

AXA

RISK PROTECTION PACKAGE



Customer Information Brochure

Life Protection Plan

Superannuation Life Protection Plan

Trauma Insurance

- Trauma Deluxe Plan
- Stand Alone Trauma Plan

Income Protection

- Comprehensive Income Protection Plan
- Essential Income Protection Plan

Business Expenses Protection Plan

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

This brochure was issued on 1 June 2001 and is valid until 31 May 2002.



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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 read this in conjunction with your plan document which sets out in detail the terms and conditions of your benefits under your plan.

In this Customer Information Brochure and the attached Application form any references to 'us', 'we', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited.

In this Customer Information Brochure, unless otherwise specified, 'you' means any potential customer who is likely to become either the person insured or the plan owner. However, in the Application form and Personal Statement, 'you' means the person insured, unless the context requires it to be the plan owner.

Certain exclusions or limitations may apply to your plan. These are set out in the Key Features Statements.

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 44.

¹ As at 30/06/00

Key Features Statement

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 of your death or terminal illness.

Your plan will not acquire a cash value. If you terminate your plan at any time, 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. Total and Permanent Disablement is available as an optional benefit in most cases.

Premiums

Minimum Premium

The minimum annual premium is \$200 (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' on page 3 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted, and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For the plan to remain current, you must pay the premium (plus charges) when they are due. We may end the plan if the premium is more than 30 days late. However, we will give you a further 20 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by cash, cheque or credit card (VISA, MasterCard and Bankcard only).

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your sum insured;
- you choose to have your sum insured automatically increased to keep pace with inflation (see Indexation Benefit below); or
- we review the premium rates for all plans of this type.

Benefits

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

- die whilst this plan is in force; or
- are terminally ill with 12 months or less to live and request a payment.

Death Benefit

We will pay a lump sum in the event of your death. The amount we will pay is the sum insured, which is noted in your Plan Schedule.

Terminal Illness Benefit

If you are diagnosed with a terminal illness and given 12 months or less to live, we will pay an advance payment of the sum insured, up to a maximum of \$2,000,000 (from all plans held with us). Any additional death benefit will be payable on death. Refer to page 22 for the full definition of Terminal Illness.

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).

[†] Please refer to page 44 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

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 AXA Australia authorised representative.

Indexation Benefit

To protect your family against the effects of inflation, your cover is automatically increased each year up to age 64, taking into account the Consumer Price Index (CPI). Plan premiums increase accordingly, using a minimum CPI figure of 5% pa. You may decline this increase in each or any year. Also, indexation will not be applied to your benefit once it reaches \$1.5 million.

Conversion Benefit

You may, subject to conditions specified in the plan document, convert this cover to another insurance plan held with us without additional medical requirements.

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

You will not be detrimentally affected by any upgrade.

Optional Benefits

Total and Permanent Disablement Insurance Option

This benefit can be added to your Life Protection Plan. On payment of this benefit the sum insured of the Life Protection Plan will be reduced by the amount we pay under Total and Permanent Disablement.

Total and Permanent Disablement cover is available between ages 15 and 55 and will expire at age 65, or the expiry of your plan, whichever is earlier.

There are 2 disablement options available:

- 'own/similar' occupation, and
- 'own' occupation.

'Own/Similar' Occupation

Your "Total and Permanent Disablement" means either:

- A. The total and permanent loss of any of:
- the use of both hands;
 - the use of both feet;
 - the use of one hand and one foot;
 - the sight of both eyes;

- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Bodily injury or disease which in our opinion:

- for 6 consecutive months has wholly prevented you from following the most recent business occupation or regular duties in which you engaged before the onset of the injury or disease; and
- will, despite you receiving medical or other treatment or rehabilitation, wholly prevent you from ever engaging in any business occupation or regular duties which would be reasonable having regard to your education, training or experience.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether a business occupation or regular duty is paid or unpaid.

'Own' Occupation

Your "Total and Permanent Disablement" means either:

A. The total and permanent loss of any of:

- the use of both hands;
- the use of both feet;
- the use of one hand and one foot;
- the sight of both eyes;
- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Injury or disease which in our opinion has wholly prevented you from performing the principal duties of your usual occupation for a continuous period of at least 6 months and, despite receiving treatment or rehabilitation, will continue to wholly prevent you from ever again performing those duties or the principal duties of any other full time occupation that you have engaged in during the 5 years prior to the cessation of work.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether an occupation is paid or unpaid.

Future Insurability Option

Future Insurability Option gives you options to purchase additional life cover at future option dates without providing further health evidence. These option dates are specified dates, available on your 3rd, 6th, 9th, 12th and 15th plan anniversaries. These options can only be exercised until the anniversary following your 45th birthday.

You have a total of 45 days to take up the option of additional life cover. This period begins 30 days prior to

the option date and continues until 15 days after the option date. In addition, if you marry, divorce, purchase a principal residence, are promoted or move to another job* or have a child (including through adoption), you may bring forward an option date. You must do this within 3 months of such an event taking place. You may be required to provide proof of the event. If you choose to bring forward an option date, you can also bring forward the next option date which would normally fall due.

Future Insurability Option is available between ages 15 and 39 for stepped premium plans only. It ceases when the last option is offered or exercised, whichever is earlier. The maximum total amount of additional cover provided through this benefit is the lesser of your initial life cover and \$1,000,000 in total.

