurance claim form, you can ask us to restore your Life Cover insurance by the same amount as the benefit paid. Your premium will be based on our Life Cover Premium Rates at the time the Life Cover is restored, taking into account the amount of the Benefit, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Critical Illness Buy Back (Plus only – see page 85)	12 months after we've paid your Critical Illness insurance benefit (including partial benefits – see page 21), you can ask us to restore your Critical Illness insurance by the same amount as the benefit paid. Your premium will be based on our Critical Illness Premium Rates at the time the Life Cover is restored, taking into account the amount of the Benefit, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Extra Benefits Option – Partial Benefits (Plus only – see opposite)	You can apply for partial benefits which will pay you a proportion of the Critical Illness benefit if you suffer one of the additional critical conditions.

Extra Benefits Option – Partial Benefits

This option is only available when you have Critical Illness Plus.

How does it work?

If you suffer one of the additional critical conditions listed in the table below, we'll pay you a proportion of the Critical Illness insurance benefit.

The partial payment for these conditions is 20% of the Critical Illness insurance benefit subject to the maximum partial benefit payable listed in the table below. This benefit is only payable if it's at least \$10,000.

Your Critical Illness insurance will be reduced by the amount of any partial benefit payment made for these additional critical conditions.

You can only claim once for each critical condition.

Additional critical conditions	Maximum partial benefit payable	Qualifying period
Adult Onset Insulin Dependent Diabetes Mellitus	\$100,000	
Advanced Endometriosis		
Carcinoma in Situ of the Breast		3 months
Deafness in One Ear		
Early Stage Chronic Lymphocytic Leukaemia		3 months
Early Stage Prostate Cancer		3 months
Facial Reconstructive Surgery and Skin Grafting		
Serious Accidental Injury		
Loss of One Foot or One Hand	\$200,000	
Loss of Sight in One Eye		
Congenital Abnormalities of a child	\$50,000	12 months
Inability of a Child to Gain Independence		12 months
Carcinoma in Situ – Female Reproductive Organs	\$20,000	3 months
Early Stage Melanoma		3 months
Orchidectomy (as required to diagnose Carcinoma in Situ of the Testicle)		3 months
Specified Complications of Pregnancy		12 months

The definitions for the above critical conditions are on pages 100 to 107.

Critical Illness insurance

Changes to Critical Illness insurance definitions

Critical Illness Plus

If you choose Critical Illness Plus, the Critical Illness definitions will only change where we improve them in your favour.

Critical Illness Standard

As advances are made in treatment and diagnostic techniques, we may need to change the Critical Illness Standard definitions for both new and existing policies to make sure they remain appropriate.

We don't guarantee to renew your insurance. Following the first three years of your Critical Illness insurance, we may continue your insurance with the same or different critical conditions and definitions.

Where a change is necessary, it'll apply to all Critical Illness Standard policies; we won't single you out for a change.

We'll notify you of any change to your Critical Illness insurance terms or definitions on renewal.

You can accept the new conditions by continuing to pay your premiums and you'll be entering into a new policy. We won't require you to complete an application for the new policy and we'll continue to rely on the information you provided to us for your existing MLC policy.

You may choose to refuse these changes by not making further premium payments and your policy will lapse.

When won't a benefit be paid?

We won't pay a benefit for any critical condition including partial benefits, arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

For Critical Illness stand-alone insurance, we won't pay the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started, or was last reinstated.

When will your insurance end?

Your Critical Illness insurance will end when:

- you cancel your insurance
- we pay you an amount equal to your full Critical Illness insurance benefit
- this insurance is reduced to nil by payments of MLC extension insurance benefits (see page 51)
- the Life Cover insurance to which this Critical Illness insurance is an extension, ends
- you reach the Termination Date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Child Critical Illness insurance

Helps protect your finances if your Child becomes critically ill and you have to cope with additional expenses.

You can apply for Child Critical Illness insurance outside super only. Please see Section 3 for more information. This insurance is only available where the parent or guardian holds one of the following insurances: Life Cover, TPD, Critical Illness, Income Protection or Business Expenses.

How does it work?

This insurance pays you a lump sum if your Child first has a critical condition or dies.

How much insurance can you apply for?

You can apply for Child Critical Illness insurance up to a maximum of \$200,000 per Child.

The maximum number of children that may be insured is five.

What is a critical condition?

Each critical condition is defined on pages 100 to 107. An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

Qualifying periods

Some critical conditions are covered only after a period of time known as a qualifying period. This means that you're not covered for those conditions when they first appear, happen or are diagnosed within that period after this insurance started, was last reinstated or increased. Please see page 95 for more detailed information in the Insurance glossary.

Child Critical Illness insurance

Critical conditions

This table sets out the critical conditions covered by Child Critical Illness insurance and their qualifying periods.

Critical conditions	Qualifying period
Aplastic Anaemia	
Bacterial Meningitis	
Benign Brain Tumour	
Blindness	
Cardiomyopathy	
Chronic Kidney Failure	
Chronic Liver Failure	
Coma	
Deafness	
Encephalitis	
Heart Attack	3 months
Heart Valve Surgery	3 months
HIV contracted through medical procedures	
Intensive Care	
Loss of Speech	
Major Brain Injury	
Major Burns	
Major Organ or Bone Marrow Transplant	
Malignant Cancer	3 months
Meningococcal Septicaemia	
Open Heart Surgery	
Out of Hospital Cardiac Arrest	
Paralysis	
Pneumonectomy	
Primary Pulmonary Hypertension	
Stroke	3 months

What are the features?

The table below provides a snapshot of the feature included with your Child Critical Illness insurance along with a page reference where you can find more detailed information in the Insurance glossary.

Feature of Child Critical Illness insurance	
Financial Planning Benefit (see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.

Conversion to an adult policy

Following the Review Date after the Child's 18th birthday and before the Review Date preceding the Child's 21st birthday, the Child may elect to convert this insurance to an equivalent adult insurance for the same insurance benefit amount.

They may apply for adult Life Cover insurance and Critical Illness (extension to Life Cover) insurance as applicable at that time without the requirement to provide medical evidence.

The policy issued will be on the then current policy terms and premiums will be calculated at the then current rates.

When won't a benefit be paid?

We won't pay a benefit for any death or critical condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or suicide
- sickness or injury that first appeared, happened or was diagnosed before the insurance started or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process)
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

When will your insurance end?

Your Child Critical Illness insurance will end for a Child when:

- you cancel this insurance
- we pay your full Child Critical Illness insurance benefit for that Child
- the conversion to an adult policy is exercised
- you have no other insurance on the policy
- the Termination Date for this insurance as shown on your Schedule is reached
- your premiums aren't paid
- a fraudulent claim is made, or
- the Child dies.

Occupationally Acquired HIV, Hepatitis B or C Infection insurance

Helps medical professionals stay financially protected at work.

You can apply for Occupationally Acquired HIV, Hepatitis B or C Infection insurance outside super only. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you unintentionally acquire Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C as a result of performing your normal duties in the health industry.

This insurance is only available for certain medical occupations such as doctors, surgeons, dentists, nurses and ambulance officers. Your financial adviser can help you work out if your occupation is eligible.

You can find more detailed information about the claim requirements for this insurance in the Insurance glossary on page 94.

How much insurance can you apply for?

You can apply for Occupationally Acquired HIV, Hepatitis B or C Infection insurance up to a maximum of \$1 million.

What are the features?

The table below provides a snapshot of the feature included with your Occupationally Acquired HIV, Hepatitis B or C Infection insurance along with a page reference where you can find more detailed information in the Insurance glossary.

Feature of Occupationally Acquired HIV, Hepatitis B or C Infection insurance	
Financial Planning Benefit (see page 89)	We'll reimburse up to \$5,000 for the preparation of a written financial plan by a qualified financial adviser when we've paid you a lump sum benefit of \$100,000 or more.

When won't a benefit be paid?

For Hepatitis B

We won't pay a benefit for any infection starting within six months after this insurance started or was last reinstated.

For HIV, Hepatitis B or C

We won't pay for any infection:

- arising from intentionally self-inflicted infection
- being first identified after you die
- after the appropriate Government body has recommended a preventative vaccine for use in your occupation, but you've not taken it
- after the appropriate Government body has approved a treatment which makes infection inactive and non-infectious, or
- occurring, or sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

When will your insurance end?

Your Occupationally Acquired HIV, Hepatitis B or C Infection insurance will end when:

- you cancel your insurance
- we pay your full Occupationally Acquired HIV, Hepatitis B or C Infection insurance benefit
- you reach the Termination Date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Premium Waiver insurance

Helps you keep your insurance if you're disabled or retrenched.

You can apply for Premium Waiver insurance with Life Cover, Accidental Death, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

When will we waive your premium?

We'll waive your premiums if you're:

- suffering Total and Permanent Disability (see information on the right)
Premiums will be waived for the period of disability up to age 65.

or

- retrenched (as defined on the right).
If you're retrenched we'll waive your premiums for 12 months, as long as you've had this insurance and been with the same employer, on a full-time basis, for at least a year. We'll waive your premiums due to retrenchment only once in any five year period. This also applies to Income Protection insurance where you also hold this insurance on the same policy.

or, (only applies where you hold Income Protection insurance)

- suffering total disability
If you purchase Premium Waiver insurance on a policy where Income Protection insurance also applies, we'll waive the premiums for your other insurances on the policy while you're receiving Income Protection benefits for total disability (as defined on the right) for three months. Premiums will be waived for the period of disability up to age 65.

What is totally disabled?

Totally disabled and **total disability** means that solely due to sickness or injury, you are:

- unable to perform at least one of the important duties of your occupation which is necessary to producing your Earnings, **and**
- not working for Earnings, payment or profit, **and**
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

When are you Totally and Permanently Disabled?

You are Totally and Permanently Disabled as per the Any Occupation definition on page 108.

When are you retrenched?

When your employer terminates your full-time employment because your position is no longer needed.

When won't we waive your premium?

Due to disability or retrenchment arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us, as part of the application or reinstatement process), or
- war or warlike operations.

Due to retrenchment if you're:

- self-employed
- an independent contractor
- employed by a member of your Family, a family company or family trust
- a partner in a partnership
- retrenched more than once from the same employment, or
- retrenched more than once in any five year period.

For any insurance increase you obtain in the 12 months before retrenchment, we'll only waive the premium which applied before the increase.

This insurance doesn't apply to any premium payable for insurance you add after you're retrenched or disabled, except where premiums are increased under Inflation Proofing (see page 58). We'll only waive the premium which applied before the addition.

When will your insurance end?

Your Premium Waiver insurance will end when:

- you cancel your insurance
- you reach the Termination Date shown on your Schedule
- your premium isn't paid (except while you're claiming under this insurance)
- a fraudulent claim is made, or
- you die.

Income Protection insurance

Helps replace your earnings if you can't work due to sickness or injury so you can concentrate on getting better.

You can apply for Income Protection insurance inside or outside super. Please see Section 3 for more information.

How does it work?

We'll pay you a monthly benefit for each month you're:

- Totally Disabled, or
- Partially Disabled.

We offer three types of insurance. Your financial adviser will help you work out which is the most appropriate for you.

Insurance types	
Income Protection Platinum	Provides a comprehensive range of benefits and additional options for people in most occupations.
Income Protection	Provides a wide range of benefits and additional options for people in most occupations.
Income Protection Special Risk	Provides a range of benefits and additional options for people who work in certain occupations which are hazardous, or present special assessment difficulties such as armed security guards. After the first three years, we'll review your Income Protection insurance each year and may offer, but don't guarantee, its renewal.

How much insurance can you apply for?

A monthly benefit up to \$30,000 is available for all occupations. A monthly benefit up to \$60,000 is available for some professional occupations such as surgeons, accountants and solicitors.

Your financial adviser can help you work out whether your occupation is eligible.

The maximum monthly benefit you can apply for is based on the following:

Your earnings (per annum)	Your earnings (per month)	Percentage of your earnings	Maximum monthly benefit
first \$320,000	\$26,666	75%	\$20,000
from \$320,001 to \$560,000	\$26,667 to \$46,666	50%	\$20,001 to \$30,000
from \$560,001 to \$2,360,000	\$46,667 to \$196,666	20%	\$30,001 to \$60,000
over \$2,360,000	over \$196,666	Nil	\$60,000

For example, if your Earnings were \$320,000 per annum, you can apply for a maximum income protection insurance benefit of \$20,000 per month, which is 75% of your monthly Earnings.

This maximum applies to the combination of all income protection insurance policies from all sources covering you.

Conditions for monthly benefits over \$30,000

Insurance above \$30,000 monthly benefit is only available if your insurance below that amount is with us.

The waiting periods available are 30 or 90 days or one year and the maximum benefit period is two years.

Style of benefit

You can choose from two styles of benefits.

Subject to all terms and conditions of your insurance and provided that your application is accurate, complete and acceptable to us when you apply, if your Earnings decrease after your insurance is issued, and you have:

Agreed Value cover – then your monthly benefit won't be reduced because your Earnings are lower when you claim than they were when your insurance was issued.

After the Review Date following your 65th birthday your benefit will be assessed as an indemnity benefit (see below).

Indemnity cover – then your monthly benefit may be reduced when you claim if your Earnings have reduced. The benefit payable will be lesser of the benefit shown on your Schedule and the maximum insurable amount calculated by the formula described in the table on page 30. Choosing this style of benefit may help lower your premiums.

If as a result of Inflation Proofing (see page 58) the benefit shown on your Schedule exceeds the maximum monthly benefit:

- for Income Protection Platinum and Income Protection, the percentage of earnings for Earnings in excess of \$2,360,000 will be based on 20%, and
- for Income Protection Special Risk, the percentage of earnings for Earnings in excess of \$560,000 will be based on 50%.

If you apply for an **Agreed Value cover**, and provide satisfactory financial information at the time you apply, we'll endorse your insurance as follows.

Subject to your duty of disclosure, the financial information provided by you has been accepted to support your Total Disability Benefit under your Income Protection insurance on the understanding the information was accurate. We won't ask you to provide this information again to justify your Total Disability benefit amount.

Financial information may still be required in the future to help with the assessment of your claim to determine your eligibility for other benefits under the policy or to meet superannuation and legislative requirements.

Lump Sum Benefit Option

(For Income Protection Platinum outside super only)

If you select this option when your insurance starts, you may choose to receive the monthly benefits as a lump sum when you're totally and permanently disabled.

This option can only be selected with benefit periods to age 65.

There is no additional cost for this option.

For more detailed information about the Lump Sum Benefit Option, please see the Insurance glossary on page 92.

Income Protection insurance

What is Totally Disabled?

The following table compares the definition and payment terms between Income Protection Platinum, Income Protection and Income Protection Special Risk.

Income Protection Platinum	Income Protection	Income Protection Special Risk
<p>Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday (or your 70th birthday if your benefit period is to age 70), and solely due to sickness or injury, you're:</p>	<p>Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday, and solely due to sickness or injury, you're:</p>	<p>Totally Disabled and Total Disability means that solely due to sickness or injury, you're:</p>
<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit, 	<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit, 	<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit,
<p>or</p> <ul style="list-style-type: none"> unable to perform the duties of your occupation necessary to produce your Earnings for more than 10 hours per week with the result that your Earnings After Disability are reduced to 20% or less of your Earnings Before Disability, 	N/A	N/A
<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

What is Totally Disabled? continued

Income Protection Platinum	Income Protection	Income Protection Special Risk
<p>After the Review Date following your 65th birthday (unless you have a benefit period to age 70) Total Disability means that solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and not working for Earnings, payment or profit, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>After the Review Date following your 65th birthday, Total Disability means that solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and not working for Earnings, payment or profit, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	N/A
<p>Total Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> the Termination Date (for all benefit periods), or the Review Date following your 65th birthday (unless you have a benefit period to age 70) <p>will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>	<p>Total Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> the Termination Date (for all benefit periods), or the Review Date following your 65th birthday <p>will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>	<p>Total Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>

For Income Protection and Income Protection Special Risk, if you're working for Earnings, payment or profit but do not meet the requirements of Totally Disabled as described above you may be eligible for Partial Disability benefits (see page 34).

Benefits are not concurrently payable for both Total and Partial Disability for the same period of disability.

Income Protection insurance

What is Partially Disabled?

The following table compares the definition and payment terms between Income Protection Platinum, Income Protection and Income Protection Special Risk.

Income Protection Platinum	Income Protection	Income Protection Special Risk
<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to fully perform the duties of your occupation, and working in a reduced capacity in either your occupation or another occupation, and not Totally Disabled, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability. 	<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to fully perform the duties of your occupation, and working in a reduced capacity in either your occupation or another occupation, and not Totally Disabled, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability. 	<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to fully perform the duties of your occupation, and working in a reduced capacity in either your occupation or another occupation, and not Totally Disabled, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

What is Partially Disabled? continued

Income Protection Platinum	Income Protection	Income Protection Special Risk
N/A	<p>The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your waiting period, whichever is later.</p> <p>For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for those benefits:</p> <ul style="list-style-type: none"> • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease. <p>The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser. These specified conditions are defined in the Critical Illness definitions on pages 100 to 107.</p>	<p>The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your waiting period, whichever is later.</p> <p>For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for those benefits:</p> <ul style="list-style-type: none"> • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease. <p>The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser. These specified conditions are defined in the Critical Illness definitions on pages 100 to 107.</p>
<p>Partial Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> • the Termination Date (for all benefit periods), or • the Review Date following your 65th birthday (unless you have a benefit period to age 70) <p>will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>	<p>Partial Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> • the Termination Date (for all benefit periods), or • the Review Date following your 65th birthday <p>will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>	<p>Partial Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>

If you do return to work in a reduced capacity, the Partial Disability benefit is calculated in proportion to your reduction in Earnings.

If you're receiving Total Disability benefits, you won't be eligible for Partial Disability benefits.

Income Protection insurance

What if you can claim from another source?

When you're paid benefits from another source for loss of income from Workers Compensation, or other legislated payment for loss of income, your benefits will be adjusted as follows:

If you choose **Agreed Value cover** your benefits will be reduced so that the amount we pay you, together with benefits from another source, doesn't exceed:

- 75% of your Earnings Before Disability for Total Disability, or
- 100% of your Earnings Before Disability for Partial Disability.

We won't reduce your benefits if they, together with benefits from another source, are less than your monthly benefit.

If you choose **Indemnity cover** your benefits will be reduced so that the amount we pay you, together with benefits from another source, will be the lesser of the benefit shown on your Schedule and your maximum insurable amount calculated by the formula described in the table on page 30.

