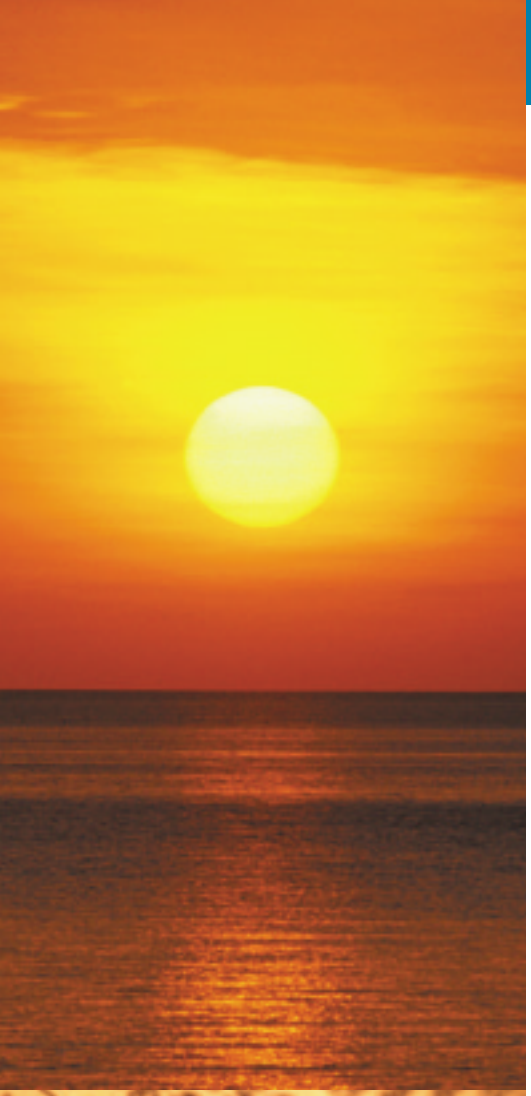

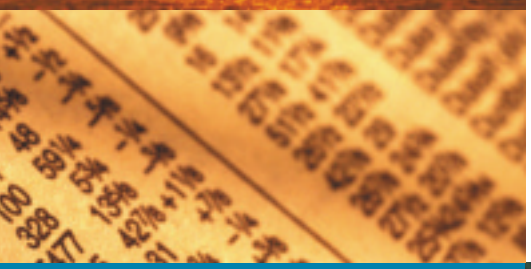

CUSTOMER INFORMATION BROCHURE

Living Security Program

LIFE PROTECTION PLAN

LIFE PROTECTION SUPERANNUATION PLAN

RECOVERY PROTECTION PLAN

INCOME PROTECTION

Premier Plan

Essential Indemnity Benefit Plan

Seniorguard Plan

BUSINESS EXPENSE PROTECTION INDEMNITY BENEFIT PLAN

You should read the enclosed material carefully, especially the Key Features sections. These sections contain important information you should know about the products.

Issued by Australian Casualty & Life Limited (ABN 92 000 333 844). Date this Brochure was issued: 01.12.2001. Date this Brochure expires: 30.11.2002.

Australian Casualty & Life

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About Australian Casualty & Life

At Australian Casualty & Life we are, first and foremost, committed to the long term financial security of our fellow Australians. To fulfil this commitment we offer a wide range of Income Protection plans as well as a competitive range of Term Life and Trauma plans. What's more, we are committed to providing a standard of service and support **that's second to none**.

In October 1990, ACC Life (established 1960) and the Australian Casualty Company (established 1971) amalgamated and Australian Casualty & Life was born. We pioneered long term Income Protection insurance in Australia and today, Australian Casualty & Life still leads the market in product innovation. We are one of the largest risk insurers in Australia based on annual premiums in force and new business.[1] Australian Casualty & Life is part of a worldwide financial services group, the Global AXA Group, with assets owned and under management in excess of $1,400 billion.[2] With Australian Casualty & Life you can rest assured that your financial security is in the hands of experts.

[1] Rice Kachor Disability Analysis, March 2000 report, new business and inforce figures

[2] As at 30/06/2000

Directors

R.M. Shermon (Chairperson)
K.D. Le Plastrier
M.J. Slatter
C.J. Barnard

In this Customer Information Brochure and the attached Application form, any references to 'us', 'we' or 'the insurer' means Australian Casualty & Life.

In this Customer Information Brochure unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Important Information applying to all Plans

This Customer Information Brochure is a summary of some of the important terms and conditions of your plan. You should refer to your plan document which sets out in detail the terms and conditions of your benefits under your plan.

Please also note that we won't pay for an injury or sickness that happened or began before the Commencement date of your plan unless you or the person insured told us in writing about the injury or sickness when you applied for this insurance. You must comply with your Duty of Disclosure which is set out in detail on page 46.

Key Features Statement for Life Protection Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you die or are terminally ill with 12 months or less to live.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

The Life Protection Plan pays a lump sum if you die or are diagnosed with a terminal illness and have 12 months or less to live.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in the sum insured, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

If you select a "level" premium structure, the premium structure will change to "yearly stepped" from the first renewal date after you turn 65.

Premium Increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each premium structure are available on request.

Premium Freeze

If you have "yearly stepped" you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year.
This facility is available throughout the duration of the plan.

Benefits

Under this plan, we will pay you a lump sum amount if you:

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

Death Benefit

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

Terminal Illness Benefit

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

Financial Plan Benefit

We will pay a reimbursement benefit to a financial adviser of up to $1,000 who has provided a financial plan for the person insured or their dependant, once a claim is made on the plan (for any lump sum payment).

We will only pay this benefit once and the benefit will not reduce any other benefits payable under your plan.

The financial plan must be provided by an Australian Casualty & Life authorised representative.

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

24 Hour Cover

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

Indexation of Cover

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index. However, we will not increase it if you decline the increase, or if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, indexation will not be applied to your benefit once it reaches $1.5 million.

We will increase your sum insured by at least 5%, even if the percentage increase in the Consumer Price Index is lower than this.

Nominated Events Benefit

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

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

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

"Partner" means:

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

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

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

You can't make the increase:

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

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

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

The Nominated Events Benefit does not apply under your plan if we impose any special conditions under your plan, for example, occupation loadings, premium loadings for medical conditions or pastime activities or any other exclusions.

Right to Automatically Upgrade this Plan

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

You will not be detrimentally affected by this automatic upgrade.

Options Available

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

Premium Waiver Option

Premium Waiver Option means you do not have to pay any further premiums for your plan, if, based on medical evidence, you are totally and permanently disabled by

sickness or injury. The applicable definition of total and permanent disablement is the "any occupation" version outlined below.

Total and Permanent Disablement Option

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

You are totally and permanently disabled if you:

(a) suffer a specific loss; or

(b) are unable to work; or

(c) are unable to perform domestic work; or

(d) require future care.

(a) "specific loss" refers to the total and permanent loss of use of:

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

(b) "unable to work" depends on which version of the option you hold:

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

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

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

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

(c) "unable to perform domestic work" refers to the following:

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

(d) "future care" refers to the permanent inability to perform at least 2 of the "activities of daily living" listed below, without assistance:

- bathing/showering;
- dressing/undressing;
- eating/drinking;
- using the toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

On the first renewal date after age 64, the total and permanent disablement definitions outlined above in paragraphs (a), (b) and (c) no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph (d), continues to apply until the first renewal date after you turn 99.