Accidental Death Benefit

The Future Insurability Option also includes some temporary additional protection during the option period of 45 days. The sum insured under the Future Insurability Option will be paid upon your Accidental Death, during the option period, before the option was taken up. The additional cover ceases at the end of the option period, or when the option is taken up, whichever is earlier.

Accidental Death is death which:

- is the result of bodily injury caused directly and solely by violent, accidental, external and visible means;
- occurs within 90 days of sustaining the injury; and
- is independent of any other cause.

Exclusions and Limitations

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

Death

No amount of life cover is payable if you die as a result of suicide within 13 months of the commencement or reinstatement of the plan.

This also applies for any increases to the sum insured (apart from CPI), within 13 months of that increase.

Total and Permanent Disablement

We will not pay you a benefit if your Total and Permanent Disablement is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat; or
- war (including war service), an act of a foreign enemy, hostilities or war-like operations (whether war be declared or not), civil commotion, civil war or rebellion.

Also, this cover will cease and we will retain all monies paid for it if you retire from your occupation for any reason other than Total and Permanent Disablement.

What are the charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

* If you are promoted or move to another job, your salary must increase by at least 25%. You cannot increase your benefit as a result of being promoted or moving to another job, if your salary increase is a result of a change to your salary packaging arrangements, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more frequently than annually. The loading is 3% of the annual premium for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

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

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Taxation

Premiums paid for the Life Protection Plan are generally not tax deductible. Lump sum payments made in the event of your death are generally free of income tax in the hands of the plan owner.

Generally, lump sums paid to beneficiaries upon your death would not be assessable. Nomination of beneficiaries does not affect a plan's Capital Gains Tax (CGT) position, since there is no change in the beneficial ownership of the plan.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, to buy out a partner's share in the business), then there is no tax deduction and no tax should normally be payable on the benefits.

CGT will not apply to proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document from us, you have 14 days to check 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 about your Plan

Once we have processed and accepted your Application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full details of your plan including the terms and conditions of your contract, regular premiums and the cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Additional Information on your Plan

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

Entry ages

Under the Life Protection Plan the entry ages are:

- 10 to 70, with the plan renewable to age 99 for stepped premiums.
- 10 to 65, with the plan renewable to age 70 for level premiums.

Under the Total and Permanent Disablement Option entry ages are:

- 15 to 55, with the plan renewable to age 65.

Under the Future Insurability Option the entry ages are:

- 15 to 39, and options can only be effected until the anniversary following your 45th birthday.

Nomination of Beneficiaries

You can nominate between one and five beneficiaries on your plan. Where a beneficiary is nominated, any insurance monies payable upon your death will be payable to that beneficiary, and not form part of your estate.

When more than one beneficiary is nominated, beneficiaries will be treated as joint tenants. On the death of one of the nominated beneficiaries prior to the insurance monies becoming payable, the monies will be payable to the surviving joint owners. You can change your nomination of beneficiaries by advising us in writing.

Statutory Fund

Life Protection Plans are written in a sub-fund of our No. 1 Statutory Fund.

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 a benefit under this plan which reduces the sum insured to nil;
- on the expiry date of the plan;
- you request in writing to cancel the plan;
- you make a fraudulent claim; or
- you die.

We will retain all premiums paid if the plan is cancelled.

Interim Accidental Death Cover

To provide you with some protection while we are assessing your Application, we provide 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, however conditions apply. For details see page 46 of this Customer Information Brochure.

Key Features Statement

Superannuation 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 of your death.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

The Plan

The Superannuation Life Protection Plan pays a lump sum if you die or are diagnosed with a terminal illness with 12 months or less to live. Total and Permanent Disablement is available as an optional benefit in most cases. The Superannuation Life Protection Plan is a plan which is issued under a regulated superannuation fund acceptable to us.

One such acceptable fund is the National Mutual Retirement Fund (NMRF) ("the Fund"). We are the insurer and administrator of the Fund and N.M. Superannuation Pty. Ltd. (ABN 31 008 428 322), is Trustee of the Fund. The Australian Prudential Regulation Authority has approved the Trustee and has accepted the Fund 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 NMRF, N.M. Superannuation Pty Ltd will not be the Trustee.

If you hold a Superannuation Life Protection 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

Minimum Premium

The minimum annual premium is \$200, (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' on page 9 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For the plan to remain current, you must pay the premium (plus charges) when they are due. We may end the plan if the premium is more than 30 days late. However, we will give you a further 20 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by cash, cheque or credit card (VISA, MasterCard and Bankcard only).

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your sum insured;
- you choose to have your sum insured automatically increased to keep pace with inflation (See Indexation Benefit on page 7); or
- we review the premium rates for all plans of this type.

[†] Please refer to page 44 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Benefits

Under this plan, we will pay a lump sum amount to the trustee of your superannuation fund equal to the sum insured if you:

- die whilst this plan is in force; or
- are terminally ill with 12 months or less to live and request a payment.

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

Death Benefit

We will pay a lump sum in the event of your death. The amount we will pay is the sum insured which is noted in your Plan Schedule.

Death Benefit Options for NMRF Members

If you are a member of the NMRF, 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 our Customer Service Centre on 132 987.

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 a 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.

Terminal Illness Benefit

If you are diagnosed with a terminal illness and given 12 months or less to live, we will pay an advance payment of the sum insured, up to a maximum of \$2,000,000 (from all plans held with us). Any additional death benefit will be payable on death. Refer to page 22 for the full definition of Terminal Illness.