Where benefits from another source are paid as a lump sum, to calculate the reduction in your benefit, we'll treat the lump sum as though it was paid in equal monthly instalments for eight years.

We won't make any adjustments for social security payments, benefits at common law, compensation paid for pain or suffering or superannuation payments.

In addition:

For Income Protection Platinum:

For professional occupations such as surgeons, accountants and solicitors, we won't adjust your benefit. Your financial adviser will help you work out if your occupation is eligible.

For Income Protection Special Risk:

If you have selected Non-Occupational Cover (see page 39) and you're paid income benefits from Workers Compensation or a similar compensation scheme regulated by legislation, no benefit will be payable.

What are the features?

The table below provides a snapshot of the features included with your Income Protection insurance, along with a page reference where you can find more detailed information in the Insurance glossary, if applicable.

Features of all Income Protection insurance	
Choice of waiting period	This is the initial period of disability where we don't pay benefits. You pay a lower premium the longer the waiting period. You can choose a waiting period of: Income Protection Platinum and Income Protection: 14, 30 or 90 days, one or two years. Special Risk: 30 or 90 days.
Choice of benefit period	We'll pay a benefit each month, while you're disabled, up to the maximum benefit period you choose. You pay a lower premium the shorter the benefit period you select. You can choose a maximum benefit period of: Income Protection Platinum: two or five years, up to age 65 or up to age 70. For the benefit period up to age 70, special terms apply to claims that start after age 65, see page 80 for more details. Income Protection: two or five years, or up to age 65. Special Risk: two or five years.
Child Support Income Benefit (outside super only – see page 84)	We'll pay you the lesser of three times the monthly benefit and \$25,000 as a lump sum if your Child first has a Child Support Income Benefit Condition or dies.
Rehabilitation Expenses (outside super only)	In addition to any Total or Partial Disability benefit payable, we'll pay up to 12 times your monthly benefit for approved rehabilitation expenses, such as the cost of a rehabilitation course or special equipment, to help you return to work.
Rehabilitation Bonus (outside super only)	You'll receive a benefit increase of 50% for up to 12 months while we're paying you a Total or Partial Disability benefit while you're undergoing approved rehabilitation.
Premium Waiver	Your Income Protection premiums will be waived while you're receiving benefits. Any premiums paid while you're disabled and receiving benefits, including during the waiting period will be refunded. Premiums for other types of insurances will still be due.
Return to work during the waiting period	You can return to work during the waiting period. The days you work don't have to be consecutive, but the waiting period will be extended by the number of days for which you return to work. When your waiting period is 14 days or 30 days, and you return to work for more than five consecutive days, your waiting period will restart. If your waiting period is more than 30 days, and you return to work for more than 10 consecutive days, your waiting period will restart. For the purposes of Income Protection Platinum, return to work means that you've returned to work at full capacity.
Recurring Disability Benefit	If your disability recurs while this insurance is in force, and you had returned to work after your previous disability for no more than: <ul style="list-style-type: none"> • six months, if your benefit period is either five years or less, or • six months, if the disability recurs after the Review Date following your 65th birthday, or • 12 months, if your benefit period is more than five years, and the disability recurs before the Review Date following your 65th birthday we'll consider it a continuation of your previous disability. You can continue to claim as soon as the disability recurs, with no new waiting period. The cause of the disability must be the same as, or related to, the previous disability for which we have paid a benefit. The benefit period for both the previous disability and the disability that has recurred combined cannot exceed the benefit period shown in your Schedule. If the disability recurs after this time we'll treat it as new claim.

Income Protection insurance

Features continued

Elective Surgery Benefit	<p>You may be eligible for a monthly benefit if you're unable to work because you have undergone:</p> <ul style="list-style-type: none"> • elective surgery performed on the advice of an appropriately qualified Doctor • an operation to improve your appearance as a result of a sickness or injury, or • surgery to donate a body organ or bone marrow to another person. <p>The surgery must take place more than six months after this insurance started, was last reinstated or increased. If you undergo elective or cosmetic surgery within six months of an increase to your monthly benefit, we'll only pay the monthly benefit that applied before the increase.</p> <p>In all cases the surgery must be performed by an appropriately qualified Doctor.</p>
Death Benefit	<p>You'll receive six months benefit as a lump sum to a maximum of \$60,000 if you die while the policy is in force.</p>
Increases without further Medical Evidence (Income Protection Platinum and Income Protection only – see page 90)	<p>You can apply to increase your Income Protection insurance by up to 20% once during any three year period without further medical evidence when certain personal events happen.</p>
Extended Cover Renewable to age 70 (Income Protection Platinum and Income Protection – see page 89 for details including the special terms that apply to claims that start after age 65)	<p>Following the Review Date after you turn 65, you can continue to renew this insurance (on special terms) until the earlier of:</p> <ul style="list-style-type: none"> • you turn 70 • the date you retire or cease full-time Gainful Employment.
Waiting Period Conversion (Income Protection Platinum and Income Protection see page 96)	<p>If you have a two year waiting period in conjunction with an eligible group salary continuance scheme and:</p> <ul style="list-style-type: none"> • if you leave your employer and the related group salary continuance scheme, and • you aren't eligible to exercise a continuation option from that scheme <p>you can apply to reduce your waiting period from two years to 90 days without further medical evidence.</p>

What are the additional options?

You can also apply for the options listed below. These can be purchased at an additional cost. A page reference indicates where you can find more detailed information in the Insurance glossary, if applicable.

Income Protection insurance additional options	
Extra Benefits Option (outside super only – see page 39)	<p>You can purchase a package of extra benefits, these are:</p> <ul style="list-style-type: none"> • Nursing Care Benefit (payable during the waiting period) • Accommodation Benefit • Transportation Benefit • Home Assistance • Critical Illness Benefit, and • Advance Payment Benefit.
Indexed Claim Benefits	<p>To make sure benefits keep pace with inflation, your benefits and Earnings Before Disability will be increased annually after benefits have been paid continuously for a full year. The increase will be equal to the latest annual CPI increase available at the date we calculate the increase.</p>
Short Waiting Period for Accidental Injury Option (outside super only; 14 or 30 day waiting periods apply)	<p>This option enables you to receive benefits while you're Totally Disabled during the waiting period. Benefits are payable from the fourth consecutive day of your total disability during the waiting period.</p> <p>If you're already eligible for the Nursing Care Benefit under the Extra Benefits Option, you won't be eligible for this feature.</p> <p>Your Total Disability must be caused by an Accident and begin within 30 days of the Accident.</p>

Lower the cost of your insurance

Here are some options that will help you lower the cost of your insurance.

Option	
Premium Saver Option	You can choose to exclude any disability, condition or loss arising from or contributed to by: <ul style="list-style-type: none"> • chronic fatigue syndrome or fibromyalgia • Mental Disorder and/or alcohol, drug or chemical abuse or dependency except where you are confined indoors and, under the direction of an appropriately qualified Doctor, are receiving full-time nursing care or continuous supervision (not provided by a member of your Family) to protect yourself or other people.
Non-Occupational Cover Option (Income Protection Special Risk only)	You have the option to exclude disabilities which happen at work or as a result of work, or for which you can claim benefits under Workers' Compensation or a similar compensation scheme regulated by legislation.

Extra Benefits Option

(outside super only)

As an additional option to your Income Protection insurance you can purchase this package of extra benefits:

Nursing Care Benefit (payable during the waiting period)

We'll pay a daily proportion of your monthly benefit for every day of the waiting period you're Totally Disabled, confined to bed, and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction.

The benefit applies from the fourth day of such care during the waiting period, for up to 180 consecutive days.

Accommodation Benefit

We'll pay an additional \$500 every day if a Family member needs hotel or motel accommodation to be near you.

This applies if you're Totally Disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction and you are more than 100 kilometres from your usual place of residence.

The benefit applies from the fourth day of your confinement to bed for a maximum of 30 days in any one year period.

Transportation Benefit

If you become Totally Disabled for at least one month while you are:

- outside Australia, we'll reimburse the cost of transportation back to Australia
- inside Australia, more than 100 kilometres from home, we'll reimburse the cost of transportation back to your home.

We'll only pay this benefit once in any 12 calendar month period, after deducting any reimbursements you're entitled to receive from other sources, and the most we'll pay is an amount equivalent to three times your monthly benefit.

Home Assistance

While you receive a Total Disability benefit, if you're at home, confined to bed or the house and dependent on home assistance or nursing care, we'll pay a further benefit to help you cover this cost.

- If you hire a private registered nurse (who isn't a member of your Family), we will pay \$150 per day, for up to six months, or
- If your Spouse stops working at a full time job solely to care for you at home (unless your Spouse worked for you or your employer before your disability), we will pay the lesser of your monthly benefit, and \$4,500 per month, for up to six months.

Income Protection insurance

Critical Illness Benefit

We'll pay a lump sum equal to six times the monthly benefit if you suffer any of the following conditions as defined in the Critical Illness definitions on pages 100 to 107, even if you're not Totally Disabled or Partially Disabled.

The specified condition must satisfy all of the terms of its definition, be diagnosed by an appropriate Specialist, and confirmed by our medical adviser.

Critical conditions	Qualifying period
Aorta Repair	3 months
Aplastic Anaemia	
Benign Brain Tumour	
Cardiomyopathy	
Chronic Kidney Failure	
Chronic Liver Failure	
Chronic Lung Failure	
Coma	
Coronary Artery Bypass Surgery	3 months
Deafness	
Dementia or Alzheimer's Disease	
Encephalitis	
Heart Attack	3 months
Heart Valve Surgery	3 months
HIV contracted through medical procedures	
HIV contracted through your work	
Major Brain Injury	
Major Burns	
Major Organ or Bone Marrow Transplant	
Malignant Cancer	3 months
Motor Neurone Disease	
Multiple Sclerosis	
Muscular Dystrophy	
Open Heart Surgery	
Parkinson's Disease	
Pneumonectomy	
Primary Pulmonary Hypertension	
Stroke	3 months

Qualifying periods

Some critical conditions are covered only after a period of time known as a qualifying period. This means that you're not covered for those conditions when they first appear, happen or are diagnosed within that period after this insurance started, was last reinstated or increased. Please see page 95 for more detailed information in the Insurance glossary.

Conditions for the Critical Illness Benefit

The Critical Illness Benefit is:

- payable instead of the first 180 days of any Total or Partial Disability benefit or the Nursing Care Benefit
- not payable if you're receiving the Advance Payment Benefit, and
- not payable if it is less than \$10,000.

You can only claim this benefit once for each critical condition.

If at the end of the payment period you're still Totally or Partially Disabled, then a Total or Partial Disability Benefit may be paid. The payment period for the Critical Illness Benefit will count toward the waiting period.

Advance Payment Benefit

We'll pay your monthly benefit in advance, as a lump sum for the periods shown in the tables below, for certain injuries.

If one injury causes more than one of the losses or fractures shown in the tables below, we'll only pay for the loss with the largest benefit.

If, within 181 days of the injury, you completely and permanently lose the use of:	The Advance Payment Benefit period is:
Two or more limbs caused by damage to the nervous system (Paralysis)	The lesser of 5 years or your benefit period.
Both hands or both feet, or the sight in both eyes	2 years
A hand and a foot	2 years
A hand or foot and the sight in one eye	2 years
An arm or a leg	1.5 years
A hand or foot or the sight in one eye	1 year
Thumb and index finger on the same hand	180 days

If you completely fracture these bones (so that they need a pin, traction, plaster cast, or other immobilising structure, diagnosed within 30 days of the injury that caused the fracture).	The Advance Payment Benefit period is:
Thigh (shaft)	90 days
Pelvis (except the coccyx)	90 days
Kneecap	60 days
Lower leg (shaft, including the ankle but excluding the foot and toes)	60 days
Shoulder blade	60 days
Skull (except the face or nose bones)	60 days
Upper arm (shaft, including the elbow and shoulder)	60 days
Collarbone	45 days
Forearm (shaft, including the wrist but excluding the elbow)	45 days
Jaw	45 days

If your waiting period is more than 30 days, the Advance Payment Benefit period will be reduced by your waiting period.

We'll pay your Income Protection benefits after the Advance Payment Benefit period if you continue to be Totally or Partially Disabled as a result of your injury, up to the earliest of:

- you reach your maximum benefit period (taking into account any advance benefits)
- you reach the Termination Date shown in your Schedule, or
- you die.

Income Protection insurance

One benefit paid at a time

We'll only pay one benefit at a time. However, the following benefits will also be payable at the same time as Total or Partial Disability benefits:

- Rehabilitation Expense Benefit
- Rehabilitation Bonus, and
- where you have selected the Extra Benefits Option:
 - Home Assistance Benefit
 - Transportation Benefit
 - Accommodation Benefit.

When do benefits end?

We'll continue to pay your benefits until:

- you stop being Totally or Partially Disabled
- you reach your maximum benefit period, or
- your Income Protection insurance ends.

When won't a benefit be paid?

We won't pay a benefit for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (doesn't apply to any benefit payable on your death).

For MLC Insurance (Super), there may be circumstances where the benefit can't be released by the Trustee to you and therefore must be preserved within Super until you meet a condition of release under super legislation. For more information, please see page 73.

What is sabbatical leave?

This means leave taken for study or travel as a normal part of your occupation.

When will your insurance end?

Your Income Protection insurance (including Platinum and Special Risk insurance) will end when:

- you cancel your insurance
- you retire or stop work and don't intend to work any more for reasons other than disability
- you reach the Termination Date shown on your Schedule
- you haven't done paid work for one year (or two years if you're on sabbatical leave from a professional or clerical occupation), except when this is a direct result of disability, or if we have agreed in writing that this insurance will continue for longer
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Additionally, for Income Protection Platinum and Income Protection insurance, your insurance will end if:

- you have a two year, five year or to age 65 benefit period and you are entitled to receive a benefit at the Review Date following your 65th birthday;
- after the Review Date following your 65th birthday you haven't done full time paid work for six months, except when this is a direct result of Total Disability.

Additionally, for Income Protection Platinum insurance, your insurance will end if the lump sum benefit is paid.

Additionally, for Income Protection Special Risk insurance, your insurance will end if we do not offer to continue this insurance.

For MLC Insurance (Super) your insurance will also end if it's replaced by a non-super policy as detailed on page 74.

Business Expenses insurance

Helps keep your business going by reimbursing your fixed expenses if you're unable to work due to sickness or injury.

You can apply for Business Expenses insurance outside super only.

How does it work?

If you're self employed, or operate a small business, we'll reimburse certain business expenses incurred while you're Totally Disabled, up to your monthly benefit for up to one year.

If there's more than one owner of the business, we'll pay your share of the covered business expenses.

If you're paid less than the full benefit over a year, we'll extend the benefit period while you continue to be disabled for the lesser of another 12 months or until you've been reimbursed an amount equal to the full 12 months' benefit.

If you change businesses, the policy is portable. You have the flexibility to apply this insurance to your new business.

This insurance isn't available if you work in a special risk occupation.

How much insurance can you apply for?

You can apply for Business Expenses insurance up to a maximum of \$60,000 per month.

What is a business expense?

The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property levies, rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating business income
- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums, and
- net cost of a locum.

We'll pay you a monthly proportional amount if you're disabled for part of a month, based on a 30-day month.

Expenses which are paid for, or relate to a period of two or more months, will be allocated proportionally for the purpose of calculating the monthly benefit.

What is a locum?

A locum means a person engaged to work in your business from an external source as a direct replacement for you.

Net cost of a locum means the cost incurred in engaging a locum less the gross sales, earnings or billings generated by the locum.

Business Expenses insurance

What are the features?

The table below provides a snapshot of the features included with your Business Expenses insurance.

Features of Business Expenses insurance	
Choice of waiting period	This is the initial period where we won't pay benefits. You can choose a waiting period of 14 or 30 days. You pay a lower premium the longer the waiting period.
Premium Refund	Your Business Expenses insurance premiums, including any paid during the waiting period, will be refunded to you while you're disabled and you're receiving benefits. Premiums for other types of insurances will still be due.
Recurring Disability Benefit	If your disability recurs after you've returned to work, while this insurance is in force, and within six months of your return to full-time work, we'll consider it a continuation of your previous disability. You can continue to claim as soon as the disability recurs, with no new waiting period. The cause of the disability must be the same as, or related to, the previous disability for which we have paid a benefit. If the disability recurs after six months, we'll treat it as a new claim.
Return to work during the waiting period	You can return to work during the waiting period. The days you work don't have to be consecutive, but the waiting period will be extended by the number of days you return to work. If you return to work for more than five consecutive days, your waiting period will restart. For the purposes of the Platinum Option, return to work means that you've returned to work at full capacity.
Death Benefit	You'll receive three months' benefit as a lump sum, to a maximum of \$30,000, if you die while the policy is in force.

What is the additional option?

You can also apply for the option listed below. This can be purchased at an additional cost.

Business Expenses insurance additional option	
Platinum Option	We'll pay you a proportion of the covered expenses (up to a maximum of your monthly benefit) if you become Partially Disabled. The amount we pay will be calculated to reflect the difference between the Business Earnings Before Disability and the Business Earnings After Disability. A different definition of Totally Disabled will also apply.

What is Totally Disabled?

This definition differs depending on whether you have selected Business Expenses insurance or Business Expenses insurance with Platinum Option.

Business Expenses insurance	Business Expenses insurance with Platinum Option
<p>Totally Disabled and Total Disability means that solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and not working for Earnings, payment or profit, 	<p>Totally Disabled and Total Disability means that solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and not working for Earnings, payment or profit,
N/A	<p>or</p> <ul style="list-style-type: none"> unable to perform the duties of your occupation necessary to produce your Business Earnings for more than 10 hours per week (with the result that your Business Earnings After Disability are reduced to 20% or less of your Business Earnings Before Disability),
<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

What is Partially Disabled?

This definition is only available if you have selected the Platinum Option.

Business Expenses insurance	Business Expenses insurance with Platinum Option
N/A	<p>Partially Disabled and Partial Disability means that solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to fully perform the duties of your occupation, and working in a reduced capacity in the business, and not Totally Disabled, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Total Disability and Partial Disability benefits as applicable that start within 12 months before the Termination Date will be payable while you continue to be Totally Disabled or Partially Disabled as appropriate for a maximum of 12 months.

Benefits are not concurrently payable for both Total Disability and Partial Disability for the same period of disability.

Business Expenses insurance

What if you can claim from another source?

We won't reimburse any covered expenses you are entitled to recover under any other insurance or from any other person.

When do benefits end?

We'll continue to pay your benefits until:

- you stop being disabled
- you reach your maximum benefit period
- your Business Expenses insurance ends, or
- you die.