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

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

In the case of the double option, any payment under the option does not reduce the sum insured under the Life Protection Plan. In fact, you will not need to pay any further premiums on your Life Protection Plan, except on the portion of the Life Protection Plan sum insured, if any, which is more than the option sum insured.

Future Care Option

The Option sum insured is payable if you require future care. You require future care if you are permanently unable to perform at least 2 of the "activities of daily living", (outlined on this page), without assistance.

Any payment made under the option reduces the amount of the sum insured under the Life Protection Plan by the Option sum insured.

Provided you continue to pay your premium and your plan continues, cover for this option will continue until the first renewal date after you turn 99.

Exclusions

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

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

If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic Consumer Price Index increases – we will not pay the increase in the sum insured.

In addition, if you hold an option under your Life Protection Plan, we will not pay a claim under the option if it was caused by:

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

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

The purpose for which you take the insurance determines the taxation situation regarding your premium and payment of benefits. The following is a brief summary:

- for personal cover, the premium is not tax deductible and any benefits paid are not assessable income;
- in the case of business cover, this depends on whether the cover is for a revenue purpose or a capital purpose. If cover is for a revenue purpose, the premium is generally tax deductible to the business and any benefits paid are assessable income. If the cover is for a capital purpose, the premium is generally not tax deductible to the business and any plan benefits paid are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

This section provides further details of the benefits and conditions of your plan.

Amount of Cover

You can choose the sum insured amount to suit your needs. Often people choose a certain multiple of their salary, for example 3 to 8 times salary.

Entry Ages

Under the Life Protection Plan the entry ages are:
Minimum entry age is:

- 11 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 71 next birthday for "yearly stepped" premium structure; and
- 60 next birthday for "level" premium structure.

Under the Total and Permanent Disablement Option and the Premium Waiver Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 55 next birthday.

Under the Future Care Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 71 next birthday for "yearly stepped" premium structure; and
- 60 next birthday for "level" premium structure.

Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you turn 99. There are no other guarantees except the benefits stated in the plan.

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 1);
- you are paid the full sum insured under the plan for terminal illness;
- a payment under the single Total and Permanent Disablement Option or Future Care Option reduces the sum insured under the plan to nil;
- on the first renewal date after you reach age 99;
- you make a fraudulent claim; or
- you die.

Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premium for this cover. Conditions apply. For details see page 48 of this Customer Information Brochure.

Key Features Statement for Life Protection Superannuation Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you die or are terminally ill with 12 months or less to live.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

The Life Protection Superannuation Plan pays a lump sum if you die or are diagnosed with a terminal illness with 12 months or less to live. Life Protection Superannuation Plan is a plan which is issued under a regulated superannuation fund acceptable to us.

One such acceptable fund is the Super Directions Fund "Super Directions". We are the insurer and an administrator of this plan under the Super Directions Fund. N.M. Superannuation Pty. Ltd. (ABN 31 008 428 322), a member of the Global AXA Group, is Trustee of Super Directions. The Australian Prudential Regulation Authority has approved the Trustee and has accepted Super Directions as a regulated superannuation fund pursuant to the provisions of the Superannuation Industry (Supervision) Act 1993. A copy of the Trust Deed is available upon request. When a plan is not taken out under the Super Directions, N.M. Superannuation Pty. Ltd. will not be the trustee.

If you hold a Life Protection Superannuation Plan, the plan owner will be the trustee of the superannuation fund the plan is issued under. Also, you will be the person insured under the plan and a member of the superannuation fund the plan is issued under.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in the sum insured, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

If you select a "level" premium structure, the premium structure will change to "yearly stepped" from the first renewal date after you turn 65.

Premium Increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for the plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each structure are available on request.

Premium Freeze

If you have "yearly stepped", you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year. This facility is available throughout the duration of the plan.

Benefits

Under this plan, we will pay a lump sum amount if you:

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

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

We will pay any claim we admit under the plan to the trustee of the superannuation fund that the plan is issued under.

Death Benefit Options for Super Directions Fund Members

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

Option 1 - *Make a category selection under the Super Category Solutions facility*

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

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

Details of the categories available and how to use the category selection facility are set out in the Super Category Solutions brochure, which also includes a Category Selection Form. This brochure can be obtained by contacting your adviser.

Option 2 - *Nomination of dependants*

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

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

Any pension benefit will be paid from the Fund from those offered through the Fund at the relevant time. The Fund currently offers a life time or term pension, however, the pensions available at the time of your death may be different.

Death Benefit

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

Terminal Illness Benefit

To receive a benefit for terminal illness, you must be terminally ill with 12 months or less to live, you must have ceased gainful employment and we must receive a certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited to by education, training or experience. In this case, we will pay the sum insured under the plan up to $2 million. Any balance will be payable on death.

Where a terminal illness claim is admitted, the proceeds will be paid to the Trustee. The Trustee will need to be satisfied that the payment meets the total and permanent incapacity test as defined under superannuation law prior to making a cash payment from the Fund. If you do not meet the definition, the terminal illness benefit must be rolled over as a preserved benefit to the fund of your choice.

Financial Plan Benefit

We will pay a reimbursement benefit to a financial adviser of up to $1,000 who has provided a financial plan for the person insured or their dependant, once a claim is made on the plan (for any lump sum payment).

We will only pay this benefit once and the benefit will not reduce any other benefits payable under your plan.

The financial plan must be provided by an Australian Casualty & Life authorised representative.

24 Hour Cover

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

Indexation of Cover

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index. However, we will not increase it if you decline the increase, or if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, indexation will not be applied to your benefit once it reaches $1.5 million.

We will increase your sum insured by at least 5%, even if the percentage increase in the Consumer Price Index is lower than this.

Nominated Events Benefit

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

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

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

"Partner" means:

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

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

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

You can't make the increase:

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

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

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

The Nominated Events Benefit will not apply to your plan if we impose any special conditions under your plan, for example, occupation loadings, premium loadings for medical conditions or pastime activities or any other exclusions.

Right to Automatically Upgrade this Plan

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

You will not be detrimentally affected by this automatic upgrade.

Options Available

For an extra premium, you may choose one of the following options with your plan:

Total and Permanent Disablement Option

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

You are totally and permanently disabled if you:

(a) suffer a specific loss; or

(b) are unable to work; or

(c) require future care.

(a) "specific loss" refers to the total and permanent loss of use of:

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

(b) "unable to work" depends on which version you hold:

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

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

In the event of a claim being admitted under the "own occupation" version of the option, we will pay the benefit amount to the trustee of the superannuation fund. The amount may not automatically be paid by the trustee to you immediately. Rather, the amount will be held in the fund on your behalf, until such time as entitlement to the benefit is triggered as permitted by superannuation laws, for example, on your permanent retirement from the workforce on or after age 55 or any later preservation age that applies if you were born after 30 June 1960, or on your death.

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

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

(c) "future care" refers to the permanent inability to perform at least 2 of the "activities of daily living", (outlined on page 3), without assistance. In addition, you must have ceased gainful employment and must be unable to ever again follow any occupation that you could reasonably be suited to by education, training or experience.

On the first renewal date after age 64, the total and permanent disablement definitions outlined above in paragraphs (a) and (b) no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph (c), continues to apply until the first renewal date after you turn 69.

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

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

In the case of the double option, any payment under the option does not reduce the sum insured under the Life Protection Superannuation Plan. In fact, you will not need to pay any further premiums on your Life Protection Superannuation Plan, except on the portion of the Life Protection Superannuation Plan sum insured, if any, which is more than the Option sum insured.