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 any 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 AXA Australia authorised representative.

Indexation Benefit

To protect your family against the effects of inflation your cover is automatically increased each year up to age 64, taking into account the Consumer Price Index (CPI). Plan premiums increase accordingly, using a minimum CPI figure of 5% pa. You may decline this increase in each or any year. Also, your benefit will not be increased beyond \$1.5 million.

This facility is not available if your employer is contributing towards premium payments.

Conversion Benefit

You may, subject to conditions specified in the plan document, convert this cover to another insurance plan held with us without additional medical requirements.

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

You will not be detrimentally affected by any upgrade.

Optional Benefits

Total and Permanent Disablement Insurance Option

This benefit can be added to your Superannuation Life Protection Plan where you are gainfully employed for at least 25 hours per week. On payment of this benefit the sum insured of the Superannuation Life Protection Plan will be reduced by the amount we pay under Total and Permanent Disablement.

Total and Permanent Disablement cover is available between ages 15 and 55 and will expire at age 65, or the expiry of your plan, whichever is earlier.

Where a Total and Permanent Disablement 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 any payment from the Fund.

If you do not meet the definition, the total and permanent disablement benefit must be rolled over as a preserved benefit to the fund of your choice.

There are 2 disablement options available:

- 'own/similar' occupation, and
- 'own' occupation.

These are outlined below.

If you meet the 'own/similar' occupation part A definition or the 'own' occupation part A or B definition, your payment will generally be preserved. This means you will not have access to it until your preservation age (range from 55 to 60 depending on your date of death) unless you die or later meet the 'own/similar' part B definition below.

'Own/Similar' Occupation

Your "Total and Permanent Disablement" means either:

- A. The total and permanent loss of any of:
- the use of both hands;
 - the use of both feet;
 - the use of one hand and one foot;

- the sight of both eyes;
- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Bodily injury or disease which in our opinion:

- for 6 consecutive months has wholly prevented you from following the most recent business occupation or regular duties in which you engaged before the onset of the injury or disease; and
- will, despite you receiving medical or other treatment or rehabilitation, wholly prevent you from ever engaging in any business occupation or regular duties which would be reasonable having regard to your education, training or experience.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether a business occupation or regular duty is paid or unpaid.

'Own' Occupation

Your "Total and Permanent Disablement" means either:

A. The total and permanent loss of any of:

- the use of both hands;
- the use of both feet;
- the use of one hand and one foot;
- the sight of both eyes;
- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Injury or disease which in our opinion has wholly prevented you from performing the principal duties of your usual occupation for a continuous period of at least 6 months and, despite receiving treatment or rehabilitation, will continue to wholly prevent you from ever again performing those duties or the principal duties of any other full time occupation that you have engaged in during the 5 years prior to the cessation of work.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether an occupation is paid or unpaid.

Future Insurability Option

Future Insurability Option gives you options to purchase additional life cover at future option dates without providing further health evidence. These option dates are specified dates, available on your 3rd, 6th, 9th, 12th and 15th plan anniversaries. These options can only be exercised until the anniversary following your 45th birthday.

You have a total of 45 days to take up the option of additional life cover. This period begins 30 days prior to the option date and continues until 15 days after the option date. In addition, if you marry, divorce, purchase a principal residence, are promoted or moved to another job* or have a child (including through adoption), you may bring forward an option date. You must do this within 3 months of such an event taking place. You may be required to provide proof of the event. If you choose to bring forward an option date, you can also bring forward the next option date which would normally fall due.

Future Insurability Option is available between ages 15 and 39 for stepped premium plans only. It ceases when the last option is offered or exercised, whichever is earlier. The maximum total amount of additional cover provided through this benefit is the lesser of your initial life cover and \$1,000,000 in total.

Accidental Death Benefit

The Future Insurability Option also includes some temporary additional protection during the option period of 45 days. The sum insured under the Future Insurability Option will be paid upon your Accidental Death, during the option period, before the option was taken up. The additional cover ceases at the end of the option period, or when the option is taken up, whichever is earlier.

Accidental Death is death which:

- is the result of bodily injury caused directly and solely by violent, accidental, external and visible means;
- occurs within 90 days of sustaining the injury; and
- is independent of any other cause.

Exclusions and Limitations

Your plan may contain certain exclusions or unusual terms such as those set out over the page. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

Death

No amount of life cover is payable if you die as a result of suicide within 13 months of the commencement or reinstatement of the plan.

This also applies for any increases to the sum insured (apart from CPI), within 13 months of that increase.

Total and Permanent Disablement

We will not pay you a benefit if your Total and Permanent Disablement is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat; or
- war (including war service), an act of a foreign enemy, hostilities or war-like operations (whether war be declared or not), civil commotion, civil war or rebellion.

Also, this cover will cease and we will retain all monies paid for it if you retire from your occupation for any reason other than Total and Permanent Disablement.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

A copy of our standard rates is available on request.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

* If you are promoted or move to another job, your salary must increase by at least 25%. You cannot increase your benefit as a result of being promoted or moving to another job, if your salary increase is a result of a change to your salary packaging arrangements, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more frequently than annually. The loading is 3% of the annual premium for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

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

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Taxation

Depending on your circumstances, tax deductions or rebates for premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self-employed or substantially self-employed.

Generally, lump sum death benefits paid directly to a deceased member's spouse, minor child or financial dependant are exempt from tax, up to the deceased's pension Reasonable Benefits Limit.