When won't a benefit be paid?

We won't reimburse expenses incurred for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (this exclusion doesn't apply to any benefit payable on your death).

We won't reimburse expenses such as:

- expenses you could claim from elsewhere
- payment or other benefits of any kind to you
- any expense not normally paid before the disability
- repayment of the principal of a loan or mortgage that started less than a year before the disability, or
- the cost of equipment or merchandise for your business.

When will your insurance end?

Your Business Expenses insurance will end when:

- you cancel your insurance
- you retire or stop work and don't intend to work any more, for reasons other than disability
- you haven't done paid work for one year, except when this is a direct result of disability, or if we agreed in writing that this insurance will continue for longer
- you reach the Termination Date shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

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Structuring your insurance



Structuring your insurance

You can structure your insurance as:

- stand-alone
- an extension to Life Cover and Critical Illness insurance:
 - on the same policy, or
 - as a connected benefit on a separate policy

Your financial adviser can help you work out which structure is most appropriate for you.

What is stand-alone insurance?

This is insurance that can be purchased on its own and is independent of all other insurances you purchase. If a claim is paid on one of your insurances, your other insurances won't be reduced.

The insurances you can purchase as stand-alone are listed below.

Outside and inside super:

- Life Cover
- Accidental Death, and
- Income Protection.

Outside super only:

- Total and Permanent Disability (TPD)
- Critical Illness
- Occupationally Acquired HIV, Hepatitis B & C Infection, and
- Business Expenses.

Example 1

Stand-alone insurance policy before claim

Life Cover insurance \$500,000	Critical Illness stand-alone insurance \$250,000	Income Protection insurance \$3,000
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Three stand-alone insurances are held under the one policy; Life Cover insurance for \$500,000, Critical Illness insurance for \$250,000 and Income Protection insurance for \$3,000 monthly benefit.

Stand-alone insurance policy after payment of a Critical Illness claim

Life Cover insurance \$500,000	Critical Illness stand-alone insurance \$0	Income Protection insurance \$3,000
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Following the payment of a Critical Illness claim for \$250,000, the Critical Illness insurance is reduced to nil. Critical Illness insurance has now ended.

The Life Cover insurance of \$500,000 and Income Protection insurance of \$3,000 monthly benefit have not changed.

What is extension insurance?

An extension allows an insurance type to be attached to another insurance type.

You'll pay less for this structure than stand-alone insurance because a claim payment will reduce the insurance to which it's attached. This means, when a claim is paid, your remaining insurances may be reduced.

The insurances you can purchase as extensions are:

- Total and Permanent Disability insurance (TPD), and
- Critical Illness insurance.

You can also attach TPD as an extension to your Critical Illness extension insurance. If your Critical Illness insurance ends, you may be able to continue your TPD insurance as either an extension to Life Cover or stand-alone insurance. Your premiums will change accordingly.

The combined amount of any insurances you choose as extensions can't exceed the insurance benefit to which they're attached.

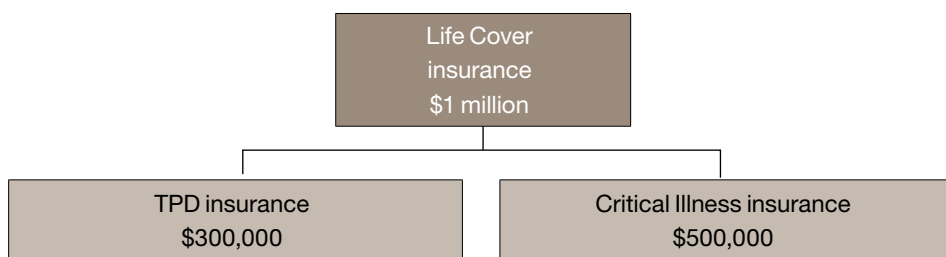
You can also choose to connect your extension insurances both inside and outside of super to maximise the cost-effectiveness of your insurance. This can be on different policies and with different policy owners and this is known as 'connected benefits'. Please see Example 4 on page 53.

Your financial adviser can help you work out which structure is most appropriate for you.

Here are some examples of how extension insurance can be structured.

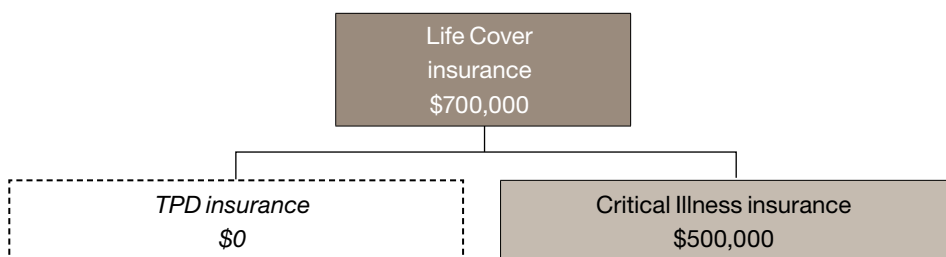
Example 2

Life Cover insurance with TPD and Critical Illness extensions before claim



One insurance policy is held by one owner. TPD and Critical Illness insurance are attached as extensions to Life Cover insurance.

Life Cover insurance with TPD and Critical Illness extensions after payment of a TPD claim



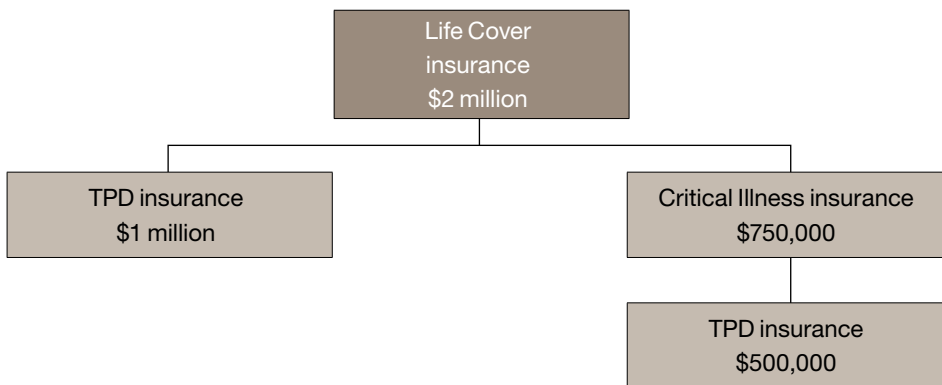
Following payment of a TPD insurance claim for \$300,000, the TPD insurance is reduced to nil. TPD insurance has now ended.

As TPD insurance was attached to Life Cover insurance as an extension, Life Cover insurance is reduced by the amount of the claim paid - \$300,000 in this example.

Structuring your insurance

Example 3

Life Cover insurance with TPD and Critical Illness extensions before claim

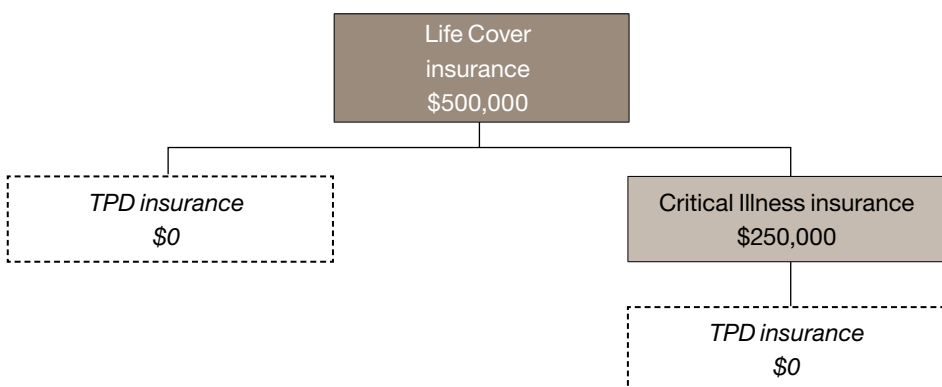


One insurance policy is held by one owner. TPD and Critical Illness insurance are attached to Life Cover insurance. TPD insurance is also attached to Critical Illness insurance.

The combined amount of TPD and Critical Illness insurance attached to Life Cover insurance can't exceed the amount of the Life Cover insurance.

TPD insurance as attached to Critical Illness insurance can't exceed the amount of the Critical Illness insurance extension.

Life Cover insurance with TPD and Critical Illness extensions after payment of a TPD claim



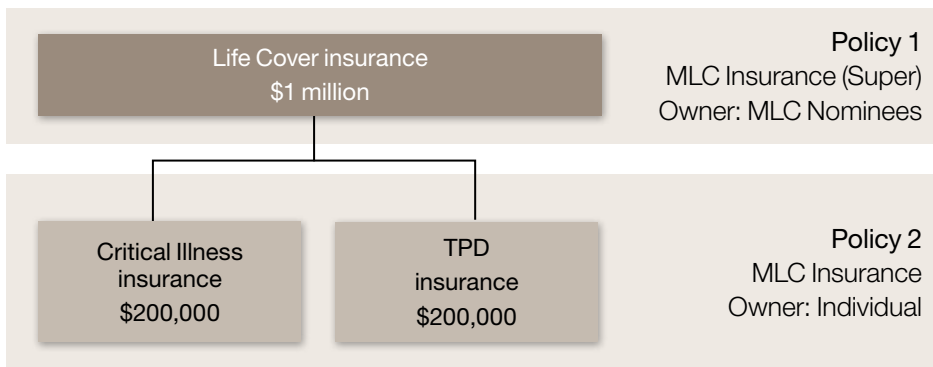
Following the payment of a TPD claim for \$1.5 million, the TPD insurance is reduced to nil where it is attached to both Life Cover and Critical Illness insurance. TPD insurance has now ended.

As TPD insurance was an extension to both Life Cover and Critical Illness insurance, both insurances are reduced by the amount of the claim paid - Critical Illness insurance is reduced by \$500,000 in this example.

Life Cover insurance is also reduced by the full claim amount as both TPD and Critical Illness insurance were attached to Life Cover insurance.

Example 4

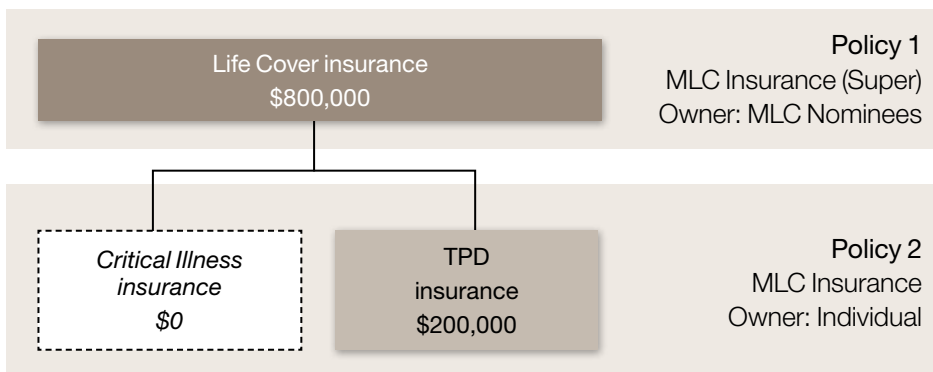
Connected insurance with TPD and Critical Illness extensions before claim



Two insurance policies are held, but are connected. The Life Cover insurance is held inside super and owned by MLC Nominees.

Critical Illness and TPD insurance are an extension to Life Cover insurance, but held outside super and owned by an individual.

Connected insurance with TPD and Critical Illness extensions after payment of a Critical Illness claim



Following payment of a Critical Illness claim for \$200,000, Critical Illness insurance is reduced to nil. Critical Illness insurance has now ended.

Life Cover insurance is reduced by the amount of the claim paid - \$200,000 in this example.

Connected benefits can also be used to structure your insurance for business and personal purposes within MLC Insurance. In this case the policy could also be owned by a company or trustees of a trust or self-managed super fund. Your financial adviser can help you with this.

Structuring your insurance

What are Double Benefits?

They are an extension insurance that restores the Life Cover if you survive 14 days after a TPD or Critical Illness benefit is paid.

Double Benefits also include a premium waiver for the restored Life Cover premiums until age 65.

The insurances you can purchase as

Double Benefits are:

- TPD (extension to Life Cover),
- TPD (extension to Critical illness), and
- Critical Illness Plus insurance (extension to Life Cover).

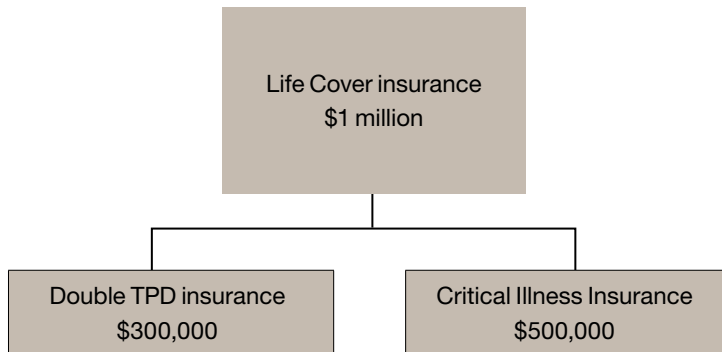
You can also choose to connect your Double Benefits insurance, both inside and outside of super, on different policies and with different policy owners.

Your financial adviser can help you work out which structure is most appropriate for you.

Here is an example of how Double Benefits can be structured.

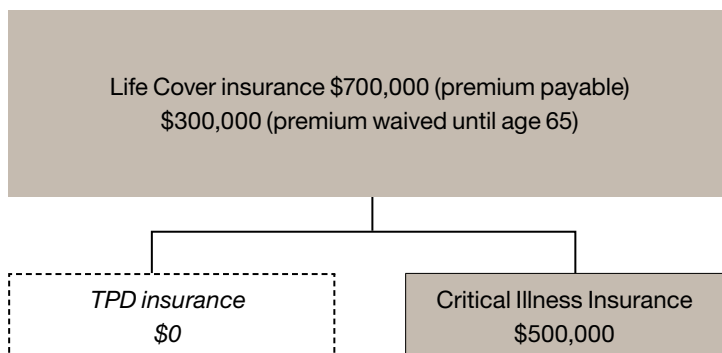
Example 5

Life Cover insurance with Double TPD and Critical Illness extensions before a claim



One insurance policy is held by one owner. Double TPD and Critical Illness extension are attached to Life Cover insurance.

Life Cover insurance with Double TPD and Critical Illness extension after payment of a TPD claim (where the life insured survives for more than 14 days)



Following payment of a Double TPD insurance claim for \$300,000, this TPD insurance is reduced to nil and has now ended.

As this TPD insurance was a Double Benefit, the Life Cover insurance remains at \$1 million.

The premium for \$300,000 of the Life Cover (equal to the amount of the TPD benefit paid) is waived until age 65.

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Down Wind

TWS	SPD	TWA	AWA	AWS	GYE
6	5.0	139	87	3.9	85
8	6.0	142	94	4.9	76
10	6.8	146	105	5.8	68
		152	119	6.4	56

How it all works



Setting up your insurance

How to apply

To apply for your insurance, please complete the Application Form.

If you're applying for an MLC Insurance (Super) insurance policy, the Trustee will use your completed Application Form to apply for insurance on your behalf.

How is your application assessed?

We'll assess your application taking into account your occupation, lifestyle, leisure activities and medical history to decide whether (and on what terms or conditions) insurance can be offered to you.

In some cases you may not be eligible for the insurance you asked for, or we might offer you insurance at a higher premium, or with an exclusion (for example, if you take part in a hazardous sport or have an existing health problem).

Depending on the insurance you've applied for, we may need additional financial or medical information. You may be asked to undergo a medical examination or test. If so, we'll contact you.

We'll pay for any medical information asked for during the application process, unless we tell you otherwise. We may also need to write to your Doctor seeking additional information (authorised by you).

Please make sure you disclose every matter you know, or could reasonably be expected to know, that could be relevant to our decision to accept your application.

You need to also let us know if any of your information in your application changes before your insurance is issued (for example, if you become ill or have an accident). If you don't, your insurance may not be valid. This also applies to applications to extend, vary or reinstate your insurance.

If your application isn't accepted, we'll let you know.

Inflation Proofing

Each year, on your Review Date, we'll automatically increase your insured benefits to take inflation into account.

Your benefits will increase in line with the Consumer Price Index (CPI) as follows:

- for Life Cover, TPD and Critical Illness insurance benefits, the minimum increase to any benefit at any one Review Date will be the greater of the increase in CPI or 5%
- for Income Protection and Business Expenses insurance benefits, the increase to any benefit at any one Review Date will be the increase in CPI.

Your premium will increase to reflect this change. We'll let you know about the increase one month before your Review Date and your premium payable will vary depending on the increased benefit and your age.

If you don't want the CPI increase (in part or in full) for a particular year, please contact us within two months of your Review Date.

Inflation Proofing isn't available for Terminal Illness Support, Child Critical Illness, or Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

Replacing your existing insurance

If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies. This way you can make sure that your replacement insurance is suitable for your individual needs.

Before you cancel any existing policies, please make sure your replacement insurance is in place.

You must cancel your existing insurance within 14 days after your insurance with us starts. If you don't, any amount payable under your replacement insurance will be reduced by any similar amount that you, your estate or nominated beneficiary, would be entitled to receive under the insurance that was to be replaced.

Need help?

Please speak with your financial adviser or call us on **1300 428 482**.

Interim Accident Insurance Certificate

While we assess your application, you'll have Interim Accident Insurance. For more detailed information about this insurance, please see page 110.

Guarantee of upgrade

Whenever we improve the terms of a type of insurance you've chosen, without charging an extra premium, we'll add those improvements to your policy.

The improvements will apply only to future claims and not to past or current claims, or any claims resulting from health conditions or events which started or took place before the effective date of the improvements.

We'll inform you of the effective date of any improvements to your policy.

You may choose to have a claim assessed under the pre-improvement wording if you prefer.

When does your insurance start?

All the terms and conditions of your insurance are effective from the start date shown in the Schedule.

What happens if you change your mind?

If you change your mind, you can contact us to cancel some, or all of your insurance. If you do this within 14 days of the policy being issued and receiving the first Schedule, we'll refund the premiums (other than Government fees and charges) you paid during that time as applicable.

For MLC Insurance (Super), the refund will be paid to the Trustee. They will then refund the money to you subject to super preservation requirements.

However, if you make an alteration or claim on your insurance during these 14 days, this will confirm your acceptance of your insurance and we won't refund any premiums paid.