Future Care Option

The Option sum insured is payable if you require future care. You require future care if you are permanently unable to perform at least two of the "activities of daily living", (outlined on page 3), without assistance. In addition, you must have ceased gainful employment and we must receive a certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited to by education, training or experience.

Any payment made under the option reduces the amount of the sum insured under the Life Protection Superannuation Plan provided by the Option sum insured.

Provided you continue to pay your premium and your plan continues, cover for this option will continue until the first renewal date after you turn 69.

Exclusions and Limitations

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

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

If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic Consumer Price Index increases – we will not pay the increase in the sum insured.

In addition, if you hold an option under your Life Protection Superannuation Plan, we will not pay a claim under the option if it was caused by:

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

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

- before age 65, you cease to be gainfully employed full-time or part-time, at any time in the period of 2 years immediately preceding payment (except in some cases where you cease to be gainfully employed due to ill health); or
- you are aged 65 and over, but under age 70 and you are employed for less than 10 hours per week; or
- you are aged 70 or over.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Goods and Services Tax (GST)

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

Stamp Duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

Taxation

The taxation information below is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

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

- Contributions made by an employer to a superannuation fund to secure cover for the benefit of employees, or to provide benefits for dependants of employees, may be tax deductible.
- Contributions made by an individual to a superannuation fund to secure personal cover may in certain circumstances be tax deductible if the person is self-employed, substantially self-employed or an employee who does not receive any employer superannuation support. If the person is an employee who receives employer superannuation support, then those contributions would not ordinarily be tax deductible. However, in certain circumstances, the person may be entitled to a tax rebate if his or her taxable income is below the set limit.
- If a benefit becomes payable, any tax must be deducted before a benefit is paid. Generally, death and disablement benefits receive concessional tax treatment. In certain circumstances (for example, a death benefit paid to a dependant, where the death benefit is within the deceased's Reasonable Benefit Limit), benefits may be paid free of tax.
- If an "own occupation" Total and Permanent Disablement Option claim is paid to the trustee of the superannuation fund, and it must be held in the fund, any investment earnings of that held amount may be subject to tax at the prevailing rate applicable to superannuation funds (currently 15%), although the ultimate tax liability of investment earnings will depend on the nature of the investments.

Superannuation Surcharge

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

- high income earners (annual income of more than $85,242 for the 2001/2002 financial year, then indexed annually); and
- some persons who do not provide their tax file numbers to the relevant superannuation fund.

If your plan is issued under Super Directions and the Trustee pays the surcharge tax for you, the Trustee will not bill you for the amount of the surcharge tax. You must pay this amount to the Trustee within the time specified by the Trustee.

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

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

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

Also, if you are a member of Super Directions, we will send you a Trustee's Annual Report to Members once a year. The Report provides information regarding Super Directions' investment strategy and investment objectives, contact details of Super Directions, names of the directors of N.M. Superannuation Pty. Ltd., how Super Directions is structured, fees and charges and any other developments which are of significant interest to the members. A copy of the Report is available from our customer service staff on the toll free number 1300 366 066.

If you are a member of Super Directions and you

have an enquiry or complaint, you should contact our customer service staff in the first instance on the toll free number above. If you are not a member of Super Directions, you should contact the trustee of the Superannuation Fund that the plan is issued under in the first instance. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Superannuation Complaints Tribunal. The telephone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

This section provides further details of the benefits and conditions for your plan.

Amount of Cover

You can choose the amount of cover to suit your needs. Often people choose a certain multiple of their salary, for example, 3 to 8 times salary.

Entry Ages

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

If you choose a "level" premium structure, the minimum entry age is 25 next birthday.

The maximum entry age is 60 next birthday.

Under the Total and Permanent Disablement Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 55 next birthday.

Under the Future Care Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 60 next birthday.

Nomination of Dependants

Death benefits from a superannuation fund can only be paid to the deceased's dependant(s) or to his/her legal personal representative.

Ownership of the Plan

Where the plan is held under the Super Directions Fund, the plan is owned by the Trustee of the Super Directions Fund, N.M. Superannuation Pty. Ltd. The Trustee is an 'approved trustee' under the Superannuation Industry (Supervision) Act 1993 (SISA) and has an appropriate level of indemnity insurance.

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

If a category selection has not been made, in the event of a death claim being admitted, we will pay the sum insured to the trustee of your plan who will then provide the proceeds of the plan to one or more of the deceased member's dependants or to the deceased member's legal personal representative. Where a claim has been admitted for terminal illness or for Total and Permanent Disablement, the Trustee will, subject to the claim satisfying superannuation laws, provide the member with the proceeds of the plan.

Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you turn 69. There are no other guarantees except the benefits stated in the plan.

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 6);
- you are paid the full sum insured under the plan for terminal illness;
- a payment made under the single Total and Permanent Disablement Option or Future Care Option reduces the sum insured under the plan to nil;
- on the first renewal date after you reach age 69;
- you no longer meet the employment conditions outlined on page 9;
- you make a fraudulent claim; or
- you die.

Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give you interim insurance cover for your accidental death. Death must occur within 90 days of the accident. Conditions apply. For details see page 48 of this Customer Information Brochure.

Key Features Statement for Recovery Protection Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you suffer one of the listed serious medical conditions or you die.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

The Recovery Protection Plan pays a lump sum on the first occurrence of you suffering one of the listed serious medical conditions or dying.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in the sum insured, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

If you select a "level" premium structure, the premium structure will change to "yearly stepped" from the first renewal date after you turn 65.

Premium Increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each premium structure are available on request.

Premium Freeze

If you have "yearly stepped" you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year. This facility is available throughout the duration of the plan subject to meeting the minimum premium requirement.

Benefits

Under this plan, we will pay you a lump sum amount if you:

- suffer one of the serious medical conditions mentioned in your plan document; or
- die whilst your plan is in force.

To be entitled to be paid a benefit, you must meet the conditions of the definition. See pages 17 to 19 for definitions of these medical conditions.

Cover for the listed medical conditions (except for terminal illness and loss of independency) can only continue until the first renewal date after you turn 64. Cover for death, terminal illness and loss of independency can continue until the first renewal date after you turn 99.

The following medical conditions apply:

- Alzheimer's Disease and other Dementias
- Angioplasty (minimum sum insured $100,000)
- Aplastic Anaemia
- Benign Brain Tumour

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

- Blindness
- Cancer (Malignant Tumours)
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease
- Coma
- Coronary Artery Surgery
- Deafness
- Dementia
- Diplegia
- Encephalitis
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Loss of Independency
- Loss of Limbs
- Loss of Limbs and Sight
- Loss of Speech
- Lung Disease
- Major Head Trauma
- Major Transplant
- Medically Acquired HIV
- Motor Neurone Disease
- Multiple Sclerosis
- Occupationally Acquired HIV
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Stroke
- Surgery of the Aorta
- Terminal Illness

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

Death Benefit

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

Buyback Benefit

This benefit lets you repurchase instalments of life insurance cover after receiving the Recovery Protection Plan lump sum payment (unless the payment was for terminal illness or death), up to your first renewal date after age 64. If you repurchase the life cover on the first anniversary of your claim, for each of the next 2 anniversaries, you can repurchase further life cover. The amount of cover you can purchase each time is $^1/_3$ of the amount paid under the Recovery Protection Plan.