Generally, any lump sum amount in excess of the deceased's pension Reasonable Benefits Limit will be taxed at the highest marginal tax rate plus Medicare Levy.

Lump sum death benefits paid directly to a person who is not a dependant (as defined under the Tax Act) are treated as an Eligible Termination Payment (ETP) and taxed accordingly.

A tax rebate may be available if contributions are made under spouse superannuation and are eligible spouse contributions. Spouse contributions would ordinarily be preserved, however, these contributions are used to purchase superannuation life protection and because there is no accumulation, no amount remains to be preserved.

Depending on your assessable income, you may also be eligible for a tax rebate on your personal contributions.

A contribution surcharge tax applies to 'surchargeable contributions' made by or on behalf of investors with an 'adjusted taxable income' in excess of the first surchargeable threshold. For the 2000/2001 tax year the first threshold is \$81,493, and is indexed each year.

Surchargeable contributions include:

- all employer contributions made on your behalf, and personal contributions which are claimed as a tax deduction; and
- part of any employer benefit, which is eligible to be rolled over into a superannuation or similar fund.

'Adjustable taxable income' is determined by adding together:

- taxable income;
- surchargeable contributions; and
- reportable fringe benefits.

During the 2000/2001 financial year the surcharge rate will increase proportionately from 0% for every dollar of adjusted taxable income over \$81,493 to 15% for every dollar of adjusted taxable income over \$98,955.

Surchargeable contributions are likely to be subject to the full 15% surcharge regardless of adjusted taxable income if the investor's Tax File Number (TFN) is not provided to the Trustee.

The following items are excluded from the calculation of adjusted taxable income:

- superannuation fund ETPs; and
- employer lump sums paid in respect of unused annual and long service leave accruing in respect of service after 15 August 1978 or as a consequence of a bona fide redundancy arrangement, approved early retirement scheme or invalidity.

As the superannuation plan only includes insurance, we bear all of the surcharge tax cost. However, in the future, you may be required to meet this tax.

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

Any changes to taxation conditions will be advised in your Annual Statement.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document from us, you have 14 days to check 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 about your Plan

Once we have processed and accepted your application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full detail of your plan including the terms and conditions of your contract, regular premiums and the cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Also, if you are a member of the NMRF, we will send you a Trustee's Annual Report to Members once a year. The Report provides information regarding the Fund's investment strategy and investment objectives, contact details of the Fund, names of the directors of N.M. Superannuation Pty. Ltd., how the Fund 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 132 987.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Additional Information on your Plan

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

Entry Ages

Under the Superannuation Life Protection Plan the entry ages are:

- 10 to 64, with the plan renewable to age 70.

Under the Total and Permanent Disablement Option entry ages are:

- 15 to 55, with the option renewable to age 65.

Under the Future Insurability Option the entry ages are:

- 15 to 39, and can only be effected until the anniversary following your 45th birthday.

Ownership of the Plan

Where the plan is held under the NMRF, the plan is owned by the Trustee of the National Mutual Retirement 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.

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.

Superannuation Conditions

Membership of the Fund

Where the Trustee is N.M. Superannuation Pty. Ltd., as the person insured under the plan, you will become a member of the National Mutual Retirement Fund ("the Fund"). The Fund is a regulated complying superannuation fund under SISA and Part IX of the Income Tax Assessment Act 1936. Your membership will be governed by the terms and conditions of the Trust Deed of the fund (as amended from time to time). Further information relating to the Fund can be obtained by requesting a copy of the Trust Deed or the last Trustee's Annual Report to Members.

Special Employment Conditions

To be able to maintain this type of cover, you:

- must have been gainfully employed for at least 10 hours per week at any time during the previous 2 years;
- have ceased gainful employment because of ill health; or
- your employer is paying the premiums from award or Superannuation Guarantee contributions.

If, after taking out the plan, these conditions are not met, the plan must cease.

To make contributions between ages 65 and 70:

- you must be working at least 10 hours per week; or
- the contributions must be mandated employer contributions.

Spouse Superannuation

To join the Fund under a spouse superannuation agreement, you must be eligible to have spouse superannuation contributions made on your behalf. The employment conditions mentioned above do not apply.

Spouse superannuation contributions may be made on your behalf if:

- a tax deduction cannot be claimed for the contributions; and
- you are under age 65, or you are aged between 65 and 70 and working more than 10 hours per week; and
- both you and your spouse are Australian residents.

Employer/Member Supported Plans

There are 2 types of Superannuation Life Protection Plans. These are:

- Employer Supported - the employer pays the premium on behalf of the employee; and
- Member Supported - the member or you as the person insured pays the premiums.

Statutory Fund

Superannuation Life Protection Plans are written in a sub-fund of our No. 4 Statutory Fund.

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 a benefit under the plan which reduces the sum insured to nil;
- on the expiry date of the plan;
- you request in writing to cancel the plan;
- you make a fraudulent claim;
- you no longer meet the Special Employment Conditions outlined on this page; or
- you die and a benefit is paid under the plan which reduces the sum insured to nil.

We will retain all premiums paid if the plan is cancelled.

Interim Accidental Death Cover

To provide you with some protection while we are assessing your Application, we provide 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, however conditions apply. For details see page 46 of this Customer Information Brochure.