Appointing an authorised representative

You can appoint an authorised representative to access information about your insurance on your behalf. To arrange this, please just send us a written request or complete the Change of Policy Details Form available at mlc.com.au

An appointed authorised representative can only access information about your insurance and isn't authorised to perform any other actions such as making policy changes. The appointment is valid until changed or cancelled by you in writing.

It's also a good idea to review your appointed authorised representative regularly as you may want to change the appointment if your circumstances change.

What payment will your financial adviser receive?

We have an agreement with your financial adviser to pay commission which is based on the premium paid.

This commission isn't an additional cost to you; if you don't have a financial adviser, your premium won't be less.

The actual remuneration your financial adviser receives, including any commission, will depend on your financial arrangement with them. This will be set out in the Statement of Advice they must provide to you.

Setting up your insurance

Resolving complaints

We can usually resolve complaints over the phone. If we can't, or you're not satisfied with the outcome, then please write to us. We'll work to resolve your complaint as soon as possible.

If you're not satisfied with our decision you can get further advice from the following independent bodies:

If you hold an MLC Insurance policy:

Financial Ombudsman Service

Phone: 1300 780 808

Email: info@fos.org.au

Website: fos.org.au

If you hold an MLC Insurance (Super) policy:

Superannuation Complaints Tribunal

Phone: 1300 884 114

Website: sct.gov.au

Your Duty of Disclosure

Before you enter into a contract of life insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before such a contract of life insurance is extended, varied or reinstated.

Your duty, however, doesn't require disclosure of a matter:

- that diminishes the risk to be undertaken by MLC
- that is common knowledge
- about which we know or, in the ordinary course of business, ought to know
- for which your duty of compliance is waived by us.

If you take out MLC Insurance (Super) the Trustee obtains life insurance from MLC on you. Because the Trustee is taking out a life policy at your request, the Trustee requires you to make full disclosure to it on the same basis.

Non-disclosure

If you fail to comply with your Duty of Disclosure and we wouldn't have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within three years of entering into it.

If your non-disclosure is fraudulent, we may avoid the contract at any time.

Even if we are entitled to avoid a life insurance contract we may, within three years of entering into it, elect not to avoid it but reduce the sum for which you've been insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by us and a policy is issued. It also applies if the contract is extended, varied or reinstated.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from your existing MLC policy to a new MLC policy without any change, increase or addition to the insurance (transfer application), our assessment of your transfer application will rely on information provided in your application for your existing MLC policy and if applicable, your application for the most recent increase or addition to your existing MLC policy. By submitting a transfer application you consent to this process.

Privacy notification

MLC Limited and its subsidiaries are members of the National Australia Bank Group (the Group). The Group includes banking, financing, fund management, financial planning, superannuation, insurance, broking and e-commerce organisations. This statement is an outline of certain matters relating to the collection and handling of your personal information by Group organisations.

Collecting your personal information

Group organisations will collect personal information for the purposes of:

- providing you with a product or service (including assessing your application)
- managing and administering the product or service
- identifying you and protecting against fraud
- verifying your authority to act on behalf of a customer
- determining whether a beneficiary will be paid a benefit upon a person's death, and
- letting you know about products or services from across the Group that might better serve your financial e-commerce and lifestyle needs or promotions or other opportunities in which you may be interested.

If you provide us with incomplete or inaccurate personal information, the Group organisation may not be able to process your requests and applications or manage or administer your products or services. It may also not be possible to tell you about other products or services from across the Group that might better serve your financial, e-commerce and lifestyle needs.

Using and disclosing your personal information

Group organisations may disclose your personal information to other organisations:

- involved in providing, managing or administering the products and services the Group offers, including third-party suppliers (eg printers, posting services), other Group organisations, its advisers and loyalty and affinity program partners
- who are your financial or legal advisers or representatives and their service providers
- involved in maintaining, reviewing and developing the Group's products, business systems, procedures and infrastructure including testing or upgrading the Group's computer systems
- involved in a corporate re-organisation or involved in a transfer of all or part of the assets or business of a Group organisation
- involved in the payments systems including financial institutions, merchants and payment organisations
- which are Group organisations which wish to tell you about their products or services that might better serve your financial, e-commerce and lifestyle needs or promotions or other opportunities, and their related service providers, except where you tell the Group not to, and
- as required or authorised by law and/or where you have given your consent.

Your personal information may also be used in connection with such purposes. Because the Group operates throughout Australia and overseas, some of these uses and disclosures may occur outside your state or territory and outside Australia.

Gaining access to your personal information

Subject to some exceptions allowed by law, you can gain access to your personal information. If access is denied, you will be given reasons for this. In some cases, your request may be dealt with over the telephone. For more information about your personal information and privacy, please call us on **1300 428 482**.

Altering, renewing, transferring or cancelling your insurance

Altering your insurance

Your financial adviser can help you alter your insurance. Your premium may change.

We'll let you know if we've accepted or declined your change.

Renewing your insurance

As long as your premiums continue to be paid, we'll generally renew your insurance each year, even if you make claims or your health worsens.

The following insurances are not guaranteed renewable and, after the first three years in force:

- we'll renew Critical Illness Standard insurance only on terms and conditions that apply at the time of renewal, and
- we'll renew Income Protection Special Risk insurance on a case by case basis.

Transferring your insurance between non-super and super policies

You can transfer your insurance between MLC Insurance and MLC Insurance (Super) as long as the insurance is still in place.

Transferring insurance involves replacing it with insurance on another policy. For example, Life Cover insurance outside super can be replaced with Life Cover insurance inside super.

Certain restrictions apply to transfers involving insurance inside super policies and your financial adviser can help you with this.

More information on transferring your MLC Insurance (Super) policy to insurance outside super can be found in Converting MLC Insurance (Super) policies on page 74.

Cancelling your insurance

If you want to cancel your insurance, please call us on **1300 428 482**.

Beneficiaries

It's important to keep your beneficiary nomination up-to-date with changes in your personal circumstances.

You can cancel or change your nomination at any time by completing the Beneficiary Nomination Form available at mlc.com.au or call **1300 428 482** to request the form.

MLC Insurance

Who receives your death benefit?

You can nominate up to six beneficiaries to receive your death benefit along with the portion you'd like each to receive on the Application Form. If your beneficiary dies before you, their portion of the death benefit will be paid to their estate.

If you don't nominate a beneficiary, your death benefit will be paid to the policy owner or your estate, unless we're legally required to pay the benefit to someone else.

If the policy owner is a Trustee of a trust or self-managed super fund, the benefit will be paid to them.

If you transfer the policy the nomination will be automatically cancelled.

What happens if there's more than one policy owner?

If there are multiple policy owners, they own it jointly. If one policy owner dies, the policy will be owned by the remaining policy owner, or jointly owned by all the remaining policy owners.

If all policy owners have died, we'll pay any benefits to the estate of the policy owner who died last, unless legally required to pay someone else.

Please speak with your financial adviser for more information.

MLC Insurance (Super)

Who receives your death benefit?

If you die, the death benefit will be paid to your beneficiaries or your estate in accordance with super law (as described on the next page). Please let us know who you want to receive the death benefit, otherwise the Trustee will decide.

You can nominate up to six beneficiaries to receive your death benefit, along with the portion you would like each to receive, on the Application Form. The Trustee will confirm the acceptance of your nomination.

Beneficiaries

For MLC Insurance (Super) there are two beneficiary options you can choose from.

Option	Result	Who you can nominate
Make a non-lapsing binding death benefit nomination.	A non-lapsing nomination which is binding on the Trustee – ensures your benefit is paid as you have directed as long as the nomination is and remains valid.	<ul style="list-style-type: none"> Your Spouse children, including step-children and adopted children
Make a non-binding death benefit nomination.	A nomination subject to Trustee discretion – the Trustee will decide who receives your benefit and will consider your preferred beneficiaries. The Trustee will use a formal process to make its decision. The process involves the identification of any potential beneficiaries and communication with them. The Trustee then gives careful consideration to what it believes is an appropriate distribution of the benefit, paying particular regard to your recorded preferences.	<ul style="list-style-type: none"> individuals who are financially dependent on you at the time of your death your legal personal representative (either the executor under your Will or a person(s) granted letters of administration for your estate if you die without having left a valid Will), and someone in an interdependency relationship with you.

Who is a dependant?

Includes a spouse, child of any age, a financial dependant, or a person in an interdependency relationship.

Who is a spouse?

A person living together with another person as husband, wife or de facto

partners on a genuine domestic basis, including same sex partners.

What is an interdependency relationship?

An interdependency relationship is a close personal relationship between two people who live together, where one or both of them provide for the

financial and domestic support and personal care of the other.

This type of relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances and how the tax rules apply to your beneficiaries.

Non-lapsing binding death benefit nomination

For a non-lapsing binding death benefit nomination to be valid, it must:

- be made by you in writing, and unless the nomination is your legal personal representative, stating the full name, the date of birth of eligible beneficiaries and their relationship to you
- be signed and dated by you in the presence of two adult witnesses who are not nominated beneficiaries
- contain a signed and dated declaration from the witness(es) that your beneficiary nomination was made in their presence, and
- for multiple beneficiaries, specify the proportions of the benefit for each beneficiary (the total must add up to 100%).

The Trustee will confirm the acceptance of your nomination.

Why use a non-lapsing, binding death benefit nomination?

This is designed to help you with your estate planning. It means you can choose who you leave your Life Cover insurance benefit to, as long as your nomination is valid.

Can you change your non-lapsing, binding death benefit nomination?

Yes, you can change or cancel your benefit nomination at any time. You can also replace it with a non-binding death benefit nomination.

Can your non-lapsing, binding death benefit nomination become invalid?

Yes, it can become invalid if, at the time of your death, the person you nominate doesn't meet the eligibility requirements outlined on page 64.

If the nomination becomes invalid the Trustee will have discretion over who receives the benefit (see page 64).

Do you need to review your nomination regularly?

Yes. It's very important to regularly review your nomination to make sure it reflects your current personal circumstances.

If you choose to make a non-lapsing binding death benefit nomination, it stands even when your personal circumstances change, such as getting married, having children, or any other life-changing event.

If your circumstances do change, your last valid nomination may no longer reflect your intentions and, unless you update it, the Trustee will still pay the person named in the nomination, as long as they're still an eligible beneficiary.

We'll confirm the details of your nomination each year via your annual statement.

How to make a claim

If you need to make a claim, please call us on **1300 125 246** as soon as possible.

How to claim

When a claim needs to be made, please let us know so we can start working on it.

You or your representative can contact us and we'll tell you what you need to do and send you the necessary forms.

The amount of benefit payable for each type of insurance is shown in your Schedule.

In the case of Income Protection and Business Expenses insurance we'll review your benefit amount regularly.

Different types of insurance may have special claim requirements and we may ask for further information to help in assessing your claim. The information you provide is at your cost. However, if we need a financial audit or medical examination by a person we appoint, we'll pay for it.

If we don't accept your claim, we'll let you know our reasons.

Time limits to claim

When should your claim be lodged?

You should lodge a claim as soon as you can after the occurrence of the event, unless for MLC Insurance (Super) you or the Trustee are not legally capable of providing the claim information required.

You should provide your claim information to us:

- generally within 12 months, or
- within 30 days of becoming Totally or Partially Disabled, or
- for Income Protection and Business Expenses insurances your claims forms should be returned to us within 90 days.

If you delay making a claim we may not be able to accept your claim or pay benefits.

Premium

Premium rates for each type of insurance are available upon request by calling us on **1300 428 482**.

What is your premium?

Your premium is the amount of money charged by us for the insurance provided. Your premium for the types and amounts of insurance you initially apply for will be calculated by your financial adviser and confirmed by us.

If you don't have a financial adviser, please call us on **1300 428 482** and we can put you in touch with one.

Your premium will depend on your individual circumstances, including but not limited to your:

- **age** at the start of your insurance and chosen premium structure
- **sex**
- **occupation** – we or your financial adviser can provide you with more information
- **smoking status** – premiums are generally higher for smokers than non-smokers
- **medical history** – the state of your health and/or your family medical history
- **lifestyle and leisure activities** – the greater the risk of the activities you undertake, the higher the premium
- **frequency** of your premium payments and applicable policy fee, and
- **the financial arrangement** agreed with your financial adviser.

Your initial premium will be stated in the Schedule.

The minimum premium for both your initial insurance and for subsequent changes, excluding policy fees, will be:

Frequency of premium payments	Minimum premium (for new applications)	Minimum premium (for increases to existing insurance)	Minimum premium (for TPD and Critical Illness as a connected benefit)
Monthly	\$20	\$10	\$10
Half-yearly	\$130	\$65	\$65
Yearly	\$250	\$125	\$125

Choosing your premium structure

Once you've chosen the type of insurance you want you can choose which premium structure best suits you.

You can choose from a:

- stepped premium, or
- level premium.

You can make different selections for different types of insurance.

You can also choose to split your cover between different premium structures for the one type of insurance.

What is a stepped premium?

Your benefits remain the same and your premiums will vary each year depending upon your age and our premium rates at the time, subject always to any Inflation Proofing increases (see page 58), variations and other increases to your benefits.

What is a level premium?

Your benefits remain the same and your premium will be based on your age at the start date of your insurance.

When you renew your insurance, your premiums will only vary if a change is made to our premium rates.

Any increase in benefit, including Inflation Proofing increases (see page 58), will be calculated using the rates applicable to you, based on your age at the date of the increase (for the increased component only).

At the Review Date following age 65, we'll automatically continue your insurance on a stepped premium.

Premium

How can you pay your premium?

All premiums are paid in advance.

For MLC Insurance (Super) premiums that are paid by deduction from an Eligible MLC super or MLC pension account, only one deduction may operate on any account.

Your premium will be higher the more frequently you pay. We can change these percentages at any time and will notify you and, in the case of MLC Insurance (Super), the Trustee of any change.

Frequency of payments	Payment methods available					Frequency loading
	Direct debit	Credit card	Cheque	BPAY®	Eligible MLC super or MLC pension account [MLC Insurance (Super) only]	
Monthly	•	•			•	7%
Half-yearly	•	•	•	•	•	4%
Yearly	•	•	•	•	•	Nil

For MLC Insurance (Super) premiums can't be paid by any other super fund, including a self-managed super fund (SMSF).

Paying your first premium

When you pay your first premium by direct debit, credit card or cheque, the payment will be held in a trust account until your application has been accepted or declined. Any interest earned on this will be retained by us.

If your application is declined, we'll refund the premium to you or, if required by the super law, to your superannuation account.

What happens if your premium isn't paid?

If your premium isn't paid in full by the due date, and it's still not paid in full by the end of the notice period:

- we'll cancel your policy and your insurance will end
- if any benefit becomes payable, during the notice period, we'll deduct any premium due to us, and
- your membership of the Scheme will also cease, if you hold an MLC Insurance (Super) policy and it's your only interest in the Scheme.

You, or the Trustee if you hold an MLC Insurance (Super) policy, can apply to reinstate your policy within six months of your insurance being cancelled.

However:

- you must tell us, in writing, about any event that could influence our decision whether to reinstate the policy as part of your Duty of Disclosure
- your policy won't be reinstated until we've approved it (we're under no obligation to approve the reinstatement), and
- payment of overdue amounts won't automatically reinstate the policy.

If your insurance isn't reinstated, we'll refund to you or, if required by the super law, to your superannuation account, any premiums sent by you after your insurance was cancelled.

In the case of MLC Insurance (Super), if your premiums aren't accepted, depending on your payment method, the money will be returned to you or, if required by the super law, to your superannuation account, or to the Eligible MLC super or MLC pension account from which it was deducted.

Refunding your premium when you cancel your insurance

If you cancel your insurance and:

- you pay your premium monthly, your insurance will end as at the next date we would have debited your premium if your insurance had not been cancelled, or
- you pay your premium half-yearly or yearly, your insurance will end when we receive your request to cancel your insurance. Any premium paid by you for a period after that date will be refunded to you or, if required by the super law, to your superannuation account.

Will your premium change?

Your premium may change each year at your Review Date.

We may change the way we calculate our premiums at any time. Because of this, your premium may increase or decrease. However, we'll:

- give you one month's written notice before premiums change
- only change your premiums as at the Review Date following any change, and
- not single you out for a change in premiums.

Policy fee and other charges

Policy fee

The premium you pay includes a policy fee which will increase every year in line with the Consumer Price Index (CPI) at the Review Date. The latest policy fee information is available on mlc.com.au

The policy fee at the preparation date of this PDS is:

Frequency of premium payments	Policy fee	Annual equivalent
Monthly	\$6.81	\$81.72
Half-yearly	\$39.73	\$79.46
Yearly	\$76.40	\$76.40

A policy fee applies to each policy you apply for.

The policy fee will be waived on the second policy as follows:

- where you purchase TPD and/or Critical Illness insurance as a connected benefit, and the Life Cover insurance is issued on a separate policy. The policy fee will be applied to the policy with the Life Cover insurance. If the connected Life Cover insurance policy is cancelled and the connected policy remains active, the current policy fee applicable at the time will be reinstated.
- where joint policy owners are applying for more than one insurance policy at the same time, the policy fee will apply to:
 - the policy containing an Income Protection insurance benefit, or
 - the MLC Insurance (Super) policy where there is no policy containing an Income Protection benefit, or
 - the policy covering the youngest person insured where the above circumstances do not apply.

MLC reserves the right to change policy fees. If we do so we'll give you one month's written notice.

Government charges

MLC and the Trustee in the case of MLC Insurance (Super) reserve the right to recover from you the cost of any duty, tax, excise, impost, charge or deductions of the Australian Government or any State or Territory Government, as they may apply to your policy from time to time.

There is no Goods and Services Tax (GST) charged on the premium.

Trustee fees

In the case of MLC Insurance (Super), as at the date of preparation of this PDS, the Trustee doesn't charge a fee for acting as the Trustee.

If this changes, we'll let you know at least three months before introducing the fee.

Family Law Charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto breakdown.

MLC and the Trustee may be obliged to provide information to other parties and manage your policy in line with court orders. We and the Trustee may charge a fee for any cost we incur.

This section gives a brief summary of the way MLC Insurance, both inside and outside super, is treated for tax purposes as at the preparation date of this PDS.

This information is of a general nature only and is written as though you are the policy owner.