Financial Plan Benefit

We will pay a reimbursement benefit to a financial adviser of up to $1,000 who has provided a financial plan for you or your dependants, once a claim is made on the plan for death or terminal illness.

The financial plan must be provided by an Australian Casualty & Life authorised representative.

24 Hour Cover

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

Indexation of Cover

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index. However, we will not increase it if you decline the increase or if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, we will not increase it if your sum insured is more than $1.5 million.

We will increase your sum insured by at least 5%, even if the percentage increase in the Consumer Price Index is lower than this.

Right to Automatically Upgrade this Plan

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

You will not be detrimentally affected by this automatic upgrade.

Options Available

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

Total and Permanent Disablement Option

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

You are totally and permanently disabled if you:

(a) suffer a specific loss;

(b) are unable to work; or

(c) are unable to perform domestic work.

(a) "specific loss" refers to the total and permanent loss of use of:

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

(b) "unable to work" depends on which version you hold:

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

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

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

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

(c) "unable to perform domestic work" refers to the following:

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

You may choose a single or double Total and Permanent Disablement Option. If you choose the single option, then any payment under the option means the end of your cover under the Recovery Protection Plan. If you choose the double option, any payment under the option does not affect your cover under the Recovery Protection Plan and, in fact, you will not need to pay any further premiums for the Recovery Protection Plan.

Accelerated Buyback Option

This option lets you repurchase 100% of the amount paid to you for a claim under the plan, as life insurance cover, 12 months after you receive the payment under the plan. This does not apply if we paid a claim under the plan for terminal illness or if you have purchased additional life insurance cover under the Buyback Benefit contained in your Recovery Protection Plan.

Hepatitis B and C Option

(This option is only available to occupations which we classify as 'MP', refer page 30).

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

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

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

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

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

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

Exclusions

We won't pay the lump sum under the Hepatitis B and C Option if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of the plan, or the date the plan is restored;

- a cure is available for the infection for which you are claiming. A "cure" means any treatment which renders the infection inactive or non infectious;
- we have paid you a benefit before because you became infected with Hepatitis B or Hepatitis C; or
- you are first diagnosed to be infected with Hepatitis B or Hepatitis C after you die.

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

Childrens Trauma Option

You can elect to cover up to 5 of your children under your Recovery Protection Plan.

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

Events subject to a 90 day waiting period:

- *Aplastic Anaemia*
  Refer to the definition on page 17.
- *Cancer (Malignant Tumours)*
  Refer to the definition on page 17.
- *Major Transplant*
  Refer to the definition on page 18.
- *Subacute Sclerosing Panencephalitis*
  The certain diagnosis of subacute sclerosing panencephalitis.
- *Viral Encephalitis*
  The certain diagnosis of viral encephalitis and where there is an associated neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

Events not subject to a 90 day waiting period:

- *Diplegia*
  Refer to the definition on page 18.
- *Hemiplegia*
  Refer to the definition on page 18.
- *Loss of Limbs*
  Refer to the definition on page 18.
- *Loss of Limbs and Sight*
  Refer to the definition on page 18.
- *Major Head Trauma*
  Refer to the definition on page 18.
- *Paraplegia*
  Refer to the definition on page 19.
- *Quadriplegia*
  Refer to the definition on page 19.
- *Severe Burns*
  Refer to the definition on page 19.

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

After age 15 all events covered under Recovery Protection Plan (except for Terminal Illness and death) will apply. (See pages 12 and 13 for events covered under Recovery Protection Plan).

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

Exclusions

We will not pay a claim under the plan if:

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

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

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

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year.

The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

The purpose for which you take insurance determines the taxation situation regarding your premium and payment of benefits. The following is a brief summary:

- for personal cover, the premium is not tax deductible and any benefits paid are not assessable income.
- in the case of business cover, this depends on whether the cover is for a revenue purpose or a capital purpose. If cover is for a revenue purpose, the premium is generally tax deductible to the business and any benefits paid are assessable income. If the cover is for a capital purpose, the premium is generally not tax deductible to the business, and any benefits paid are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

The following provides further information on your plan and sets out the definitions of medical conditions covered under the plan.

Entry Ages

Under the Recovery Protection Plan and the Accelerated Buyback Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 55 next birthday.

Under the Total and Permanent Disablement Option, the entry ages are:
Minimum entry age is:

- 18 next birthday for "yearly stepped" premium structure; and
- 25 next birthday for "level" premium structure.

Maximum entry age is:

- 55 next birthday.

Guarantee

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

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 12);
- you are paid a benefit under the plan which reduces the sum insured to nil;
- on the first renewal date after you reach age 99. However, after the first renewal date after you reach age 64, the plan only covers you for death, terminal illness and loss of independency;
- you make a fraudulent claim; or
- you die.

Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give interim insurance cover for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premiums for this cover. Conditions apply. For details see page 47 of this Customer Information Brochure.

Definitions

Alzheimer's Disease and other Dementias – the certain diagnosis of Alzheimer's Disease or Dementia, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the "activities of daily living" (as outlined on page 3).

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

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

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

Aplastic Anaemia – the total persistent aplasia of bone marrow.

Benign Brain Tumour – a life threatening non-cancerous tumour in the brain which gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. This must result in at least a 25% permanent impairment of whole body function. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

Blindness – the total and permanent loss of the sight in both eyes.

Cancer (Malignant Tumours) – The occurrence of an invasive malignant tumour. Included will be all forms of leukaemia, lymphoma, Hodgkin's Disease and

malignant melanoma of at least 1.5mm Breslow thickness or Clark Level 3. The following are excluded: Tumours treated by endoscopic procedures alone, tumours classified as carcinoma in situ, prostate tumours classified as T1 (all categories) under the TNM classification system or of an equivalent or lower classification, lymphocytic leukaemia Binet stages A and B or Rai stages 0, I and II, malignant melanomas other than those specified above, other skin cancers, tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period, Kaposi's Sarcoma and other tumours associated with HIV infection.

Cardiomyopathy – The impairment of the ventricular function of the variable aetiology resulting in significant physical impairment to the degree of at least Class 4 of the New York Heart Association of cardiac impairment and resulting in the person insured being unable to perform his or her usual occupation. Cardiomyopathy related to alcohol or drug abuse is specifically excluded.

Chronic Kidney Failure – chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Chronic Liver Disease – end stage liver disease resulting in cirrhosis and with the following features:

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

Coma – total failure of cerebral function as shown by total, unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least 7 days. Coma directly resulting from alcohol or drug abuse is excluded.

Coronary Artery Surgery – coronary artery bypass grafting surgery performed via open chest surgery as a consequence of coronary artery disease. Non-surgical techniques including angioplasty, laser and other catheter techniques are excluded.

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

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

Diplegia – total and permanent loss of the use of both sides of the body due to injury or sickness.

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

Heart Attack – an acute myocardial infarction where such a diagnosis has been documented by the occurence of:

- typical acute electrocardiographic changes; and
- a diagnostic elevation in cardiac enzymes or an increase in troponin to 3 times upper limit of normal.

Heart Valve Surgery – the undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

Hemiplegia – total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of Independency – as a result of an injury or sickness, the person insured is permanently unable to perform at least two of the five "activities of daily living", (outlined on page 3), without assistance.

Loss of Limbs – The total and permanent loss of:

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

Loss of Limbs and Sight – The total and permanent loss of:

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

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

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

Major Head Trauma – cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25% impairment of whole body function.