Key Features Statement

Trauma Deluxe Plan and Stand Alone Trauma 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 of you suffering a Major Trauma.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

The Plan

There are 2 plans available to choose from:

- Trauma Deluxe Plan; or
- Stand Alone Trauma Plan.

The Trauma Deluxe Plan pays a lump sum on the first occurrence of you suffering one of the listed medical conditions or upon your death.

The Stand Alone Trauma Plan pays a lump sum on the first occurrence of you suffering one of the listed medical conditions and surviving 14 days.

Premiums

Minimum Premium

The minimum annual premium is \$200, (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' on page 18 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For a plan to remain current, 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 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by cash, cheque or credit card (VISA, MasterCard and Bankcard only).

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your sum insured;
- you choose to have your sum insured automatically increased to keep pace with inflation (see Indexation Benefit on page 14); or
- we review the premium rates for all plans of this type.

Benefits

Trauma Deluxe Plan

We will pay a lump sum if you suffer from one of 36 listed medical conditions, terminal illness or die during the term of the plan. A list of the events covered can be found on page 14.

Your Trauma Deluxe Plan can also be tailored to include Additional Life Insurance, Total and Permanent Disablement Insurance, Future Insurability or Buy-Back Option benefits (refer to page 16 for further information on these benefits).

[†] Please refer to page 44 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Stand Alone Trauma Plan

We will pay a lump sum payment for the sum insured if you suffer from one of 36 listed medical conditions during the term of the plan.

Death cover is not included with the Stand Alone Trauma Plan, however, you can package a Life Protection Plan with your Stand Alone Trauma Plan.

Your Stand Alone Trauma Plan can also be tailored to include Future Insurability or Buy-Back Option benefits (refer to page 16 for further information on these benefits).

Medical conditions covered		
	TRAUMA DELUXE PLAN	STAND ALONE TRAUMA PLAN
Cancer	Cancer - Malignant Tumours*	Cancer - Malignant Tumours*
Heart Disorders	Angioplasty	Angioplasty
	Heart Attack*	Heart Attack*
	Cardiomyopathy	Cardiomyopathy
	Coronary Artery Surgery*	Coronary Artery Surgery*
	Heart Valve Surgery	Heart Valve Surgery
	Pulmonary Hypertension	Pulmonary Hypertension
	Surgery of the Aorta	Surgery of the Aorta
Nervous System Disorders		
	Alzheimer's Disease & other Dementias	Alzheimer's Disease & other Dementias
	Coma	Coma
	Diplegia	Diplegia
	Encephalitis	Encephalitis
	Hemiplegia	Hemiplegia
	Motor Neurone Disease	Motor Neurone Disease
	Multiple Sclerosis	Multiple Sclerosis
	Parkinson's Disease	Parkinson's Disease
	Stroke*	Stroke*
Accident	Loss of Limbs	Loss of Limbs
	Loss of Limbs & Sight	Loss of Limbs & Sight
	Major Head Injury	Major Head Injury
	Paraplegia	Paraplegia
	Quadruplegia	Quadruplegia
	Severe Burns	Severe Burns
Body Organ Disorders	Blindness	Blindness
	Benign Brain Tumour	Benign Brain Tumour
	Chronic Kidney Failure	Chronic Kidney Failure
	Deafness	Deafness
	Liver Failure	Liver Failure
	Loss of Speech	Loss of Speech
	Lung Disease	Lung Disease
	Major Organ Transplant	Major Organ Transplant
	Pneumonectomy	Pneumonectomy
Blood Disorders	Aplastic Anaemia	Aplastic Anaemia
	Medically Acquired HIV Infection	Medically Acquired HIV Infection
	Occupationally Acquired HIV Infection	Occupationally Acquired HIV Infection
Other Events	Death	Not applicable
	Loss of Capacity for Independent Living	Loss of Capacity for Independent Living

* A 90 day qualifying period applies to these conditions.

Additional Benefits

	TRAUMA DELUXE PLAN	STAND ALONE TRAUMA PLAN
Terminal Illness Benefit	✓	✗
Conversion Benefit	✓	✓
Guaranteed Upgrade of Benefits	✓	✓
AXA Australia Health Insurance Benefit	✓	✓

Terminal Illness Benefit

A Terminal Illness Benefit is automatically included in your Trauma Deluxe Plan. If you are diagnosed with a terminal illness and given 12 months or less to live, we will pay an advance payment of the sum insured, up to a maximum of \$2,000,000 (from all plans held with us). Any additional benefit will be payable on death (some benefits are subject to a qualifying period). Refer to page 22 for the full definition of Terminal Illness.

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 dependant, once a claim is made on the plan for death or terminal illness.

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 AXA Australia authorised representative.

Indexation Benefit

To protect your family against the effects of inflation, your cover is automatically increased each year up to age 64, taking into account the Consumer Price Index (CPI). Plan premiums increase accordingly, using a minimum CPI figure of 5% pa. You may decline this increase in each or any year. Also, your benefit will not be increased beyond \$1.5 million.

Conversion Benefit

A conversion option is automatically included in your Trauma Deluxe Plan or Stand Alone Trauma Plan. This benefit allows you, subject to conditions specified in the plan document, to convert this cover to another insurance plan held with us without additional medical requirements.

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

You will not be detrimentally affected by any upgrade.

AXA Australia Health Insurance Benefit

This benefit is provided automatically in your Trauma Deluxe Plan or Stand Alone Trauma Plan at no extra cost.