We recommend that you seek professional tax advice specific to your circumstances. Things may change from time to time. You can also get more information from the Australian Taxation Office on ato.gov.au

MLC Insurance

The table below provides a general guide on the tax treatments of your insurance:

	Personal	Business
Life Cover, Accidental Death insurance	<ul style="list-style-type: none"> • Premium is not tax deductible. • Benefit is tax-free. 	<ul style="list-style-type: none"> • Premium is likely to be tax deductible when you insure a Key Person to protect against a revenue loss. • Benefit is likely to be included in the business' assessable income.
Total and Permanent Disability, Terminal Illness Support, Critical Illness, Child's Critical Illness Occupationally Acquired HIV, Hepatitis B or C Infection insurances	<ul style="list-style-type: none"> • Premium is not tax deductible when you insure yourself, your Spouse or a qualifying relative. • Benefit is tax-free. 	
Financial Planning Benefit	<ul style="list-style-type: none"> • Benefit is generally tax-free. 	
Income Protection, Business Expenses insurances	<p>If you're self-employed or an employee, the premium is likely to be tax deductible and the benefit is likely to be included as part of your assessable income.</p> <p>For Income Protection Platinum only: If you select the Lump Sum Benefit Option approximately 10% of your premium will not be tax deductible. We'll provide the details in your annual statement.</p>	
Premium Waiver insurance, policy fee	<p>If your insurance includes a number of insurance types, the cost of Premium Waiver and the policy fee for each insurance type may be deductible, partly deductible or non-deductible depending on the tax treatment of each type.</p>	

What is a key person?

This is a key person is a person who is an employee or business owner without whose knowledge or expertise the business would suffer material financial loss.

Key person (Revenue Protection) insurance is a method used by a business or employer to protect against financial loss that may result from loss of service of a key person in the event of death, sickness or injury.

MLC Insurance (Super)

When your insurance is held inside super, your premiums are considered to be super contributions. Your premium is reported to the Australian Tax Office (ATO).

If you intend to claim a tax deduction for your premium, and your first premium is received towards the end of the current financial year, the first premium may not be reported to the ATO until the application is accepted in the following financial year.

What are the maximum contribution amounts?

Your MLC Insurance (Super) contributions are added to any contributions you and your employer make. While you can contribute as much as you like, you'll pay additional tax if contributions exceed certain limits. These limits may change from time to time.

To find out the current limits and who can contribute, go to apra.gov.au or ato.gov.au. You can also speak to your financial adviser about these limits.

How are MLC Insurance (Super) contributions taxed?

Contributions are generally either tax-free or taxed at a rate of 15%. The main types of contributions that are taxed at a rate of 15% are concessional contributions. These include, but aren't limited to, contributions from your employer (including salary sacrifice) or, if you're eligible, personal contributions for which you can claim a tax deduction.

Insurance premiums may be tax deductible to the Scheme. Where the premium is deductible to the Scheme, the Trustee is able to offset the tax payable on contributions by the amount of the deduction. This may reduce the amount of tax you pay on a taxable contribution.

The selection of certain features or options (such as Own Occupation Total and Permanent Disability) can mean that the premium is not fully deductible to the fund, which will reduce the above offset. For further information please speak to your financial adviser.

MLC Insurance (Super) doesn't accept contributions from:

- super lump sum rollovers
- directed termination payments
- personal injury payments
- small business sale proceeds, or
- transfers from overseas funds.

How are MLC Insurance (Super) benefits taxed?

Normally any benefits received by you from age 60, or paid to your dependants on your death, are tax-free. Tax may be payable by you if you receive a benefit before age 60, or payable by your beneficiary if a death benefit is paid to a non-dependant.

Where required by law, we'll deduct any tax, duty, impost or the like from a benefit payment and forward it to the relevant authority.

You must provide your Tax File Number (TFN)

We need your TFN to complete your application for MLC Insurance (Super).

You should also be aware:

- MLC and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- it isn't an offence to decline to notify MLC and the Trustee of your TFN
- if you don't notify MLC and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- MLC and the Trustee are allowed to use your TFN only for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed to another super provider if your benefits are being transferred, unless you inform MLC and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Additional information about MLC Insurance (Super)

Accessing your MLC Insurance (Super) benefits

The benefits payable by us under MLC Insurance (Super) are paid to the Trustee, who then passes on the benefit to you.

The Trustee is restricted from passing a benefit to you if you don't satisfy a super condition of release. If this happens the Trustee will hold your benefit in the Scheme, as a preserved benefit, until you do satisfy the conditions of release. We'll seek instruction from you as to where you'd like your benefit to be held.

The Universal Super Scheme

When you purchase MLC Insurance (Super) you become a member of the Scheme. The Scheme is a Complying Super Fund under section 40 of the Superannuation Industry (Supervision) Act 1993.

MLC Nominees Pty Limited is the Trustee of the Scheme.

The Trustee is a wholly owned subsidiary of MLC. The Trustee officially holds your money and is responsible for the operation of the Scheme, including management and administration.

The Trustee has appointed us to carry out the day-to-day management, investment and administration of MLC Insurance (Super).

We receive a premium for your insurance, which includes the cost of these services.

The Trust Deed of the Scheme and the insurance policy contain the full legal terms of MLC Insurance (Super) which govern your interest in the Scheme.

You can get a free copy of the Trust Deed by calling us on **1300 428 482**.

Super conditions of release relating to:

Accidental Injury Benefit and TPD	Permanent incapacity – this means the Trustee must be satisfied that you're unlikely, because of health reasons, to engage in gainful employment for which you are reasonably qualified by your education, training and experience.
Income Protection	<p>Temporary incapacity – this means that you've ceased to be gainfully employed, or ceased temporarily to receive any gain or reward due to ill health.</p> <p>The Trustee may not be able to pass benefits to you, or may reduce benefits if you receive any income provided or arranged by an employer, partnership or business, including fully paid leave such as sick leave, or if Government regulations otherwise limit the benefit that can be paid.</p> <p>A benefit can't be paid for longer than the period of temporary incapacity.</p>
Terminal Illness	You must have a terminal medical condition and have two medical practitioners (at least one of them a Specialist in the area of illness or injury) certify that you are suffering from an illness, or have incurred an injury, which in the normal course would result in death within 12 months from the date of certification.

Restrictions on accessing super:

Because super is a long-term investment, the law is strict about how and when you can access your money.

You can access your money when you reach age 65.

Before then, you can generally access your money in the form of a transition to retirement pension, or if you fully retire after age 55.

There are exceptions to these rules which can be found at apra.gov.au or ato.gov.au

Additional information about MLC Insurance (Super)

Converting MLC Insurance (Super) policies

What is conversion?

This means your insurance inside super ends and a new policy will be issued outside super.

When does conversion happen?

You can convert your MLC Insurance (Super) policy to a non-super policy at any time before the Review Date after you turn 74 (ie. the date your MLC Insurance (Super) ends).

If you pay your premiums via direct debit, credit card, cheque or BPAY[®], we have to convert the policy to a non-super policy if you become ineligible to contribute to super.

When you reach age 65, there are some age-based regulations around making contributions to super. This includes meeting a work test.

You need to make sure you meet this test before making a contribution. If you don't meet the requirement, you must inform us within 14 days of making a contribution.

If you tell us you don't meet the work test, you'll be offered the opportunity to convert to a non-super policy.

If you pay your premiums through deduction from your Eligible MLC super or MLC pension account, you're aged between 65 and 74 and no longer meet the work test, you can keep your MLC Insurance (Super) policy as long as you've sufficient funds in your account to pay for your insurance premiums.

How does the conversion work?

On conversion, we'll cancel the MLC Insurance (Super) policy held by the Trustee for you and issue you with a non-super policy with similar types of insurance and amounts of insured benefits. The policy terms and conditions will be determined at the date of conversion.

If your only interest in the scheme is MLC Insurance (Super), your membership of the Scheme and entitlement to receive a benefit from it will also end.

In determining eligibility for insurance, the new policy will be taken to have started on the later of:

- the date similar insurance began under the super insurance policy, or
- the date the super insurance policy was last reinstated.

The amount of insured benefits under the new policy won't be more than it was under the old policy at the date of conversion. Premiums under the new policy will be calculated in line with MLC's base premium rates at the time, taking into account the amount of insured benefits, your age and acceptance of the terms of the policy.

Any beneficiary nomination made for one product doesn't apply to another product when a conversion applies.

You'll need to make a new beneficiary nomination for the non-super policy by completing the Beneficiary Nomination Form available on mlc.com.au or call **1300 428 482** to request the form.

What is the work test?

To satisfy the work test you must be gainfully employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made. This requirement may change from time to time.

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Insurance glossary and general definitions



Insurance glossary and general definitions

<p>14-day Life Cover Buy Back Option (Available with TPD extension insurance only)</p>	<p>What is the benefit? This optionally included additional cost feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our Premium Rates at the time the Life Cover is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? Cover is automatically restored if you live for 14 days after we've paid your full TPD insurance benefit.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and Life Insured will remain unchanged under the Restored Life Cover. • For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> - 75 for Total And Permanent Disability (Extension to Life Cover) - 65 for Total And Permanent Disability (Extension to Critical Illness).
<p>12-month Life Cover Buy Back (Available with TPD extension insurance only)</p>	<p>What is the benefit? This included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our Premium Rates at the time the Life Cover is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? Your Life Cover can be restored 12 months after the date the full TPD benefit is paid. You must apply to have your Life Cover restored up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Total and Permanent Disability insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and Life Insured will remain unchanged under the Restored Life Cover. • You cannot exercise this 12 month Life Cover Buy Back if a benefit for Terminal Illness has been paid previously. • This included feature ends when you exercise the 14 Buy Back Option. • You must ask us to restore your Life Cover before the Review Date after you turn: <ul style="list-style-type: none"> - 75 for Total And Permanent Disability (Extension to Life Cover), or - 65 for Total And Permanent Disability (Extension to Critical Illness).

<p>12 month Life Cover Buy Back Option (Available with Critical Illness extension insurance)</p>	<p>What is the benefit? This optionally included additional cost feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our Premium Rates at the time the Life Cover is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? You can ask for your Life Cover to be restored 12 months from the later of:</p> <ul style="list-style-type: none"> • the date we receive your claim form, and • the date you first meet the full Critical Illness definition. <p>You have up to 12 months plus 30 days after the later of the above dates to ask for your Life Cover to be restored.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Critical Illness insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and Life Insured will remain unchanged under the Restored Life Cover. • You cannot exercise this 12 month Life Cover Buy Back Option if a benefit for Terminal Illness has been paid previously. • You must ask us to restore your Life Cover before the Review Date after you turn 75.
<p>Accident</p>	<p>Means an event where bodily injury is caused directly and solely by violent, external and visible means, independently of all other causes.</p>
<p>Accidental Injury Benefit (Feature of Life Cover insurance)</p>	<p>If you have an Accident and lose:</p> <ul style="list-style-type: none"> • the use of both hands or both feet, or • the sight in both eyes, or • the use of one hand and one foot, or • the use of one foot or hand and the sight in one eye <p>we'll pay your Life Cover insurance benefit, up to a maximum of \$2 million.</p> <p>Or, if you lose:</p> <ul style="list-style-type: none"> • the use of one hand or foot, or • the sight in one eye <p>we'll pay 25% of your Life Cover insurance benefit, up to a maximum of \$500,000.</p> <p>Conditions that apply to the Accidental Injury Benefit</p> <ul style="list-style-type: none"> • Any loss must be total and permanent, be as a direct result of the Accident and occur within six months of the Accident. • The maximum amount stated is the most you'll be paid, no matter how many MLC insurance policies (inside or outside super) you hold. • If you hold more than one policy where the total of all MLC policies is greater than the maximum amount, each policy will proportionally contribute to the maximum amount. • If you also hold stand-alone Total and Permanent Disability insurance or stand-alone Critical Illness insurance with us, the maximum benefit payable under this Accidental Injury Benefit will be reduced by the total of any benefit paid under those insurances for an event that is also covered under the Accidental Injury Benefit.

Insurance glossary and general definitions

<p>Accidental Injury Benefit continued (Feature of Life Cover insurance)</p>	<p>When won't a benefit be paid?</p> <p>If you've already lost the use of one hand, foot or eye before your insurance started, or was last reinstated, we either will not pay a benefit or may pay a smaller amount.</p> <p>We will not pay the Accidental Injury Benefit where the loss or loss of use, as the case may be, arises from or is contributed to by a self-inflicted injury.</p> <p>How does a claim affect your insurance?</p> <p>Your Life Cover insurance will be reduced by any Accidental Injury Benefit paid. If you also have Terminal Illness Support insurance, the amount of that insurance will be reduced to the lesser of \$250,000 and 50% of the reduced Life Cover insurance.</p> <p>We'll reduce the premiums payable in line with the reduced insurance for both your Life Cover and Terminal Illness Support insurance.</p> <p>If we pay the Accidental Injury Benefit, and you have any of the following insurances:</p> <ul style="list-style-type: none"> • TPD insurance held as an extension to Life Cover insurance • TPD insurance held as an extension to Critical Illness extension insurance • Critical Illness insurance held as an extension to Life Cover insurance <p>we will reduce your TPD and Critical Illness insurance benefits by the amount of the Accidental Injury Benefit paid.</p> <p>We'll reduce the premiums payable in line with the reduced insurance for your Life Cover and Critical Illness insurance.</p>
<p>Advance Death Benefit (Feature of Life Cover insurance)</p>	<p>If your Life Cover insurance benefit is \$20,000 or more and you die, we'll pay a one-off Advance Death Benefit of \$20,000 in proportionate shares to any remaining policy owners or nominated beneficiaries, who are entitled to the Life Cover benefit.</p> <p>We'll need a certified copy of your birth and death certificates, or an extract of death registration, along with a written request before we pay this advance.</p> <p>Your Life Cover benefit will then be reduced by \$20,000.</p> <p>Payment of the Advance Death Benefit is not an admission of liability by us to pay the Life Cover insurance benefit, and may be recovered by us if the Life Cover insurance claim isn't accepted.</p>
<p>Age 70 Benefit Period (Available with Income Protection Platinum insurance)</p>	<p>If Your Benefit Period is to age 70, The following additional conditions will apply to any claim under your Income Protection Platinum insurance as a result of Disability which occurs after the policy anniversary following your 65th birthday unless the claim is as a result of Recurrent Disability:</p> <ul style="list-style-type: none"> • the insurance will only cover Total Disability and Partial Disability; • any benefit we pay you will be assessed as Indemnity cover; • the amount we pay You will be the lesser of: <ul style="list-style-type: none"> a. $\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}}$ x Monthly Benefit; and b. $\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}}$ x the maximum monthly Benefit (described on page 30) <p>subject to any adjustments as detailed in What if you can claim from another source? (page 40); and</p> <ul style="list-style-type: none"> • Inflation Proofing will continue to apply. All other benefits and options will cease.
<p>Business Earnings (Business Expenses insurance only)</p>	<p>For the purposes of Business Expenses insurance, means the gross turnover of the business, less all the expenses, costs and overheads of running it, and before tax. Where more than one person owns and manages the business (directly or through a company) Business Earnings will mean only those generated by the life insured in proportion to their share of ownership of the business.</p>

Business Earnings After Disability (Business Expenses insurance only)	For the purposes of the Business Expenses Platinum Option means the share of Business Earnings of the life insured while they are Partially Disabled.
Business Earnings Before Disability (Business Expenses insurance only)	For the purposes of the Business Expenses Platinum Option means the share of Business Earnings of the life insured in the continuous 12 month period before they became Totally Disabled or Partially Disabled.
Business Safeguard Option (Available with Life Cover, TPD and critical illness insurances)	<p>You can apply to increase your Life Cover, TPD and Critical Illness insurances without further medical evidence, if the insurance is used for one of the following purposes:</p> <ul style="list-style-type: none"> • an ownership (buy/sell) agreement where your share of the business is purchased by any remaining partners when certain events occur (for example, your death or total and permanent disability) • asset protection (loan guarantee) insurance, and • Revenue Protection (Key Person) insurance (outside super only) and the value of your financial interest in the business, loan guarantee, or the value of the Key Person to your business increases. <p>You must apply for the increase within 30 days of the first Review Date following the relevant business event and your premiums will rise in line with the increased insurance.</p> <p>You must provide proof of the event to our satisfaction. Proof required for a business event increase may include, but is not limited to, company minutes, ownership (buy/sell) agreements, audited company accounts and tax returns, or such other documents or evidence as we may require.</p> <p>You can apply for this option between ages next birthday 19 to 60.</p> <p>You can apply to increase your insurance under this option until the Review Date after you turn 65.</p> <p>Maximum benefit increase</p> <p>You can apply to increase your Life Cover, TPD and Critical Illness benefit under this option up to a maximum amount of the lesser of:</p> <ul style="list-style-type: none"> • For Life Cover, by up to three times your original insurance amount and \$15 million, and • For TPD, by up to three times your original insurance amount and: <ul style="list-style-type: none"> - \$5 million for professional occupations such as accountants, solicitors and surgeons, or - \$3 million for other occupations, • For Critical Illness, by up to three times your original insurance amount and \$2 million, and • the increase in the value of your financial interest in the business, loan guarantee, or the value of the Key Person to your business. <p>This maximum includes Life Cover, TPD and Critical Illness insurances covering you for any Nominated Business Safeguard Purpose or any other business protection purpose.</p> <p>Conditions that apply to the Business Safeguard Option</p> <ul style="list-style-type: none"> • Any insurance increase must be approved by us. • For TPD and / or Critical Illness insurance, as an extension to Life Cover insurance (see page 51) - this option is only available where you've selected it with your Life Cover insurance. • For TPD and / or Critical Illness insurance as an extension to your Life Cover insurance or as a connected benefit the TPD insurance and / or Critical Illness can't be more than your Life Cover insurance (see page 51). • For TPD insurance as an extension to your Critical Illness insurance the TPD insurance can't be more than your Critical Illness insurance (see page 51).