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

Medically Acquired HIV – Medically Acquired HIV is the accidental infection with the Human

Immunodeficiency Virus after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

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

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

Motor Neurone Disease – The certain diagnosis of Motor Neurone Disease (amyotrophic lateral sclerosis) and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the "activities of daily living" (as outlined on page 3).

Multiple Sclerosis – the certain diagnosis of Multiple Sclerosis and where there is an associated neurological deficit resulting in the permanent inability to perform at least one of the "activities of daily living" (outlined on page 3) without assistance.

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

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

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

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

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

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

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

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

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

Severe Burns – third degree burns to at least 20% of the person insured's body surface area.

Stroke – a cerebrovascular incident that is:

- caused by haemorrhage, embolism or thrombosis; and
- is associated with the onset of objective and ongoing neurological signs; or
- has been demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

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

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

Key Features Statement for Income Protection Premier Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you suffer time off work through sickness or injury.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

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

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in cover, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in cover, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

Premium Increases

We will increase your premium if your amount of cover increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each premium structure are available on request.

Benefits

The benefits available under the Income Protection Premier Plan and the exclusions which apply are listed on page 21. The Premier Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB' and 'B'(see table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	All medical professionals eg. General Practitioners, Dentists, Surgeons, Radiologists and Vets.
Occupation Group AA	Professionals whose working environment presents minimal accident/ health risk, excluding medical professions.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or White collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

Benefits

For details of these benefits, please refer to pages 22 to 26 of this Customer Information Brochure.

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

Options Available

Further protection is available through the extra cost options listed below. Pages 26 to 28 explain these options in detail.

- Claims Escalation Option (a choice of 5% or 7%)
- Lump Sum Accident Option
- Day 4 Accident Option
- Future Cover Option
- Child Care Benefit Option
- Premium Pause Option
- Indemnity Option
- Blue Ribbon Plus Option
  (Only available to occupations we classify as 'MP')

Exclusions and Limitations

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

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

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

Other exclusions and limitations are set out in the section "Additional Information on your Benefits" on page 22.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

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

However, the premium for the Lump Sum Accident Option, the Blue Ribbon Plus Option and the Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit are not tax deductible and any payments made under these benefits are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

This section provides further details of the benefits and conditions of your plan.

Total Disability Benefit

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

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

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

For occupation groups classified as 'B', the following applies: after the first 2 years of a claim, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, and training or experience, and you are not working in any occupation (whether paid or unpaid), and are under medical care.

Cause of Disablement

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

Attempted Return to Work

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

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

Benefit Amount

When you make a claim for total disability, the benefit you are insured for, "the monthly benefit" is what you will be paid, including any Consumer Price Index increases for inflation you are entitled to, even if your income drops after you take out the plan, except if you have the indemnity option – unless the following applies:

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

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

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

Benefit Payment

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

Partial Disability Benefit

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

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

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit

(Only available to occupations we classify as 'MP').

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

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

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

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

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

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

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

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

Nursing Care Benefit

This benefit applies if you are totally disabled, under the full-time care of a registered nurse and confined to bed for more than 2 days in a row during the waiting period. We will pay 1/30th of the monthly benefit for each day after the first 2 days you are so confined during the waiting period. This benefit is only payable during the waiting period, for up to 180 days.

Rehabilitation Program Benefit

If you are totally disabled for at least the length of the waiting period and because of your total disability you take part in a rehabilitation program, we will pay an

additional 50% of the monthly benefit after the waiting period for up to 12 months while you are participating in the program. We must approve the program first.

Rehabilitation Expenses Benefit

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

Workplace Modification Benefit

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

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

Early Cash for Specific Injuries

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

Loss	**How long we pay you for**
Total and permanent loss of use of:	
◗ your arms and legs due to spinal cord injury or disease – quadriplegia	**60 months**
◗ your legs due to spinal cord injury or disease – paraplegia	**60 months**
◗ both hands or both feet	**24 months**
◗ entire sight in both eyes	**24 months**
◗ one hand and one foot	**24 months**
◗ one hand and entire sight in one eye	**24 months**
◗ one foot and entire sight in one eye	**24 months**
◗ one arm or one leg	**18 months**
◗ one hand, one foot or entire sight in one eye	**12 months**
◗ thumb and index finger from same hand	**6 months**
Fracture	**How long we pay you for**
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
◗ thigh shaft	**3 months**
◗ pelvis, except coccyx	**3 months**
◗ skull, except bones of nose or face	**2 months**
◗ upper arm, including elbow and shoulder	**2 months**
◗ shoulder blade	**2 months**
◗ lower leg, including ankle but excluding knee cap and foot	**2 months**
◗ knee cap	**2 months**
◗ collar bone	**1.5 months**
◗ lower arm, including wrist but excluding elbow and hand	**1.5 months**
◗ hand, except fingers	**1.5 months**
◗ foot, except toes	**1.5 months**

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

Early Cash for Specific Medical Conditions

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

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

Death Benefit

If you die while your plan is still current we will pay a lump sum equal to 3 times your monthly benefit.

Indexation of Cover

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

Waiver of Premium

Once we are paying you a benefit under your plan, except for Nursing Care Benefit, Day 4 Accident Option or Travel Costs Benefit, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Family Member's Accommodation Benefit

This benefit pays an amount if a direct family member has to stay more than 100km away from home, or has to be with you when you are totally disabled more than 100km away from home and have to stay there. We will pay the family member's accommodation expenses, up to $200 per day for up to 30 days. However, you are not entitled to be paid during the waiting period.

Who is a direct family member?

A direct family member is:

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

Travel Costs Benefit

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

We will pay the lesser of:

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

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

Direct Family Member Benefit

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

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

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

A direct family member is defined in Family Member's Accommodation Benefit above (some conditions apply).

Income Replacement Bonus Benefit

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

The "activities of daily living" are set out on page 3 under Section (d) "Future Care".

The increased monthly benefit is not payable whilst you are receiving a benefit under Early Cash for Specific

Injuries, Early Cash for Specific Medical Conditions, Special Care Benefit or Direct Family Member Benefit.

Special Care Benefit

If you have been paid total disability benefits for more than 30 days and continue to be totally disabled, are confined to bed and totally dependent on the care of a registered nurse or a personal care attendant, as agreed by our doctor, we will pay you a benefit. The amount we pay is your monthly benefit or $2,000, whichever is lower, for up to 6 months. This benefit cannot be paid if the Direct Family Member benefit is being paid or has been paid. This benefit is paid in addition to your Total Disability Benefit.

Elective or Cosmetic Surgery Benefit

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

Recurring Disablement

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

Unemployment Premium Waiver

If you are unemployed and let us know, we will pay your premium for up to 3 months. Some conditions apply.

Unemployment Benefit

If you are unemployed, we will allow you to continue the plan for up to 15 months. At the end of the 15 month period, you may continue your cover but you will not be entitled to receive a benefit if immediately before claiming you are still unemployed but able to work in any occupation for which you are reasonably suited by education, training or experience. You must continue paying the premiums whilst you are unemployed except when the Unemployment Premium Waiver applies.

Leave Without Pay Benefit

If you take leave without pay we will continue to cover you for up to 12 months. At the end of the 12 month period, you may continue your cover but you will not be entitled to receive a benefit if immediately before claiming you are still on unpaid leave but are able to work in any occupation for which you are reasonably suited by education, training or experience. You must continue paying the premiums whilst you are on leave.