This benefit is payable if you have current hospital cover provided through AXA Australia Health Insurance (AAHI) when you suffer one of the listed medical conditions once a claim is paid ('Extras' only cover does not apply). The AAHI cover must be fully operative prior to the condition first being diagnosed.

In addition to the amount paid to the plan owner, we will make an additional payment directly to AAHI, which will go towards the person insured's future health insurance premiums.

The amounts payable are as follows:

- For Family Cover, 5% of the Trauma Insurance sum insured, to a maximum of \$5,000.
- For Singles Cover, 2.5% of the Trauma Insurance sum insured, to a maximum of \$2,500.

The benefit is not payable upon your death or for health insurance provided by non-AAHI operators.

AXA Australia Health Insurance is a registered business name of National Mutual Health Insurance Pty Ltd (ABN 50 033 098 655).

AXA Australia Health Insurance operates as:

ORGANISATION	STATE
HBA	Victoria
Mutual Community	South Australia
Territory Mutual	Northern Territory
AXA Australia Health Insurance	Queensland New South Wales Western Australia Tasmania ACT

Optional Benefits

	TRAUMA DELUXE PLAN	STAND ALONE TRAUMA PLAN
Total & Permanent Disablement Insurance	✓	✗
Buy-Back Option	✓	✓
Future Insurability Option	✓	✓
Additional Life Insurance	✓	✗
Children's Trauma Option	✓	✓

Total and Permanent Disablement Insurance Option

This benefit can only be added to your Trauma Deluxe Plan. On payment of this benefit your Trauma Insurance sum insured will be reduced by the amount we pay under Total and Permanent Disablement.

When Total and Permanent Disablement Insurance is added to your Trauma Deluxe Plan, you will receive a 15% discount off the normal Total and Permanent Disablement premium rates.

Total and Permanent Disablement Insurance is available between ages 15 and 55 and will expire at age 65, or the expiry date of your plan, whichever is earlier.

There are 2 disablement benefit options available:

- 'own/similar' occupation; and
- 'own' occupation.

'Own/Similar' Occupation

Your "Total and Permanent Disablement" means either:

A. The total and permanent loss of any of:

- the use of both hands;
- the use of both feet;
- the use of one hand and one foot;
- the sight of both eyes;
- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Bodily injury or disease which in our opinion:

- for 6 consecutive months has wholly prevented you from following the most recent business occupation or regular duties in which you engaged before the onset of the injury or disease; and
- will, despite you receiving medical or other treatment or rehabilitation, wholly prevent you from ever engaging in any business occupation or regular duties which would be reasonable having regard to your education, training or experience.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether a business occupation or regular duty is paid or unpaid.

'Own' Occupation

Your "Total and Permanent Disablement" means either:

A. The total and permanent loss of any of:

- the use of both hands;
- the use of both feet;
- the use of one hand and one foot;
- the sight of both eyes;
- the use of one hand and the sight of one eye;
- the use of one foot and the sight of one eye; or

B. Injury or disease which in our opinion has wholly prevented you from performing the principal duties of your usual occupation for a continuous period of at least 6 months and, despite receiving treatment or rehabilitation, will continue to wholly prevent you from ever again performing those duties, or the principal duties of any other full time occupation that you have engaged in during the 5 years prior to the cessation of work.

For the purposes of this definition of Total and Permanent Disablement, it is immaterial whether an occupation is paid or unpaid.

Buy-Back Option

Upon your survival to one year from acceptance of the trauma claim (except where the trauma was the result of a Terminal Illness), the plan owner has 60 days to take out life insurance cover for an amount up to the trauma claim amount paid out by us.

The new plan is based on the medical assessment carried out when the Buy-Back Option was purchased.

Entry ages for the Buy-Back Option are between ages 15 and 55. The benefit expires at age 65 and cannot extend beyond the term of the Trauma Insurance to which it applies.

Future Insurability Option

Future Insurability Option gives you options to purchase additional life cover at future option dates without providing further health evidence. These option dates are specified dates, available on your 3rd, 6th, 9th, 12th and 15th plan anniversaries. These options can only be exercised until the anniversary following your 45th birthday.

You have a total of 45 days to take up the option of further additional life cover. This period begins 30 days prior to the option date and continues until 15 days after the option date.

In addition, if you marry, divorce, purchase a principal residence, are promoted or move to another job* or have a child (including through adoption), you may bring forward an option date. You must do this within 3 months of such an event taking place. You may be required to provide proof of the event. If you choose to bring forward an option date, you can also bring forward the next option date which would normally fall due.

Future Insurability Option is available between ages 15 and 39 for stepped premium plans only. It ceases when the last option is offered or exercised, whichever is earlier. The maximum amount of additional cover provided through this benefit is \$1,000,000 in total.

Accidental Death Benefit

The Future Insurability Option also includes some temporary additional protection during the option period of 45 days. The sum insured under the Future Insurability Option will be paid upon your accidental death, during the option period, before the option was taken up. The additional cover ceases at the end of the option period, or when the option is taken up, whichever is earlier.

Accidental Death is death which:

- is the result of bodily injury caused directly and solely by violent accidental external and visible means;
- occurs within 90 days of sustaining injury; and
- is independent of any other cause.

Additional Life Insurance

Additional life cover can be added to your Trauma Deluxe Plan.

Children's Trauma Option

You can elect to cover up to 5 of your children under your Trauma Deluxe Plan or Stand Alone Trauma Plan.