Insurance glossary and general definitions

<p>Business Safeguard Option continued (Available with Life Cover, TPD and critical illness insurances)</p>	<ul style="list-style-type: none"> • The total increase to your Life Cover, TPD and/or Critical Illness insurances for all policies from all sources under the Business Safeguard Option can't exceed the value (as applicable) of: <ul style="list-style-type: none"> - your financial interest in the business - the loan guarantee, or - the Key Person to the business (outside super only). • If your original Life Cover, TPD or Critical Illness insurances were less than 100% of the applicable value at the time, you can subsequently only increase the insurance to the equivalent percentage of value when you apply for an increase. • During the first six months, after an increase for a loan guarantee, the increase amount protects you only for death, TPD and/or Critical Illness caused by an Accident. • If the Business Safeguard Option isn't exercised within any three consecutive Review Dates (policy years), no further application for increases can be made unless you can demonstrate to our satisfaction that you were not eligible to apply for an increase under this option because the value of your financial interest in the business, loan guarantee, or the value of the Key Person to your business had not increased during that time. • You can't apply to increase your insurance (as applicable) under this option when a claim is made or is entitled to be made. <p>When won't a benefit be paid?</p> <p>We will not pay the Life Cover benefit if you commit suicide within 13 months of the date the insurance started or was last reinstated.</p> <p>We will not pay the Total and Permanent Disability benefit or a Critical Illness benefit for any disability, condition or loss suffered by you arising from or contributed to by:</p> <ul style="list-style-type: none"> • intentional self inflicted injury or attempted suicide, or • sickness or injury that first appeared, happened or was diagnosed before your Total and Permanent Disability insurance or Critical illness insurances started or was last reinstated (unless disclosed to, and accepted by, us as a part of the application or reinstatement process).
<p>Child</p>	<p>For insurance policy purposes means a person who is:</p> <ul style="list-style-type: none"> • under the age of 21, and • the natural child, stepchild, adopted child or a child under the legal guardianship of the life insured.
<p>Child Support Benefit (Feature of Critical Illness Plus insurance)</p>	<p>If a Child dies or first suffers a Child Support Benefit Condition:</p> <ul style="list-style-type: none"> • while this insurance is in force, and • after the Review Date following the Child's 2nd birthday <p>we'll pay you the Child Support Benefit.</p> <p>What we will pay</p> <p>The Child Support Benefit payable for each Child is \$10,000. The benefit will not reduce the Critical Illness Plus insurance benefit to which it is connected.</p> <p>What conditions are covered?</p> <p>The Child Support Benefit Conditions covered are:</p> <ul style="list-style-type: none"> • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour • Blindness • Cardiomyopathy • Chronic Kidney Failure • Chronic Liver Failure

Child Support Benefit continued

(Feature of Critical Illness Plus insurance)

- Coma
- Deafness
- Encephalitis
- Heart Attack
- Heart Valve Surgery
- HIV contracted through medical procedures
- Intensive Care
- Loss of Speech
- Major Brain Injury
- Major Burns
- Major Organ or Bone Marrow Transplant
- Malignant Cancer
- Meningococcal Septicaemia
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis
- Pneumonectomy
- Primary Pulmonary Hypertension
- Stroke
- Type 1 Diabetes

The definitions for these Child Support Benefit Conditions can be found in Critical Illness definitions on pages 100 to 107.

The Child first has a Child Support Benefit Condition:

- for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and
- for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition.

Conditions that apply to the Child Support Benefit

The Child Support Benefit:

- will only be payable if the Critical Illness insurance benefit is \$100,000 or more, and
- is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide
- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated
- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's 2nd birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this Critical Illness Plus insurance started or was last reinstated,
- congenital abnormalities that first appeared before the Review Date following the Child's 2nd birthday, or
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Insurance glossary and general definitions

<p>Child Support Income Benefit (Feature of all Income Protection insurances)</p>	<p>If a Child dies or first suffers a Child Support Income Benefit Condition:</p> <ul style="list-style-type: none">• while this insurance is in force, and• after the Review Date following the Child's 2nd birthday <p>we will pay you the Child Support Income Benefit.</p> <p>What we will pay</p> <p>The Child Support Income Benefit payable for each Child will be the lesser of:</p> <ul style="list-style-type: none">• three times the monthly benefit, and• \$25,000. <p>The Child Support Income Benefit will be paid as a lump sum. This benefit is not payable if it is less than \$10,000.</p> <p>What conditions are covered?</p> <p>The Child Support Income Benefit Conditions covered are:</p> <ul style="list-style-type: none">• Aplastic Anaemia• Bacterial Meningitis• Benign Brain Tumour• Blindness• Cardiomyopathy• Chronic Kidney Failure• Chronic Liver failure• Coma• Deafness• Encephalitis• Heart Attack• Heart Valve Surgery• HIV contracted through medical procedures• Intensive Care• Loss of Speech• Major Brain Injury• Major Burns• Major Organ or Bone Marrow Transplant• Malignant Cancer• Meningococcal Septicaemia• Open Heart Surgery• Out of Hospital Cardiac Arrest• Paralysis• Pneumonectomy• Primary Pulmonary Hypertension• Stroke• Type 1 Diabetes <p>The definitions for these Child Support Income Benefit Conditions can be found in Critical Illness definitions on pages 100 to 107.</p> <p>The Child first has a Child Support Income Benefit Condition:</p> <ul style="list-style-type: none">• for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and• for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition.
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<p>Child Support Income Benefit continued (Feature of all Income Protection insurances)</p>	<p>Conditions that apply for the Child Support Income Benefit</p> <p>The Child Support Income Benefit is payable once only for any one Child.</p> <p>When won't a benefit be paid?</p> <p>We will not pay a Benefit for any Child Support Income Benefit Condition arising from or contributed to by:</p> <ul style="list-style-type: none"> • the Child's intentional self-inflicted injury or attempted suicide • sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated • sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's 2nd birthday • congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this insurance started or was last reinstated, • congenital abnormalities that first appeared before the Review Date following the Child's 2nd birthday, or • an injury maliciously inflicted on the Child for the purpose of gain from this insurance.
<p>Complying Super Fund</p>	<p>Means a regulated superannuation fund that qualifies for concessional tax rates. A Complying Superannuation Fund must meet the requirements that are set out under section 40 of the Superannuation Industry (Supervision) Act 1993.</p>
<p>Consumer Price Index (CPI)</p>	<p>Means the 'Consumer Price Index: All Groups Index Weighted Average for Eight Capital Cities' published by the Australian Bureau of Statistics or, if that isn't available, any reasonable substitute chosen by us.</p>
<p>Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)</p>	<p>What is the benefit?</p> <p>This optionally included additional cost feature allows you to restore your Critical Illness insurance (Restored Critical Illness insurance) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover?</p> <p>Your premium for the Restored Critical Illness insurance will be based on our Premium Rates at the time it is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Critical Illness insurance (including all loadings, exclusions and special terms).</p> <p>When is cover restored?</p> <p>Your Life Cover can be restored 12 months after the date the full Critical Illness benefit (including a benefit for an Extra Benefits Option – Partial Benefits condition) is paid.</p> <p>You must apply to have your Life Cover Restored up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • If You have Critical Illness as an extension or a connected benefit to your Life Cover insurance (see page 51) and: <ul style="list-style-type: none"> - you have the option to buy back your Life Cover insurance after a claim, you must buy back the Life Cover benefit at the same time you buy back your Critical Illness insurance, or - you do not have the option to buy back your Life Cover insurance after a claim, your new Critical Illness insurance will be issued as a stand-alone Critical Illness insurance policy. • Where a Critical Illness benefit, excluding a benefit paid due to an Extra Benefits Option – Partial Benefits condition, has been paid, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable, for a critical condition: <ul style="list-style-type: none"> - for which a benefit, including a partial benefit, has been paid (excluding Coronary Artery Angioplasty), or - which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any critical condition (or Extra Benefits Option – Partial Benefits condition) for which a benefit, including a partial benefit, has been paid.

Insurance glossary and general definitions

<p>Critical Illness Buy Back Option continued (Available with Critical Illness Plus insurance)</p>	<ul style="list-style-type: none"> • Where a benefit has been paid for an Extra Benefits Option – Partial Benefits condition, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable for: <ul style="list-style-type: none"> - any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid; or - any Extra Benefits Option – Partial Benefits condition which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid. • Increases without further medical evidence and the Financial Planning Benefit (unless the Financial Planning Benefit has not previously been paid) are not available for the new Critical Illness insurance. • If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and Life Insured will remain unchanged under the Restored Critical Illness insurance. • You cannot exercise this 12 month Critical Illness Buy Back Option if a benefit for Terminal Illness has been paid previously. • You must ask us to restore your Critical Illness insurance before the Review Date after you turn 75.
<p>Doctor</p>	<p>Means a registered medical practitioner in Australia. This does not include you, the life insured or any family member.</p>
<p>Double Critical Illness Plus Insurance - Life Cover Buy Back</p>	<p>What is the benefit? This optionally included additional cost feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover. After the Review Date following you 65th birthday, your premium for the Restored Life Cover will be based on our Premium Rates at the time the Life Cover is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Life Cover.</p> <p>When is cover restored? If you receive your full Critical Illness benefit before the Review Date following you 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored. If we receive your claim form after the Review Date following your 65th birthday, You can ask for your Life Cover to be restored 12 months from the later of:</p> <ul style="list-style-type: none"> • the date we receive your claim form, and • the date you first meet the full Critical Illness benefit definition. <p>You have up to 12 months plus 30 days after the later of the above dates to ask for your Life Cover to be restored.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Critical Illness Plus insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and Life Insured will remain unchanged under the Restored Life Cover. • For you Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> - 75 for Double Total And Permanent Disability insurance (Extension to Life Cover) - 65 for Double Total And Permanent Disability insurance (Extension to Critical Illness).

<p>Double Critical Illness Plus Insurance - Life Cover Buy Back continued</p>	<p>Additional conditions that apply after the Policy Review Date following your 65th birthday</p> <ul style="list-style-type: none"> You cannot exercise this Life Cover Buy Back if a benefit for Terminal Illness which covers you has been paid previously. <p>How payment of other benefits will reduce the Critical Illness benefit</p> <p>If we pay:</p> <ul style="list-style-type: none"> an Accidental Injury benefit under a benefit that this insurance is an extension or connection to, or a TPD benefit that is an extension or connection to this insurance, <p>we will reduce your Critical Illness benefit by the benefit paid.</p> <p>We will reduce future premiums in line with the reduced benefit.</p>
<p>Double Total and Permanent Disability Insurance - Life Cover Buy Back</p>	<p>What is the benefit?</p> <p>This optionally included additional cost feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover?</p> <p>There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover.</p> <p>After the Review Date following you 65th birthday, your premium for the Restored Life Cover will be based on our Premium Rates at the time the Life Cover is restored, taking into account the amount of the benefit, your age, the premium and acceptance terms of the Life Cover.</p> <p>When is cover restored?</p> <p>If you receive your full TPD benefit before the Review Date following you 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored.</p> <p>If you receive your full TPD benefit after the Review Date following you 65th birthday, and you live for a further 12 months, you can ask us to restore your Life Cover benefit.</p> <p>You can ask us to restore your Life Cover benefit up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Total and Permanent Disability insurance. If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. The Policy Owner and Life Insured will remain unchanged under the Restored Life Cover. For you Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> - 75 for Total And Permanent Disability insurance (Extension to Life Cover) - 65 for Total And Permanent Disability insurance (Extension to Critical Illness). <p>Additional conditions that apply after the Policy Review Date following your 65th birthday</p> <ul style="list-style-type: none"> You cannot exercise this Life Cover Buy Back if a benefit for Terminal Illness has been paid previously.

Insurance glossary and general definitions

<p>Double Total and Permanent Disability Insurance - Life Cover Buy Back continued</p>	<p>How payment of other benefits will reduce the TPD benefit</p> <p>If we pay:</p> <ul style="list-style-type: none"> • a Critical Illness benefit, or • an Accidental Injury benefit <p>under a benefit that this insurance is an extension or connection to, we will reduce your TPD benefit by the benefit paid.</p> <p>We will reduce future premiums in line with the reduced benefit.</p>
<p>Earnings</p>	<p>Means:</p> <ul style="list-style-type: none"> • where the life insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the life insured after the deduction of their appropriate share of business or practice expenses in generating that income • where the life insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the life insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the life insured, and • whether the life insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.
<p>Earnings After Disability (All Income Protection insurances only)</p>	<p>Means the life insured's Earnings while they are Totally Disabled or Partially Disabled.</p>
<p>Earnings Before Disability (All Income Protection insurances only)</p>	<p>If you have Agreed Value cover (see page 31) outside super, means the life insured's highest average Earnings for any continuous period of 12 months between the date that is two years preceding the start of the insurance and the start of the waiting period.</p> <p>If you have Agreed Value cover inside super, means the greater of:</p> <ul style="list-style-type: none"> • the life insured's highest average Earnings for any continuous period of 12 months during the three years immediately before the life insured was Totally Disabled, and • the life insured's average monthly Earnings during the 12 months immediately preceding the start of the insurance. <p>For MLC Insurance and MLC Insurance (Super), if you have Indemnity cover (see page 35) means the life insured's average Earnings in the continuous 12 month period before they were Totally Disabled or Partially Disabled.</p>
<p>Economiser (Feature of Life Cover, TPD and Critical Illness insurances)</p>	<p>You can choose to freeze your Life Cover, TPD and Critical Illness insurance premiums (excluding the policy fee) from the policy Review Date following your written request.</p> <p>As a result:</p> <ul style="list-style-type: none"> • your premium will remain the same in the future, and • your insurance amount will reduce at each Review Date, to an amount that can be purchased by the frozen premium. <p>Conditions for Economiser</p> <ul style="list-style-type: none"> • The Economiser is only available where your premium structure is a stepped premium (see page 67). • The Economiser can only be exercised after the life insured's 30th birthday. • Once the Economiser is exercised, Inflation Proofing, Increases without further Medical Evidence and Business Safeguard Option will cease to apply. • The Economiser must be exercised at the same time for all insurances on the policy, and for any insurance that the insurance benefit is connected to as an extension. • The premium freeze will take effect from the Review Date after the Economiser is exercised. • The policy fee may change on each Review Date as described on page 70. • The premium rate may change in the future as described on page 69.

<p>Economiser continued (Feature of Life Cover, TPD and Critical Illness insurances)</p>	<ul style="list-style-type: none"> Any change to the insurance benefit (including increases, decreases and policy loading reviews) will reset the frozen premium at an amount applicable for the new insurance benefit as at the date of the change. Once Economiser is in place it can only be cancelled with our approval and cannot be cancelled while the premium is being waived. You must advise us in writing to take up Economiser. If the insurance benefit reduces to \$10,000 or less, the premium freeze ends, and we will recalculate the premium for the insurance so that the insurance benefit does not fall below this minimum level.
<p>Eligible MLC super or MLC pension account</p>	<p>Premiums can be deducted from the following MLC super and MLC pension products: MLC Fundamentals Super MLC MasterKey Super MLC Fundamentals Pension MLC MasterKey Pension MasterKey Superannuation (gold star/five star) The products from which you can make deductions may change.</p>
<p>Extended cover renewable to age 70 (Feature of Income Protection Platinum and Income Protection insurances)</p>	<p>Provided that the life insured continues to work full time in Gainful Employment and is not receiving, or entitled to receive, a Total Disability or Partial Disability benefit at the Review Date following the life insured's 65th birthday you can continue to renew this Income Protection insurance until the earlier of:</p> <ul style="list-style-type: none"> the life insured turning 70, and the date they retire or cease full time Gainful Employment. <p>Conditions that apply after the Policy Review Date following the life insured's 65th birthday.</p> <p>The following additional conditions will apply to your Income Protection insurance beyond the Review Date following the life insured's 65th birthday:</p> <ul style="list-style-type: none"> this insurance will only cover Total Disability the most we will pay in total is 12 months benefits for any related sickness or injury the waiting period will be the greater of that shown in your current Schedule and 30 days, the amount we pay you will be the least of: <ul style="list-style-type: none"> the benefit shown on your Schedule the maximum insurable amount calculated based on the formula described in the table on page 30, and \$30,000 per month subject to the What if you can claim from another source? section on page 36, and Inflation Proofing will continue to apply. All other benefits and options will cease.
<p>Family</p>	<p>Means Spouse, children, parents, brother(s) or sister(s).</p>
<p>Financial Planning Benefit (Feature of Life Cover, Terminal Illness Support, Accidental Death, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurances)</p>	<p>We'll reimburse up to \$5,000 for a fully documented financial plan prepared by a qualified financial planner, when we've paid you a lump sum benefit of \$100,000 or more.</p> <p>If there's more than one beneficiary of the insurance benefit, we'll divide the Financial Planning Benefit equally between those who each receive at least \$100,000.</p> <p>The reimbursement:</p> <ul style="list-style-type: none"> must be claimed within six months of the date on which we pay the lump sum benefit, and will apply only once for all MLC policies covering you.
<p>Gainfully Employed or Gainful Employment</p>	<p>Means working for earnings, payment or profit.</p>

Insurance glossary and general definitions

<p>Increases without further Medical Evidence (Feature of Income Protection Platinum and Income Protection insurances)</p>	<p>You can request an increase in your Income Protection Platinum and Income Protection monthly benefit, without needing to provide further medical evidence, by up to 20%, subject to the maximum insurable amount calculated based on the formula described in the table on page 30, when any of the following events happen:</p> <ul style="list-style-type: none"> • you or your Spouse adopt or give birth to a child • you get married or divorced • you complete an undergraduate degree at a Government-recognised university • you have a Child who starts secondary school, or • if you take out, or increase, a Mortgage to purchase or improve your home. <p>You will need to provide financial evidence satisfactory to us to support the increase requested, proof of the event and request the increase in writing.</p> <p>This increase will be in addition to any increases available under Inflation Proofing.</p> <p>Conditions that apply to Increases without further Medical Evidence</p> <p>The application for an increase in the monthly benefit must be made between the date the relevant event happens and 30 days after the first Review Date following the event.</p> <p>Under this feature you can only apply for one increase during any three year period.</p> <p>Your monthly benefit cannot be increased if:</p> <ul style="list-style-type: none"> • the life insured is over age 55 • you are being paid a benefit or are eligible to make a claim for a benefit • a medical loading or exclusion applies to your insurance, or • the total amount of all income protection insurance issued by us which covers the life insured exceeds \$30,000 per month. <p>For the first 12 months after your monthly benefit is increased without further medical evidence, the increased monthly benefit (excluding any increases due to Inflation Proofing) is only payable for Total Disability or Partial Disability caused by an Accident.</p>
<p>Increases without further Medical Evidence (Feature of Life Cover, TPD and Critical Illness Plus insurances)</p>	<p>Until the Review Date after you turn 55, you can apply to increase your Life Cover, TPD and Critical Illness insurances without further medical evidence if a specified personal or business event happens (see page 91).</p> <p>The increase must be applied for:</p> <ul style="list-style-type: none"> • between the day the relevant personal event happens and 30 days after the first Review Date following the event, or • within 30 days of the first Review Date following the relevant business event. <p>You will need to provide financial evidence satisfactory to us that supports the increase requested, proof of the personal or business event and request the increase in writing.</p> <p>Unless we otherwise agree, you can only apply for the increase as a result of a personal or a business event if:</p> <ul style="list-style-type: none"> • you were accepted for this insurance without any additional loadings due to your health • this insurance is not the result of applying the Life Cover Buy Back Option under Total and Permanent Disability insurance or Critical Illness insurance • this insurance is not the result of applying the Critical Illness Buy Back Option under Critical Illness insurance, and • you have not made, or are not entitled to make, a claim under this insurance. <p>Your premiums will rise in line with the increased insurance.</p>

Increases without further Medical Evidence continued
(Feature of Life Cover, TPD and Critical Illness Plus insurances)

Personal event

You can apply to increase your Life Cover, TPD and Critical Illness insurances by up to 25% of your original insurance amount. The maximum increase is \$200,000 for any one of the following events:

- you or your Spouse adopt or give birth to a child
- you get married or divorced
- you complete an undergraduate degree at a Government-recognised university, or
- you have a Child who starts secondary school.