Right to Automatically Upgrade this Plan

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

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

Right to Take Out a Seniorguard Plan

If you are classified as a ‘MP’, ‘AA’ or ‘A’ occupation and we end your plan because the plan has reached the first renewal date after you turn 65, you have the right to apply for an Australian Casualty & Life Seniorguard Plan, provided that plan is available at the time you apply. When applying, you don’t have to give us any medical evidence, or evidence about your pursuits, pastimes or place of residence. Under the Seniorguard Plan, you can be covered for income protection until the first renewal date after you turn 75.

The level of cover available under the Seniorguard Plan may be more limited than that available under this plan. Also, the level of cover cannot be more than 2/3 of the amount you are insured for under this plan.

To be accepted for cover under the Seniorguard Plan, you must be gainfully employed full-time, you must have had no claims under this plan in the two years prior to the date this plan ended, and we must have received your application within 60 days after this plan ends.

24 Hour Cover

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

Options Available

For an extra premium, various options are available under the Premier Plan.

Claims Escalation Option

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

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

Lump Sum Accident Option

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

Table of Losses	**% of Lump Sum**
Accidental death	100%
Total and permanent loss of use of:	
◗ both hands or both feet	100%
◗ entire sight in both eyes	100%
◗ one hand and one foot	100%
◗ one hand and entire sight in one eye	100%
◗ one foot and entire sight in one eye	100%
◗ one arm or one leg	75%
◗ one hand, one foot or entire sight in one eye	50%
◗ thumb and index finger from same hand (at the same time)	25%
◗ thumb or index finger	15%
◗ two or more fingers	15%
◗ one finger	5%

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

Day 4 Accident Option

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

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

Future Cover Option

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

You can't make the increase if:

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

If you choose this option and you become totally disabled, we will increase your monthly benefit by $33\frac{1}{3}\%$ for the first 30 days.

Child Care Benefit Option

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

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

Premium Pause Option

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

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

Indemnity Option

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

Where you choose this option you will pay a reduced premium.

Blue Ribbon Plus Option

(Only available to occupations we classify as 'MP').

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

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

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

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

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

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

Exclusions

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

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

In addition, the general exclusions for the plan, outlined on page 21, also apply.

General Information

Amount of Cover

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

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

Waiting Periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60, 90, 180, 365 days and 2 years. Occupation groups classified as 'BA', 'BB' or 'B' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Benefit Periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, to age 60 or to age 65. However, not all benefit periods are available with all waiting periods.

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

More than one Benefit at a Time

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

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

Entry Ages

Minimum entry age is 18 next birthday.

Maximum entry age is 60 next birthday.

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

Guarantee

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

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 20);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a sickness and injury benefit period to age 60, in which case your plan will end on the first renewal date after you reach age 60);
- you make a fraudulent claim; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 47 of this Customer Information Brochure.

Key Features Statement for Income Protection Essential Indemnity Benefit Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you suffer time off work through sickness or injury.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

The Income Protection Essential Indemnity Benefit Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 75% of your pre-disability income (net of business expenses but before tax). Pre-disability income is defined as your average monthly income over the 2 years we have not been paying you a benefit under the plan.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in cover, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in cover, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

Premium Increases

We will increase your premium if your amount of cover increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each premium structure are available on request.

Benefits

The benefits available under the Income Protection Essential Indemnity Benefit Plan and the exclusions which apply are listed on page 31. The Essential Indemnity Benefit Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB', 'B' and 'SRD' (see table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	All medical professionals eg. General Practitioners, Dentists, Surgeons, Radiologists and Vets.
Occupation Group AA	Professionals whose working environment presents minimal accident/ health risk, excluding medical professions.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or White collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.
Occupation Group SRD	Individuals in volatile, hazardous or particularly unusual occupations such as bartenders, roofing workers, tugboat crew (not deep sea).

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

Benefits

For details of these benefits, please refer to pages 32 to 34 of this Customer Information Brochure.

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

Options Available

Further protection is available through the extra cost options listed below. Pages 34 to 35 explains these options in detail.

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

Exclusions

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

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

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

Other exclusions and limitations are set out in the section " Additional Information on your Benefits" on page 32.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

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

However the premium for the Lump Sum Accident Option is not tax deductible and any payments made under this benefit are not assessable as income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off

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

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

This section provides further details of the benefits and conditions of your plan.

Total Disability Benefit

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

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

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

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

Maximum Benefit period for certain conditions

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

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

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

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety,

depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatment and complications arising from a mental disorder.

Cause of Disablement

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

Attempted Return to Work

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

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

Benefit Amount

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

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

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

Benefit Payment

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

Partial Disability Benefit

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

$$A - B \text{ or } C - B$$

where:

A is 75% of your pre-disability income;
B is your income during the month in which you are partially disabled;
C is your monthly benefit.

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

Rehabilitation Expenses Benefit

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

Indexation of Cover

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

Waiver of Premium

Once we are paying you a benefit under your plan, except for Day 4 Accident Option, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Recurring Disablement

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

Unemployment Benefit

If you are unemployed, we will allow you to continue the plan for up to 15 months. At the end of the 15 month period, you may continue your cover but you will not be entitled to receive a benefit if immediately before claiming you are still unemployed but able to work in any occupation for which you are reasonably suited by education, training or experience. Additionally, you must notify us within 3 months of the date the unemployment begins and you must continue paying the premiums whilst you are unemployed.

Leave Without Pay Benefit

If you take leave without pay we will allow you to continue the plan for up to 12 months. At the end of the 12 month period, you may continue your cover but you will not be entitled to receive a benefit if immediately before claiming you are still on unpaid leave but are able to work in any occupation for which you are reasonably suited by education, training or experience. You must continue paying the premiums whilst you are on leave.

Right to Automatically Upgrade this Plan

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

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

24 Hour Cover

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

Options Available

For an extra premium, various options are available under the Essential Indemnity Benefit Plan.

Claims Escalation Option

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

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

Lump Sum Accident Option

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

Table of Losses	**% of Lump Sum**
Accidental death	100%
Total and permanent loss of use of:	
◗ both hands or both feet	100%
◗ entire sight in both eyes	100%
◗ one hand and one foot	100%
◗ one hand and entire sight in one eye	100%
◗ one foot and entire sight in one eye	100%
◗ one arm or one leg	75%
◗ one hand, one foot or entire sight in one eye	50%
◗ thumb and index finger from same hand (at the same time)	25%
◗ thumb or index finger	15%
◗ two or more fingers	15%
◗ one finger	5%

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

Day 4 Accident Option

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

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

Premium Pause Option

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

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

General Information

Amount of Cover

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

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

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

Waiting Periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60 and 90 days. Occupation groups we classify as ‘BA’, ‘BB’, ‘B’ and ‘SRD’ can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Benefit Periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, 5 years (injury only) to age 60 or to age 65. However, not all benefit periods are available to all occupations. Also not all benefit periods are available with all waiting periods.

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

Entry Ages

Minimum entry age is 18 next birthday.
Maximum entry age is 60 next birthday.

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

Renewability of Plan

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

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

When Your Plan Will End

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

- your premium is more than 30 days late (see under “Payment of Premiums” on page 30);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a sickness and injury benefit period to age 60, in which case your plan will end on the first renewal date after you reach age 60);
- if we give you notice on any renewal date that your plan is to end (for ‘SRD’ occupations only);
- you make a fraudulent claim; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 47 of this Customer Information Brochure.