Children aged between 2 and under 15 will be covered against the following events.

Events subject to a 90 day qualifying period:

Aplastic Anaemia

Refer to the definition on page 21.

Cancer/Malignant Tumours

Refer to the definition on page 20.

Major Organ Transplant

Refer to the definition on page 21.

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 the permanent inability to perform independently at least one of the Activities of Daily Living (refer to page 22).

Events not subject to a 90 day qualifying period:

Diplegia

Refer to the definition on page 21.

* If you are promoted or move to another job, your salary must increase by at least 25%. You cannot increase your benefit as a result of being promoted or moving to another job, if your salary increase is a result of a change to your salary packaging arrangements, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

Hemiplegia

Refer to the definition on page 21.

Loss of Limbs

Refer to the definition on page 21.

Loss of Limbs and Sight

Refer to the definition on page 21.

Major Head Injury

Refer to the definition on page 21.

Paraplegia

Refer to the definition on page 22.

Quadriplegia

Refer to the definition on page 22.

Severe Burns

Refer to the definition on page 22.

We will not pay a benefit if the condition is directly or indirectly attributable to or consequential upon intentional self-injury or injury caused by the plan owner.

After age 15 all events covered under Trauma Deluxe Plan (except for Terminal Illness and death) will apply. (See page 16 for events covered under Trauma Deluxe Plan).

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

Exclusions and Limitations

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

Death

No amount of cover is payable if you die as a result of suicide within 13 months of the commencement or reinstatement of your plan.

This also applies for any increases to the sum insured (apart from CPI), within 13 months of that increase.

Trauma Deluxe Plans

We will not pay a trauma benefit if your condition is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt threat; or
- war (including war service), an act of a foreign enemy, hostilities or war-like operations (whether war be declared or not), civil commotion, civil war or rebellion.

Stand Alone Trauma Plans

We will not pay a trauma benefit if your condition is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat; or
- war (including war service), an act of a foreign enemy, hostilities or war-like operations (whether war be declared or not), civil commotion, civil war or rebellion; or
- an injury or illness which results directly or indirectly in your death within 14 days of the sustaining of that injury or diagnosis of that illness. For this purpose we will not count any days while the person insured is on a life support system.

Trauma Insurance - 90 day qualifying period

For the medical conditions listed below under the heading "Conditions Subject to a 90 Day Qualifying Period", we will not pay if the person insured develops evidence of or attends a medical practitioner for that condition within 90 days of either of the following:

- the commencement date of the plan; or
- the date the plan is reinstated.

Also if the medical condition occurs within 90 days from the date of any increase in the benefit (not including any automatic CPI increases) we will not pay the amount of that increase.

Total and Permanent Disablement

We will not pay you a benefit if your Total and Permanent Disablement is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat; or
- war (including war service), an act of a foreign enemy, hostilities or war-like operations (whether war be declared or not), civil commotion, civil war or rebellion.

Also, this cover will cease and we will retain all monies paid for it if you retire from your occupation for any reason other than Total and Permanent Disablement.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes or charges) without your specific consent.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more

frequently than annually. The loading is 3% of the annual premium for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

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

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for insurance cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Taxation

Premiums paid for the Trauma Deluxe Plan or Stand Alone Trauma Plan are generally not tax deductible. Lump sum payments made in the event of your death, disablement or major trauma are generally free of income tax in the hands of the plan owner.

Generally, lump sums paid to beneficiaries upon your death will not be assessable. Nomination of beneficiaries does not affect a plan's Capital Gains Tax (CGT) position, since there is no change in the beneficial ownership of the plan.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, to buy out a partner's share in the business), then generally there is no tax deduction and no tax should normally be payable on the benefits.

CGT will not apply to proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and acquired the right to the plan for money or other consideration.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document from us, you have 14 days to check 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 about your Plan

Once we have processed and accepted your Application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full details of your plan including the terms and conditions of your contract, regular premiums and the cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Additional Information on your Plan

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

Entry Ages

Under the Trauma Deluxe Plan the entry ages are:

- 15 to 55.

Under the Stand Alone Trauma Plan the entry ages are:

- 15 to 55.

Under the Total and Permanent Disablement Option entry ages are:

- 15 to 55.

Under the Buy-Back Option the entry ages are:

- 15 to 55.

Under the Additional Life Insurance Option the entry ages are:

- 10 to 70 for stepped premiums.
- 10 to 65 for level premiums.

Under the Future Insurability Option the entry ages are:

- 15 to 39.

Under the Children's Trauma Option the entry ages are:

- 2 to 15.

Nomination of Beneficiaries

You can nominate between one and 5 beneficiaries on your plan. Where a beneficiary is nominated, any insurance monies payable upon your death will be payable to that beneficiary, and not form part of your estate.

When more than one beneficiary is nominated, beneficiaries will be treated as joint owners. On the death of one of the nominated beneficiaries prior to the insurance monies becoming payable, the monies will be payable to the surviving joint owners. You can change your nomination of beneficiaries by advising us in writing.

If you nominate a beneficiary any payment made for a trauma benefit will not be made to your beneficiary.

Statutory Fund

Trauma Deluxe Plans and Stand Alone Trauma Plans are written in a sub-fund of our No.1 Statutory Fund.

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 13);
- you are paid a benefit under the plan which reduces the sum insured to nil;
- on the expiry date of the plan;
- you request in writing to cancel the plan;
- you make a fraudulent claim; or
- you die.