If you take out, or increase, a Mortgage to purchase or improve your home, the maximum increase we'll allow is the least of:

- 50% of your original insurance amount
- the value of your new Mortgage
- the value of the latest increase to your existing Mortgage, and
- \$200,000.

Business event

You can apply to increase your Life Cover, TPD and Critical Illness insurances if the insurance is issued for one of the following purposes:

- a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business
- asset protection (loan guarantee) insurance, or
- Revenue Protection (Key Person) insurance if you're considered as such in the business (outside super only).

The increase will be in proportion to the increase in value over the year of your financial interest in the business or of the Key Person to your business (as agreed with us).

The maximum increase we'll allow is the least of:

- 25% of your original insurance amount
- for a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business, the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- for asset protection (loan guarantee) insurance, the increase in that part of the business loan you are responsible for, which is averaged over the preceding 3 years, and
- for Revenue Protection (Key Person) insurance, 5 times the increase in the your value to the business, averaged over the preceding 3 years, and
- \$200,000.

What conditions apply to Increases without further Medical Evidence?

Number and frequency of increases

Until the Review Date, after you turn 55, you can apply for increases as many times as the listed events occur while you have the policy. However, you may only apply for one increase during any one year period.

Insurance glossary and general definitions

<p>Increases without further Medical Evidence <i>continued</i> (Feature of Life Cover, TPD and Critical Illness Plus insurances)</p>	<p>Limitations</p> <p>The maximum amount you can increase your insurance by is the lesser of your original insurance amount of each insurance (Life Cover, TPD or Critical Illness) or \$2 million.</p> <p>If you have more than one insurance policy with us, the maximum amount applies to the combination of all our insurance policies protecting you.</p> <p>Each policy with the feature of Increases without further Medical Evidence will proportionally contribute to any increase.</p> <p>The maximum amount of all increases for Life Cover, TPD and Critical Illness insurances (as applicable) for all policies protecting you is the least of:</p> <ul style="list-style-type: none"> • the total of your Life Cover or TPD or Critical Illness insurances (as applicable), and • \$2 million. <p>If you have TPD and/or Critical Illness insurance as part of your Life Cover, or as a connected benefit (see page 51), our maximum benefit limits for them still apply, and they can't collectively exceed your Life Cover insurance.</p> <p>During the first six months after certain increases, the increased amounts cover you only for the following specified events caused by an Accident:</p> <p>Life Cover: for marriage, divorce or Mortgage, the increase covers only death.</p> <p>Critical Illness: for marriage, divorce or Mortgage, the increase covers only death and critical conditions.</p> <p>TPD: whatever the reason for increase, the increase covers only TPD. The increased insurance also doesn't cover you for any TPD claim caused by sickness or injury that first happened within six months before the increase date.</p>
<p>Lump Sum Benefit Option (Feature of Income Protection Platinum insurance outside super)</p>	<p>This option is only available for certain occupation groups such as surgeons, accountants, solicitors, salespersons, and carpenters (this option isn't available if you work in a special risk occupation). Your financial adviser can tell you if you're in an eligible occupation.</p> <p>Please refer to the Taxation section on page 71 for the tax implications of choosing this option.</p> <p>If you selected this option when this insurance started, you may choose to receive the monthly benefits payable under your Income Protection Platinum insurance as a lump sum benefit instead of monthly payments if the life insured is Totally and Permanently Disabled as defined below.</p> <p>The lump sum benefit will be the lesser of:</p> <ul style="list-style-type: none"> • \$3 million; and • a multiple of the monthly benefit, where the multiple is: <ul style="list-style-type: none"> - 180 (if the life insured is under age 40) - 156 (if the life insured is age 40 to 44) - 132 (if the life insured is age 45 to 49) - 108 (if the life insured is age 50 to 55), or - the number of complete months to the Review Date following the life insured's 65th birthday (if the life insured is age 56 or over). <p>The multiple described above is calculated based on the date you satisfy the Qualification Period described below.</p> <p>The lump sum benefit will be reduced by all disability benefits paid after the Qualification Period has been satisfied.</p> <p>The monthly benefit used in the calculation described above will be reduced by any benefits from another source that would have applied had this option not been exercised, as described in What if you can claim from another source? on page 36.</p> <p>Conditions that apply to the Lump Sum Benefit Option</p> <p>The Lump Sum Benefit Option can only be exercised by you if:</p> <ul style="list-style-type: none"> • you have satisfied the Qualification Period

Lump Sum Benefit Option continued

(Feature of Income Protection Platinum insurance)

- the life insured has not been diagnosed as terminally ill and likely to die within 12 months from the date the Qualification Period is satisfied, and
- you request in writing that the Lump Sum Benefit Option be exercised.

The Lump Sum Benefit Option, once selected, cannot be cancelled and, unless exercised, will end when the life insured turns 65.

When the Lump Sum Benefit Option is exercised, and the lump sum benefit is paid, this Income Protection Platinum insurance ends and no further benefits of any kind are payable under this insurance.

Definitions for the Lump Sum Benefit Option**Qualification Period**

The Qualification Period means you have received Total Disability benefit payments for 24 continuous months solely as a result of the sickness or injury which caused or is related to the life insured's Total and Permanent Disability.

Totally and Permanently Disabled and Total and Permanent Disability

For the purposes of the Lump Sum Benefit Option, the life insured qualifies as Totally and Permanently Disabled if they have a disability caused by a sickness or injury and satisfy the criteria in paragraphs (a), (b) or (c):

For Occupation Groups except Group B

a)

- as a result of their disability they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again
- they are not working for earnings, payment or profit, **and**
- these circumstances have existed continuously for at least 3 months

or

(b)

they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:

- they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again, **and**
- they are not working for earnings, payment or profit

or

(c)

they have suffered from the total and irrecoverable loss of:

- the use of both hands
- the use of both feet
- the sight in both eyes
- the use of one hand and one foot
- the use of one foot and the sight in one eye, **or**
- the use of one hand and the sight in one eye.

For Occupation Group B

(a)

- as a result of their disability they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again
- they are not working for earnings, payment or profit, **and**
- these circumstances have existed continuously for at least 3 months

Insurance glossary and general definitions

<p>Lump Sum Benefit Option continued (Feature of Income Protection Platinum insurance)</p>	<p>or</p> <p>(b)</p> <p>they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:</p> <ul style="list-style-type: none"> • they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again, and • they are not working for earnings, payment or profit <p>or</p> <p>(c)</p> <p>they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none"> • the use of both hands • the use of both feet • the sight in both eyes • the use of one hand and one foot • the use of one foot and the sight in one eye, or • the use of one hand and the sight in one eye.
<p>Mental Disorder</p>	<p>Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) or an equivalent publication approved by us which is current at the start of the period of Total Disability while the life insured is not working.</p> <p>Such disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurotic, psychotic personality, emotional or behavioural disorders or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse or dependency.</p>
<p>Mortgage</p>	<p>Means a loan secured by a first mortgage over the life insured's home.</p>
<p>Occupationally Acquired HIV, Hepatitis B or C Infection insurance</p>	<p>For this insurance the following special requirements apply.</p> <p>You (or someone representing you) must tell us:</p> <ul style="list-style-type: none"> • you may become infected within 14 days of the accidental incident, and • you have become infected within 14 days of the diagnosis of infection. <p>We will send a claim form and/or instructions to you for the submission to us of proof of your entitlement to a benefit.</p> <p>Documented proof must be provided by you to us that:</p> <ul style="list-style-type: none"> • the accidental incident did happen at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection, and • The HIV, hepatitis B or hepatitis C is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident. <p>The proof will be based upon blood or body fluid samples tested by Australian Government approved pathology laboratories. We must be allowed to independently retest the samples and take further samples for testing. If we do require retesting or further samples, we will pay for it.</p>

<p>Partial Payment Benefit (Feature of TPD insurance)</p>	<p>If you suffer the total and irrecoverable loss of:</p> <ul style="list-style-type: none"> • the sight in one eye, or • one foot or one hand <p>we'll pay you the Partial Payment Benefit.</p> <p>What we will pay</p> <p>The Partial Payment Benefit payable will be the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Total and Permanent Disability Benefit, and • \$500,000. <p>Conditions that apply to the Partial Payment Benefit</p> <p>The Partial Payment Benefit:</p> <ul style="list-style-type: none"> • will only be payable once • is not payable if it is less than \$10,000, and • will reduce the Total and Permanent Disability Benefit by the amount paid. <p>Definitions for the Partial Payment Benefit</p> <p>Loss of one foot or one hand. The total and irrecoverable loss, or loss of the use, of the following:</p> <ul style="list-style-type: none"> • one foot, or • one hand. <p>Loss of sight in one eye. The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.</p>
<p>Qualifying Periods</p>	<p>Some critical conditions are covered only after a period of time known as a 'qualifying period'. This means you aren't covered for those conditions if they first appear, first happen, or are first diagnosed within the qualifying period after your insurance began, was last reinstated or increased.</p> <p>For surgical procedures this means you're not covered when the underlying condition requiring the surgical intervention first appears, first happens, or is first diagnosed within the qualifying period.</p> <p>If, because of the qualifying period you are unable to claim an insurance benefit, we'll still cover you for future unrelated critical conditions if they appear, happen, or are diagnosed after the qualifying period has ended.</p> <p>If your insurance is replacing similar insurance, we'll waive your qualifying period for the amount that would have applied if that policy had continued.</p>
<p>Revenue Protection (Key Person) insurance</p>	<p>Is insurance to protect a business or employer against financial loss that results from the loss of service of a Key Person due to their death, sickness or injury.</p>
<p>Review Date</p>	<p>Is the date shown on your current Schedule on which the review of your benefits and premiums each year take effect.</p>
<p>Schedule</p>	<p>Means the Schedule issued to you with the policy for MLC Insurance and MLC Insurance (Super) and updated from time to time. An updated Schedule will be issued each year or any time there is a change in the benefits or types of insurance provided under the policy. The updated Schedule will replace the previous Schedule from the time that it is issued by us.</p>
<p>Specialist</p>	<p>Means a Doctor who is an appropriate specialist in a relevant medical field.</p>
<p>Spouse</p>	<p>Means a husband or wife or a partner in an equivalent de facto relationship, including same sex relationships.</p>
<p>Termination Date</p>	<p>Is the date when your insurance ends. The Termination Date may vary for different types of insurance.</p>

Insurance glossary and general definitions

<p>Waiting Period Conversion (Feature of Income Protection Platinum and Income Protection insurances)</p>	<p>You can apply to change the Waiting Period of this insurance from two years to 90 days without further medical evidence if you have left your employer and your cover under an eligible Group Salary Continuance scheme or other similar arrangement (Salary Continuance Arrangement) ends and the conditions (outlined below) are met.</p> <p>Apart from medical history, all aspects of your history will be assessed to determine whether we can offer to convert the Waiting Period and if so, the conditions which may apply.</p> <p>We may decline to accept the application to convert the Waiting Period on the basis of this evidence or information, when considered in light of our standard underwriting guidelines applicable at the time of the application to convert the Waiting Period.</p> <p>Alternatively, we may accept the conversion subject to a change to the occupation category that applies or a change to the Monthly Benefit.</p> <p>Conditions that apply to the Waiting Period Conversion</p> <p>The Waiting Period Conversion can only be exercised by you if:</p> <ul style="list-style-type: none"> • when the insurance started the Waiting Period was two years; • when the insurance started you were insured under a Salary Continuance Arrangement which has a two year Benefit Period; • you have left your employer and your cover under the Salary Continuance Arrangement has ended; • you are not eligible to exercise a continuation option under the Salary Continuance Arrangement; • you are Gainfully Employed and your Earnings are greater than or equal to your average Earnings in the continuous 12 month period before cover under the Salary Continuance Arrangement ended; • you have not ceased Gainful Employment due to Sickness or Injury; • you have not made or are not eligible to make a claim under: <ul style="list-style-type: none"> - the Salary Continuance Arrangement, - any other policy providing disability income insurance with any life insurer, or - any TPD benefit with any life insurer; • it is exercised within 30 days of the cover under the Salary Continuance Arrangement ending; • the insurance is not part of a transfer from another MLC product or has not been issued as part of a continuation option, unless it has been fully underwritten; • you provide evidence satisfactory to us to support the request to convert the Waiting Period; • it is exercised before the policy anniversary following your 55th birthday. <p>A Salary Continuance Arrangement includes a Group Salary Continuance scheme, or similar arrangement provided by an employer that was issued by a life company registered in Australia.</p>
<p>Whole Person Function</p>	<p>Is defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of impairment, or an equivalent guide to impairment approved by us.</p>

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Critical Illness and Total and Permanent Disability (TPD) definitions



Critical Illness definitions

For the purposes of Child Support Benefit, Child Support Income Benefit and Child Critical Illness, life insured means the Child.

Adult Onset Insulin Dependent Diabetes Mellitus (partial benefit)	The diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.
Advanced Endometriosis (partial benefit)	The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Advanced endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometrial deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel for which surgical treatment is required.
Aorta Repair	The correction of narrowing, dissection or aneurysm of the aorta through the chest or abdominal wall, excluding angioplasty, intra-arterial procedures or other non-surgical procedures.
Aplastic Anaemia	Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments: <ul style="list-style-type: none"> • marrow stimulating agents • bone marrow transplantation • blood product transfusions • immunosuppressive agents.
Bacterial Meningitis	Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of Whole Person Function. Bacterial meningitis as a result of HIV infection is excluded.
Benign Brain Tumour	The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in: <ul style="list-style-type: none"> • at least 25% permanent impairment of the Whole Person Function, or • the undergoing of neuro-surgical intervention for its removal. The following are excluded: <ul style="list-style-type: none"> • intracranial cysts, granulomas and haematomas • intracranial malformation in or of the arteries and veins, and • tumours of the pituitary gland.
Blindness	The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.
Carcinoma In Situ of the Breast (partial benefit)	The presence of histologically proven localised pre-invasive cancer in the breast, where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.
Carcinoma In Situ – Female Reproductive Organs (partial benefit)	The presence of carcinoma in situ of: <ul style="list-style-type: none"> • corpus uteri • fallopian tube • ovary • perineum (excluding skin equivalent cancers) • vagina (excluding skin equivalent cancers) • vulva (excluding skin equivalent cancers). Carcinoma in situ of the cervix, cervical dysplasia CIN1, CIN2, CIN3 are excluded. Carcinoma in situ means 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. The tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.

Cardiomyopathy	The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Chronic Kidney Failure	The final stage of kidney disease that requires permanent dialysis or a transplant.
Chronic Liver Failure	The final stage of liver disease with at least two of the following conditions: permanent jaundice, ascites (abnormal retention of fluids within the abdominal cavity), deteriorating liver function tests and encephalopathy (related brain disease).
Chronic Lung Failure	The final stage of lung disease, needing a permanent extra oxygen supply and with lung function tests known as FEV1 consistently showing results of less than one litre.
Coma	A total loss of consciousness and responsiveness in which the life insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.
Congenital Abnormalities of a child (partial benefit)	<p>If the life insured or life insured's Spouse gives birth to a child that survives for at least 28 days and is diagnosed with one of the following:</p> <ul style="list-style-type: none"> • Down's syndrome – a specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities. • Spina bifida – defective closure of the spinal column due to neural tube deficit with a meningomyelocele or meningocele and resulting in neurological deficit. • Tetralogy of Fallot – an anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition. • Transposition of great vessels – a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition. • Congenital blindness – complete absence of the sense of sight from birth. • Congenital deafness – complete absence of the sense of hearing from birth. <p>Congenital abnormalities that first appeared in a child, before this Extra Benefits Option started or was last reinstated, are excluded for any existing or future children.</p> <p>Benefits are not payable if payment has been made under Inability of a Child to gain independence.</p>
Coronary Artery Angioplasty	<p>An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are excluded.</p> <p>This critical condition applies only for policies where the Critical Illness benefit is \$100,000 or more.</p> <p>The benefit payable for this critical condition is 10% of the life insured's Critical Illness benefit up to a maximum of \$20,000 per event.</p> <p>After this benefit is paid, this insurance will continue, with the benefit reduced by the amount paid. Critical Illness premiums will be reduced in line with reduced benefit.</p> <p>A benefit will be paid for subsequent angioplasty procedures provided that they are necessary and occur at least six months apart.</p>
Coronary Artery Angioplasty – Triple Vessel	<p>The actual undergoing for the first time of an operation to correct narrowing or obstruction of three or more coronary arteries within the same procedure when considered the necessary and appropriate treatment.</p> <p>The benefit payable for Coronary Artery Angioplasty – Triple Vessel is 100% of the life insured's Critical Illness benefit.</p>

Critical Illness definitions

Coronary Artery Bypass Surgery	The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction, excluding coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures.
Deafness	Permanent loss of all hearing in both ears.
Deafness in One Ear (partial benefit)	The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.
Dementia or Alzheimer's Disease	The unequivocal diagnosis of Dementia or Alzheimer's disease that results in: <ul style="list-style-type: none"> • permanent failure of brain function resulting in significant cognitive impairment; and • a deterioration in the life insured's Mini-Mental State Examination score to 24 or less.
Early Stage Chronic Lymphocytic Leukaemia (CLL) (partial benefit)	The presence of chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).
Early Stage Melanoma (partial benefit)	The presence of one or more malignant melanomas. The melanoma must be less than 1.5mm depth of invasion or Clark Level 3. The diagnosis must be by biopsy. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells.
Early Stage Prostate Cancer (partial benefit)	The presence of prostate cancer histologically described as: <ul style="list-style-type: none"> • TNM classification T1 (a) or (b) (or another equivalent classification), or • a Gleason score of 5 or less.
Encephalitis	Severe inflammation of brain substance which results in the life insured suffering either: <ul style="list-style-type: none"> • permanent loss of at least 25% of either the brain's mental function or its physical control function, or • permanent Loss of Independence (as defined on page 104). <p>Encephalitis as a result of HIV infection is excluded.</p>
Facial Reconstructive Surgery and Skin Grafting (partial benefit)	The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment of the life insured. The Accident must occur while the insurance is in force.
Heart Attack	The death of part of the heart muscle because of inadequate blood supply. The diagnosis must be based on electrocardiogram changes and either: <ul style="list-style-type: none"> • higher levels of cardiac enzyme (CK-MB) than normal, or • an elevation (other than as a result of cardiac or coronary intervention or angina) of Troponin I in excess of 2.0 µg/L (micro-grams per litre) or Troponin T in excess of 0.6 µg/L. <p>If a diagnosis based on the above criteria is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a heart attack, resulting in either one of the following:</p> <ul style="list-style-type: none"> • new pathological Q waves, or • a permanent left ventricular ejection fraction of 50% or less, measured 3 or more months after the event. <p>We will also consider any claim based on any other medical test results provided by a cardiologist that unequivocally diagnose myocardial infarction of the degree of severity as documented above, or greater.</p>
Heart Valve Surgery	The surgical repair or replacement of a defective heart valve or valves, excluding intra-arterial procedures or other non-surgical procedures.