Key Features Statement for Income Protection Seniorguard Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plans. The primary purpose of this plan is to provide a benefit in the event that you suffer time off work through sickness or injury.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

The Income Protection Seniorguard Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 50% of your pre-disability income (net of business expenses but before tax) at the time of making a claim, up to a maximum of $6,000. Pre-disability income is defined as your average monthly income over the two years we have not been paying you a benefit under the plan.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

The premium structure for this plan is "yearly stepped". This means that we calculate the premium rate every year on the renewal date of the plan. When we calculate your premium rate, your premium will be adjusted each year at the renewal date according to your age.
In addition, your premium can increase in the ways mentioned in the following section.

Premium Increases

We will increase your premium if your amount of cover increases. And we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables are available on request.

Benefits

The benefits available under the Seniorguard Plan are:

- Total Disability;
- Early Cash for Specific Injuries; and
- Right to Automatically Upgrade this Plan.

For details on these benefits, please refer to pages 38 and 39 of this Customer Information Brochure. The plan is available to white collar occupation groups which we classify as 'MP', 'AA', and 'A' (see table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	All medical professionals eg. General Practitioners, Dentists, Surgeons, Radiologists and Vets.
Occupation Group AA	Professionals whose working environment presents minimal accident/ health risk, excluding medical professions.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.

Exclusions

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

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

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

Other exclusions and limitations are set out in the section "Additional Information on your Benefits" on page 38.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

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

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Additional Information on your Benefits

This section provides further details of the benefits and conditions of your plan.

Total Disability Benefit

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

There is a waiting period before you are entitled to be paid.

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

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

Maximum Benefit period for certain conditions

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

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

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

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

Benefit Amount

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

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

We won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against any business expenses.

Benefit Payment

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

Early Cash for Specific Injuries

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

Loss	**How long we pay you for**
Total and permanent loss of use of:	
one or more toes	**2 months**
one or more fingers	**1.5 months**
Fracture	**How long we pay you for**
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
thigh shaft	**3 months**
pelvis, except coccyx	**3 months**
skull, except bones of nose or face	**2 months**
upper arm, including elbow and shoulder	**2 months**
shoulder blade	**2 months**
lower leg, including ankle but excluding knee cap and foot	**2 months**
knee cap	**2 months**
collar bone	**1.5 months**
lower arm, including wrist but excluding elbow and hand	**1.5 months**
hand, except fingers	**1.5 months**
foot, except toes	**1.5 months**

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

Right to Automatically Upgrade this Plan

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

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

24 Hour Cover

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

Option Available

For an extra premium, the following option is available under the Seniorguard Plan.

Premium Pause Option

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

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

General Information

Amount of Cover

You can insure up to the lesser of 50% of your average monthly gross income (less any business expenses incurred but before tax) or $6,000.

If you are an employee you can insure up to the lesser of 50% of your average monthly total salary package or $6,000. Income does not include investment or interest income.

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

Waiting Periods

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

Benefit Periods

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

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

Entry Ages

- Minimum entry age is 60 next birthday.
- Maximum entry age is 69 next birthday.

Renewability of Plan

There are no guarantees except the benefits stated in the plan. Also, this plan is not guaranteed renewable. We have the option to renew or end your plan on each renewal date of your plan.

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 36);
- you permanently retire from the workforce;
- if we give you notice on any renewal date that your plan is to end;
- on the first renewal date after you reach age 75;
- you make a fraudulent claim; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. Conditions apply. For details see page 47 of this Customer Information Brochure.

Key Features Statement for Business Expense Protection – Indemnity Benefit Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you suffer time off work through sickness or injury.

If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.

The Plan

This plan protects your business in times when you are unable to work due to sickness or injury, by covering the monthly expenses of the business. This plan is only available to 'MP', 'AA', 'A' occupations and selected 'BA', 'BB' and 'B' self-employed individuals.

Eligible Occupation Groups

Occupation Group MP	All medical professionals eg. General Practitioners, Dentists, Surgeons, Radiologists and Vets.
Occupation Group AA	Professionals whose working environment presents minimal accident/ health risk excluding medical professions.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or White collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

Premiums

Payment of Premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly* instalments.

Premium Structure

There are 2 premium structures to choose from. Where the structure is "level", we calculate the premium rate at the start of the plan. Also, if there are any increases in cover, we calculate the premium rate for the increase at the date of the increase.

For "yearly stepped" plans, we calculate the premium rate once a year at every renewal date and, if there are any increases in cover, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year as the renewal date according to your age.

In addition, premiums for all premium structures can increase in the ways mentioned below.

Premium Increases

We will increase your premium if your amount of cover increases. And, regardless of the premium structure you select, we can increase the premiums for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

Minimum Premium

There is a minimum premium each year of $200 (including the plan fee and other charges).

Premium Tables

Premium tables for each premium structure are available on request.

Benefits

This plan protects your business in times when you are totally disabled – unable to work due to sickness or injury, by covering the monthly expenses of your business.

* Please refer to page 45 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

Total Disability Benefit

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

There is a waiting period before you are entitled to be paid.

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

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

Maximum Benefit period for certain conditions

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

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

For example, if you receive benefits for a recognised mental disorder for 12 months and at a later date suffer from chronic fatigue syndrome for 15 months, you will only be entitled to receive benefits for 12 months in respect of your claim for chronic fatigue syndrome.

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

Attempted Return to Work

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

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

Benefit Amount

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

Benefit Payment

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

Expenses Covered

The following expenses are covered:

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

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

Expenses Not Covered

The following expenses are not covered:

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

The Amount We Pay May Be Reduced By Your Earnings

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

Recurring Disablement

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

Death Benefit

If you die while your plan is still current, we will pay a lump sum equal to 3 times your monthly benefit.

Waiver of Premium

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

Indexation of Cover

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

Right to Automatically Upgrade this Plan

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

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

Options Available

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

- Lump Sum Accident Option (see page 34).
- Premium Pause Option (see page 35).

Exclusions

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

Also, the plan does not cover disability caused by:

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

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

General Information

Waiting Periods

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

Benefit Period

The maximum time we will pay you for any one claim is 12 months after benefit payments started. However, this period can be extended if the total amount we have paid you is less than 12 times your insured monthly benefit and you continue to be totally disabled. In this case, we will continue to pay you for up to a further 12 months, or until the total amount we have paid you equals 12 times your insured monthly benefit, whichever is the shorter.

Entry Ages

Minimum entry age is 18 next birthday.

Maximum entry age is 60 next birthday.

Guarantee

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

When Your Plan Will End

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

- your premium is more than 30 days late (see under "Payment of Premiums" on page 40);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65;
- you make a fraudulent claim; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefits besides total disability caused by an injury. Conditions apply. For details see page 47 of this Customer Information Brochure.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

Plan Fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 45 for more information about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 45.

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

Instalment Fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence. The government may change the rate of stamp duty from time to time.

Goods and Services Tax (GST)

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

Taxation

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

However, the premium for the Lump Sum Accident Option is not tax deductible and any payments made under this benefit are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

Cooling Off Period

After you sign up for a plan and receive the plan document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

Information on your Plan

If your Application is accepted, you will receive a plan document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our customer service staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 46 of this Customer Information Brochure.

Important Information Applying to all Plans

Plan Fee

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

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

Frequency	Plan Fee
Yearly	$75.00
Half Yearly	$41.50
Monthly	$ 7.50

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

Packaging

Income Protection Plan, Business Expense Protection Plan, Life Protection Plan, Life Protection Superannuation Plan and/or Recovery Protection Plan can be bundled together as one package, either at the time this insurance is applied for or at a later date. You can do this, provided that either the person insured or the plan owner under all plans is the same, and there are not more than 5 different persons insured in the package. There must also be a common premium payment method (periodic debit or cheque), premium payment frequency and plan renewal date. In this case, we will charge only one plan fee, regardless of the number of plans in the package.

Direct Debit Request Service Agreement

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

Our Responsibilities

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

Your Responsibilities

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

Changing your Payment Details

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

Can we help?

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

How to Apply

To apply for any of the products detailed in this Customer Information Brochure, please complete the Application included with this Customer Information Brochure.

A plan can only be effected after completion of an Application and acceptance of the Application by us. Your life insurance adviser will be happy to assist you.

In this Customer Information Brochure, "you" refers to the plan owner and/or to the person insured under the plan, unless a Life Protection Superannuation Plan applies. In this case, "you" refers to the person insured under the plan.

Sometimes the plan owner and the person insured are the same person. However, they may not always be.

Issue Date and Expiry Date of This Brochure

This Customer Information Brochure was issued on 1 December 2001. It will remain current for the period ending 30 November 2002 and cannot be used after this date.

Notification of Change

If there are any material changes to the charges in this Customer Information Brochure, we will notify you at least 3 months prior to the change. Also, this Customer Information Brochure will be withdrawn if the information contained is considered to be misleading following changes after issue. In the case of all other changes we will notify you in your Annual Statement.

How To Deal With Any Concern You Have

If you have an enquiry you should contact our customer service staff on the toll free number 1300 366 066. All complaints will be dealt with within 45 days of receipt and written enquiries, within 20 days of receipt. If, after 45 days, you are not satisfied with the way your complaint was handled or with our response, you may wish to contact the Financial Industry Complaints Service.

The Service has been set up to provide you with free advice and assistance should you be dissatisfied with any response we give to your enquiry or complaint.

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

Toll free 1800 335 405
Telephone (03) 9629 7050
(Melbourne Metropolitan Area)
Facsimile (03) 9621 2291

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

Regardless of which superannuation fund your Life Protection Superannuation Plan is issued under, if you are not satisfied with the handling of your complaint after 90 days, you can contact the Superannuation Complaints Tribunal. The Tribunal is an independent body established by the Federal Government to assist in the resolution of complaints about decisions of trustees of superannuation funds.

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001
Telephone: 13 14 34

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

Where We Put Your Money

We will pay your premiums into a fund called Statutory Fund No. 1, unless you hold a Life Protection Superannuation Plan. In this case, we pay your premiums into a fund called Statutory Fund No. 6.

Duty of Disclosure

When answering our questions, you must be honest and you have a duty under law to disclose to us anything known to you, and which a reasonable person in the circumstances could reasonably be expected to know which is relevant to our decision whether to accept the risk and, if so, on what terms. You have the same duty to disclose those matters to us between the time of this proposal and its acceptance and before you extend, vary, or restore a contract of insurance with us.

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

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

Non-Disclosure

If you fail to comply with your duty of disclosure and we would not have insured you on any terms if the failure had not occurred, we may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract of insurance at any time. If we are entitled to avoid the contract within 3 years of entering into it, we may elect not to avoid it, but reduce the sum for which you have 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.

Privacy – Use and disclosure of personal information

The privacy of your personal information is important to you and also to Australian Casualty & Life. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle. If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim, Australian Casualty & Life may need to disclose your personal information to other parties, such as re-insurers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Australia Group companies. The Group includes companies such as AXA Australia, AXA Australia Health Insurance, HBA and Mutual Community. From 21 December 2001 you are entitled to request reasonable access to information we have about you. Australian Casualty & Life reserves the right to charge an administration fee for collating the information you request.

INTERIM INSURANCE COVER CERTIFICATE (For Income Protection and Business Expense applicants only)

Person to be insured

Application Dated

/ /

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

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

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

1. What monthly cover is provided?

(a) The amount of cover provided is the lowest of:
   (1) the amount of the monthly benefit you applied for; and
   (2) the maximum amount of cover we would allow under our underwriting rules; and
   (3) $5,000.

(b) The cover is limited to the total disability of the person to be insured which lasts at least for the length of the waiting period you applied for. The total disability must be caused by an injury which occurs after the date this cover starts. The person to be insured is not covered for any other benefit – for example, you will not be entitled to a benefit for Nursing Care, a Specific Injury or a Specific Medical Condition and the person to be insured is not covered under any option you have applied for.

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

(d) We will stop paying under this cover as soon as one of the following happens:
   (1) the person insured stops being totally disabled;
   (2) the person insured dies;
   (3) the benefit period under this cover ends;
   (4) we have been paying you the benefit for 12 months for Income Protection Plan, or 6 months for Business Expense Protection Plan;
   (5) the total amount we have paid you under this cover equals $30,000.

2. Commencement of Interim Cover

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

3. Length of Interim Cover

This cover automatically ends as soon as one of the following happens:
   (1) we notify you of our acceptance, rejection or acceptance with conditions of your Application;
   (2) we advise you that this cover has been cancelled;
   (3) you withdraw your Application; or
   (4) 60 days pass from the date this cover commences.

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

4. Exclusions

In addition to reasons listed in this Customer Information Brochure under the heading "Exclusions and Limitations ", no benefit is payable under this cover if total disability is caused or contributed to by:
   (1) AIDS, AIDS related conditions or HIV infection;
   (2) football injuries (all codes); or
   (3) a sickness.

5. We rely on what you tell us

You acknowledge that you have read the section on page 2 of the Application included with this Customer Information Brochure headed "Important information for valued plan holders" and you acknowledge that the section also relates to this cover.

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

Signature of plan owner ✗ Dated / /

Signature of intermediary ✗ Dated / /

INTERIM ACCIDENTAL DEATH COVER CERTIFICATE (For Life Protection, Life Protection Superannuation and Recovery Protection applicants only)

Person to be insured

Application Dated

/ /

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

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

1. What cover is provided?

(a) The amount payable on accidental death is the amount of the benefit payable for death that you applied for, up to a maximum amount of $500,000.

(b) The cover is for death of the person to be insured as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Death must occur within 90 days of the injury occurring.

2. Commencement of Interim Cover

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

3. Length of Interim Cover

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

(1) we notify you of our acceptance, rejection or acceptance with conditions of your Application;

(2) we advise you that this cover has been cancelled;

(3) you withdraw your Application; or

(4) 60 days pass from the date this cover commences.

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

4. Exclusions

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

(1) suicide, whether sane or insane;

(2) intentional self injury, including intentional contraction of bacteria or virus;

(3) an accident which occurred before the commencement date of this interim cover;

(4) war or invasion; or

(5) engaging in any sport, pastime or occupation which would not normally be covered by Australian Casualty & Life at standard rates.

5. We rely on what you tell us

You acknowledge that you have read the section on page 2 of the Application included with this Customer Information Brochure headed "Important information for valued plan holders" and you acknowledge that the section also relates to this cover.

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

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

Signature of intermediary ✗ Dated / /

Australian Casualty & Life

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Australian Casualty & Life Limited

ABN 92 000 333 844

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