<p>HIV contracted through medical procedures</p>	<p>Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures:</p> <ul style="list-style-type: none"> • blood transfusion, or transfusion with blood products • organ transplant to the life insured • assisted reproductive techniques, or • any other procedure or operation performed by a medical practitioner or dentist. <p>The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist.</p> <p>Any event that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event. We must have access to the blood sample tested and must be able to take further samples if we think this is needed.</p> <p>Seroconversion must occur within 6 months of the event.</p> <p>A benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, or • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.
<p>HIV contracted through your work</p>	<p>Infection with Human Immunodeficiency Virus (HIV) as a result of an injury while the life insured is working at their normal occupation.</p> <p>You (or someone representing you) must tell us that the life insured:</p> <ul style="list-style-type: none"> • may have become infected within 14 days of the accidental incident, and • has become infected within 14 days of the diagnosis of infection. <p>Documented proof must be provided by you to us that:</p> <ul style="list-style-type: none"> • The accidental incident happened at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection. • The HIV is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within 6 months of the incident. <p>A benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use; • before the injury the Australian Government has recommended an HIV vaccine for use in the life insured's occupation, but the life insured has not taken this vaccine; or • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

Critical Illness Definitions

<p>Inability of a Child to Gain Independence (partial benefit)</p>	<p>The life insured's Child, as a result of sickness or injury, will be permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed and in and out of a chair • eating and drinking • using the toilet. <p>The life insured's Child also suffers an inability to gain independence which results in permanent loss of at least 25% of either the brain's mental function or its physical control function which leads to a need for continuous supervision of the Child to protect them or other people.</p> <p>A claim can only be made once the initial assessment or diagnosis is reconfirmed after six months.</p> <p>Benefits are not payable:</p> <ul style="list-style-type: none"> • if the inability of an existing or future Child to gain independence is caused or contributed to by sickness or injury that first appeared, happened or was diagnosed before this Extra Benefits Option started or was last reinstated, and • if payment has been made under Congenital abnormalities of a child.
<p>Intensive Care</p>	<p>Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p>
<p>Loss of Independence</p>	<p>The life insured suffers a Loss of Independence if, as a result of sickness or injury they are permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed and in and out of a chair • eating and drinking • using the toilet. <p>The life insured also suffers a Loss of Independence if they have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision of the life insured to protect them or other people. A mini mental state examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.</p> <p>The Loss of Independence circumstances must have existed continuously for at least six months.</p>
<p>Loss of One Foot or One Hand (partial benefit)</p>	<p>The total and irrecoverable loss, or loss of the use, of the following:</p> <ul style="list-style-type: none"> • one foot • one hand.
<p>Loss of Sight in One Eye (partial benefit)</p>	<p>The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.</p>
<p>Loss of Speech</p>	<p>Total and permanent loss of ability to speak.</p> <p>A claim can only be made once the initial diagnosis is reconfirmed after three months.</p>
<p>Major Brain Injury</p>	<p>Physical head injury that results in the life insured suffering either:</p> <ul style="list-style-type: none"> • a permanent loss of at least 25% of either the brain's mental function or its physical control function, or • a permanent Loss of Independence (as defined above).

Major Burns	Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.
Major Organ or Bone Marrow Transplant	<p>The transplant, or placement on an Australian waiting list approved by us for:</p> <ul style="list-style-type: none"> • transplant of any of the following organs from a human donor to the life insured: <ul style="list-style-type: none"> - kidney - liver - heart - lung - pancreas - small bowel, or • bone marrow transplant. <p>This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a Specialist.</p>
Malignant Cancer	<p>The presence of one or more malignant tumours, leukaemia or lymphomas. The following are excluded:</p> <ul style="list-style-type: none"> • Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1). • Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser classification with a Gleason score of 5 or less unless: <ul style="list-style-type: none"> - the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or - the tumour is completely untreatable. • Carcinoma in situ, cervical dysplasia CIN1, CIN2, and CIN3, or premalignant tumours. • Carcinoma in situ of the breast, except where it leads to the removal of the breast by a mastectomy or removal of the malignant tumour by breast conserving surgery (lumpectomy, complete local excision, wide local excision, partial mastectomy), together with radiotherapy or chemotherapy. 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 the necessary and appropriate treatment. • Skin cancer other than melanoma that: <ul style="list-style-type: none"> - shows signs of ulceration as determined by histological examination, or - is at least 1.5 mm thick, or - is least Clark Level 3 of invasion. • Hyperkeratosis or basal cell skin carcinoma. • Squamous cell skin carcinoma unless it has spread to other organs.
Meningococcal Septicaemia	Severe infection in the blood stream that causes blood poisoning which results in a permanent impairment of at least 25% of Whole Person Function.
Motor Neurone Disease	The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.
Multiple Sclerosis	<p>The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple Sclerosis must be by a consultant neurologist.</p> <p>There must be more than one episode of defined neurological deficit with persistent abnormalities.</p> <p>Neurological investigation such as lumbar puncture, MRI (Magnetic Resonance Imaging), evidence of lesions in the central nervous systems and evoked visual responses are required to confirm diagnosis.</p>

Critical Illness Definitions

Muscular Dystrophy	The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.
Open Heart Surgery	Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.
Orchidectomy (as required to diagnose Carcinoma In Situ of the testicle) (partial benefit)	The removal of one or both testes by radical orchidectomy as required to positively or negatively diagnose Carcinoma in Situ (Tis) of the testicle. The removal must be the appropriate and necessary treatment. Orchidectomy for any other reason is specifically excluded.
Out Of Hospital Cardiac Arrest	Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.
Parkinson's Disease	The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestations of one or more of: <ul style="list-style-type: none"> • rigidity • tremor • akinesia from degeneration of the nigrostriatal system. All other types of Parkinsonism, including secondary parkinsonism due to medication, are excluded.
Paralysis	Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.
Pneumonectomy	The removal of an entire lung when considered the necessary and appropriate treatment.
Primary Pulmonary Hypertension	A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Serious Accidental Injury (partial benefit)	The life insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a Doctor.
Severe Diabetes	Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria: <ul style="list-style-type: none"> • Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes • Severe Diabetic Neuropathy causing motor and/or autonomic impairment • Diabetic Gangrene leading to surgical intervention • Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).
Severe Osteoporosis	The life insured: <ul style="list-style-type: none"> • before the age of 50, suffers at least two vertebral body fractures and/or a fracture of the neck of femur, due to osteoporosis, and • has bone mineral density reading with a T-score of less than -2.5 (ie 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Rheumatoid Arthritis	<p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> - proximal interphalangeal joints in the hands - metacarpophalangeal joints in the hands - metatarsophalangeal joints in the foot - wrist, elbow, knee, or ankle • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity, and • at least two of the following criteria: <ul style="list-style-type: none"> - morning stiffness - rheumatoid nodules - erosions seen on x-ray imaging - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.
Specified Complications of Pregnancy (partial benefit)	<p>The life insured is diagnosed with one of the following:</p> <ul style="list-style-type: none"> • Disseminated Intravascular Coagulation (DIC) where there is a pregnancy related cause of the DIC which has resulted in a life threatening haemorrhage from multiple sites. • Ectopic pregnancy – pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be ended by laparotomy or laparoscopic surgery. • Hydatidiform mole – the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in death of the embryo. • Stillbirth – the birth of an infant after at least 28 weeks of pregnancy, which shows no signs of life after birth. <p>Elective termination of pregnancy is specifically excluded.</p>
Stroke	<p>An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours.</p> <p>There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred.</p> <p>Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium, except embolism resulting in stroke, are excluded.</p>
Type 1 Diabetes (Child Support and Child Income Support benefit)	<p>Means Diabetes mellitus type 1 with an early onset, which requires insulin injections to control the disease.</p>

Total and Permanent Disability (TPD) definitions

What is Total and Permanent Disability?

You are Totally and Permanently Disabled	if you have a disability resulting from sickness or injury and as a result of your disability you have been completely unable, and are unlikely ever to be able, to work according to your Occupation Definition at the time of claim, and these circumstances have existed continuously for at least three months
	or
	if you have a disability resulting from sickness or injury and you suffer a permanent impairment of at least 25% of Whole Person Function so that you are completely unable, and are unlikely ever to be able, to work according to your Occupation Definition
	or
	if you suffer the total and irrecoverable loss of any of: <ul style="list-style-type: none"> • the use of both hands, or • the use of both feet, or • the sight in both eyes, or • the use of one hand and one foot, or • the use of one foot and the sight in one eye, or • the use of one hand and the sight in one eye.

Your diagnosis and certification must be provided by a Doctor who is an appropriate Specialist and be confirmed by our medical adviser.

For a claim to be payable for stand-alone TPD you must survive for at least:

- 14 days to claim for TPD based on permanent impairment
- 14 days to claim for TPD based on the total and irrecoverable loss of limbs or sight.

What are the TPD Occupation Definitions?

How your inability to work is defined depends on whether or not you are Gainfully Employed (working for earnings, payment or profit) when your disability begins, and whether you are insured under the **Any Occupation** or **Own Occupation** definition.

If you are Gainfully Employed or have been Gainfully Employed in the previous 12 months when your Disability begins, 'unable to work'	for the Any Occupation definition means your inability to work at any occupation you are reasonably suited to by way of education, experience or training, that would result in a rate of Earnings of more than 25% of your rate of Earnings during the continuous 12 month period before you were disabled.
	for the Own Occupation definition means your inability to work at your own occupation and not be working in any occupation for a continuous period of at least three months.
If you are not Gainfully Employed and have not been Gainfully Employed during the previous 12 months when your Disability begins, 'unable to work'	means your inability to perform any normal physical domestic duties (cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of dependent children).

Eligibility for 'Own Occupation' definition of TPD

For an additional cost, you can choose an Own Occupation definition if the occupation in which you are engaged when you apply is eligible under the AAA, ACT, M, L, AA, A, BBB and certain BB occupation categories, which include professional occupations such as accountants, doctors and solicitors.

MLC or your financial adviser can tell you your occupation category. The Own Occupation definition of TPD varies according to your employment status.

When you claim, the Own Occupation definition lets you choose to be assessed according to:

- your occupation when you applied, or
- your occupation immediately preceding your date of disability, as long as that occupation is eligible for the Own Occupation definition.

What is Loss of Independence?

The definition of TPD changes to Loss of Independence following the Review Date after you turn 65. There are three categories of Loss of Independence criteria.

You have lost independence	if as a result of sickness or injury you are permanently unable to perform any two or more of the following groups of daily activities without physical help from someone else: <ul style="list-style-type: none">• bathing or showering• dressing• moving from place to place, in and out of bed, and in and out of a chair• eating and drinking• using the toilet
	or
	if as a result of sickness or injury you have suffered from the total and irrecoverable loss of: <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye
	or
	you have lost independence if you suffer severe permanent cognitive impairment (if you obtain a score of 15 or less out of 30 in a 'Mini Mental State Examination'), so that you need continuous supervision to protect yourself or other people.

A Mini Mental State Examination is a cognitive test which samples various functions including arithmetic, memory and orientation.

The Loss of Independence circumstances must have existed continuously for at least three months.

For a claim to be payable under stand-alone TPD you must survive for at least 14 days after the event leading to Total and Permanent Disability.

Interim Accident Insurance Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

We are pleased to provide this Interim Accident Insurance, at no extra cost, while your application for MLC Insurance and/or MLC Insurance (Super), whether for a new policy or an addition to an existing policy, is being considered. This insurance is provided separately to MLC Insurance (Super) and is not part of the Scheme. The Trustee has no liability or obligation to you for this Interim Accident Insurance.

The terms and conditions of this Interim Accident Insurance Certificate are set out below.

When will we pay?

We'll pay you the benefits of the Interim Accident Insurance if the life insured dies, is totally and permanently disabled, suffers a critical condition, or becomes totally disabled, as a result of a bodily injury caused by accidental means, which occurs while the life insured is covered by this insurance.

Life Cover and TPD insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is totally and permanently disabled, as a result of a bodily injury which is caused by accidental means during the term of this insurance, we'll pay you the lowest of:

- \$1,000,000
- the benefit you applied for, or
- the benefit we would allow under our assessment guidelines.

Critical Illness insurance

(Applicable outside super only)

If you applied for Critical Illness insurance for a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by accidental means during the term of this insurance:

- coma ¹
- major burns ¹
- major brain injury ¹
- blindness ¹
- paralysis ¹, or
- loss of independence.

We'll pay the lowest of:

- \$600,000
- the Critical Illness benefit you applied for on the life insured, or
- the Critical Illness benefit we would allow for that life insured under our normal assessment guidelines.

The definitions of each critical condition that will apply are the definitions for those conditions set out in the current MLC Insurance policy document, and as outlined in the Product Disclosure Statement (PDS). Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you've applied.

¹ These conditions are not covered if you have applied for Critical Illness Standard.

Income Protection insurance

If you've applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by accidental means during the term of this insurance, we'll pay you the lowest of:

- \$10,000 a month
- the benefit you applied for, or
- the Income Protection benefit we would allow under our assessment guidelines.

We'll pay this benefit each month that the life insured is continuously totally disabled after the end of the waiting period you applied for, up to a maximum of 12 months.

If the life insured is disabled for part of a month the benefit will be reduced proportionately.

Conditions

Other than as varied by these terms, the following (as set out in this PDS and the policy document), shall apply to this Interim Accident Insurance:

- the Any Occupation definition of Totally and Permanently Disabled
- the definition of totally disabled under Income Protection insurance, or
- the standard conditions, waiting periods, limitations and exclusions, subject to any options you applied for in your application for MLC Insurance and/or MLC Insurance (Super).

In applying the definitions to your Interim Accident Insurance, in respect of an application for MLC Insurance (Super), a reference to the Trustee as set out in the insurance policy issued by us for MLC Insurance (Super) should be read as a reference to you.

When does Interim Accident Insurance start?

Unless we nominate an earlier date, Interim Accident Insurance starts when we or the Trustee receive an application for MLC Insurance or MLC Insurance (Super) at any of its offices together with one of the following:

- one full instalment of the premium
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment
- a MLC super or MLC pension Deduction Authority in respect to MLC Insurance (Super).

If the application is submitted electronically, Interim Accident Insurance will start upon submission.

If your application isn't accepted, any premium received by us will be refunded, less any Government charges or taxes, to you or to the Trustee for MLC Insurance (Super) members.

Your Interim Accident Insurance is void if the premium payment for either MLC Insurance and/or MLC Insurance (Super) is dishonoured.

Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the life insured nominated in the application for MLC Insurance and/or MLC Insurance (Super) have completed the application accurately and honestly and have complied with your Duty of Disclosure as set out in your application.

Your Duty of Disclosure doesn't end on completion of your application and personal statement. Your duty continues until we accept your application and issue a Schedule and a policy document to you.

We pay one benefit

We won't pay more than one benefit under this Interim Accident Insurance for any one Accident to any life insured.

Benefit limits

If you're applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the MLC Insurance and/or MLC Insurance (Super) application exceeds the sum insured under the policy to be replaced.

When won't we pay?

In addition to our standard exclusions (as set out in the current MLC Insurance and/or MLC Insurance (Super) policy document and outlined in this PDS), we won't pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or the life insured knew about before applying for MLC Insurance and/or MLC Insurance (Super)
- the life insured engaging in any occupation, sport or pastime that we wouldn't cover under our assessment guidelines.

Furthermore, we won't pay if:

- the cover applied for would have been declined under our assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the underwriting process.

When does Interim Accident Insurance end?

We will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then we tell you a different date
- the date we issue a Schedule following our acceptance of your application for MLC Insurance and/or MLC Insurance (Super) (or in the case of additional insurance, when we issue a revised Schedule to you)
- when we advise you that your application hasn't been accepted
- when we advise you that your Interim Accident Insurance has ended, or
- when you withdraw your application.

Your application for MLC Insurance and/or MLC Insurance (Super)

If you claim under your Interim Accident Insurance for any life insured, we'll take this into account in considering your application for MLC Insurance and/or MLC Insurance (Super) on the life insured. We may decide not to accept your application on this basis.

We may accept or reject your application. No insurance will take effect (apart from this Interim Accident Insurance) before we accept your application and issue a policy to you (or in the case of additional insurance, when we issue a revised Schedule to you).

No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.



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It's part of our campaign to maintain our neutral carbon footprint and reduce global warming.



With you

MLC receives your insurance premiums and your claim is paid from MLC's Statutory Fund No.1.

MLC Insurance and MLC Insurance (Super) is offered only in Australia.

This life insurance is designed purely for protection and isn't a savings plan. It will never have a surrender or cash value.

An MLC Insurance or interest in an MLC Insurance (Super) policy held through the Scheme doesn't represent a deposit or liability with the NAB or other related bodies corporate of NAB (other than MLC as the insurer).

Neither NAB or any of its related bodies corporate (other than MLC as the insurer) guarantees or accepts liability in respect of MLC Insurance and MLC Insurance (Super).

For more information call MLC from anywhere in Australia on **1300 428 482** or contact your adviser.

Postal address:

MLC Limited, PO Box 200
North Sydney NSW 2059

**Registered office for
MLC Limited and
MLC Nominees Pty Limited**

Ground Floor, MLC Building
105-153 Miller Street
North Sydney NSW 2060

mlc.com.au

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