We will retain all premiums paid if the plan is cancelled.

Interim Accidental Death Cover (Trauma Deluxe Plans only)

To provide you with some protection while we are assessing your Application, we provide 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, however, conditions apply. For details see page 46 of this Customer Information Brochure.

Definitions

The events that you are covered for depend on whether you have selected the Trauma Deluxe Plan or the Stand Alone Trauma Plan. The table on page 14 explains which events are applicable to each plan.

The events covered under the Children’s Trauma Option are explained on page 16.

Major Trauma

‘Major Trauma’ means any of the following listed conditions happening to you, after the commencement of this insurance.

Conditions subject to a 90 day qualifying period

Cancer - Malignant Tumours

The occurrence of an invasive malignant tumour. Included will be all forms of leukaemia, lymphoma, Hodgkin’s disease and malignant melanoma 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 lesser 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.

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 (refer to Angioplasty), laser and other catheter techniques (refer to Angioplasty) are excluded.

Heart Attack

An acute myocardial infarction where such diagnosis has been documented by the occurrence of:

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

Stroke

A cerebrovascular incident that is:

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

Conditions not subject to a 90 day qualifying period

Alzheimer’s Disease & Other Dementias

The certain diagnosis of Alzheimer’s disease or Dementia where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified “Activities of Daily Living”. (Refer to page 22).

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 a benefit for 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

Total, persistent aplasia of bone marrow.

Benign Brain Tumour

A benign intracranial tumour with all of the following features:

- it cannot be totally removed by surgery;
- its growth cannot be arrested by other available techniques;
- it is life threatening;
- it has caused a permanent inability to perform at least 2 of the specified “Activities of Daily Living”. (Refer to page 22).

Blindness

The total and permanent loss of sight in both eyes.

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.

Coma

Total failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting 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.

Deafness

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

Diplegia

The 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, resulting in the permanent inability to perform independently at least 2 of the specified “Activities of Daily Living” (refer to page 22). Encephalitis as a result of HIV infection is excluded.

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

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

Liver Failure

End stage liver disease resulting in cirrhosis and with all of the following features:

- Permanent Jaundice (the serum bilirubin must be continuously over 50mmol/L);
- Portal Hypertension; and
- Ascites or Encephalopathy or Hepatorenal Syndrome.

Loss of Capacity for Independent Living

The permanent and total inability to perform independently at least 3 of the specified “Activities of Daily Living”. (Refer to page 22).

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 Injury

An accidental head injury causing a permanent inability to perform independently at least one of the specified “Activities of Daily Living”. (Refer to page 22).

Major Organ 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 Infection

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; or
- 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 of 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) where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified "Activities of Daily Living". (Refer below).

Multiple Sclerosis

The certain diagnosis of Multiple Sclerosis where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified "Activities of Daily Living". (Refer below).

Occupationally Acquired HIV Infection

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/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.

This insurance will not apply and no payment will be made under it 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

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

Parkinson's Disease

The certain diagnosis of Parkinson's disease where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified "Activities of Daily Living". (Refer below).

Pneumonectomy

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

Pulmonary Hypertension

Primary pulmonary hypertension associated with right ventricular failure. Pulmonary hypertension associated with chronic lung disease is excluded.

Quadriplegia

The total and permanent loss of 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 body surface area.

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.

Activities of Daily Living

For the purposes of all conditions defining major trauma, the "Activities of Daily Living" means the inability of the following:

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

Terminal Illness

"Terminal Illness" means any illness which, in our opinion after consideration of medical evidence provided to us by your own doctor and such other evidence as we may require, will result in your death within 12 months, regardless of any treatment that might be undertaken.

Key Features Statement

Comprehensive Income 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 of you being unable to work due to sickness or injury.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

The Plan

The Comprehensive Income Protection Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability Benefit is up to 75% of your income (net of business expenses but before tax) at the time of taking out your plan.

Premiums

Minimum Premium

The minimum annual premium is \$200 (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' on page 25 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For the plan to remain current, 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 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by cash, cheque or credit card (VISA, MasterCard and Bankcard only).

You don't have to pay the premium for any plans in your Risk Protection Package while you are being paid a benefit under the Comprehensive Income Protection Plan (except for Nursing Care).

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your Total Disability Benefit;
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (see Indexation Benefit on page 28); or
- we review the premium rates for all plans of this type.

Benefits

The benefits available under the Comprehensive Income Protection Plan and the exclusions which apply are listed on page 24. For details on these benefits, please refer to pages 26 to 29 of this Customer Information Brochure. The Comprehensive Income Protection Plan is available to all occupation groups which we classify as "MP", "AA", "A", "B", "C" and "D".

[†] Please refer to page 44 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Eligible Occupation Groups	
Occupation Group MP	Medical and Dental Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group C	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 D	Predominantly manual labour, physically strenuous work with significant accident/health risks.

The following lists the in-built benefits of the Comprehensive Income Protection Plan:

- Total Disability Benefit
- Attempted Return to Work During the Waiting Period
- Partial Disability Benefit
- Specific Injuries or Sicknesses
- Nursing Care
- Rehabilitation Expenses Benefit
- Rehabilitation Program Benefit
- Death Benefit
- Recurrent Disability
- Worldwide Cover
- Unemployment Premium Waiver Benefit
- Elective/Cosmetic Surgery
- Waiver of Premium
- Leave Without Pay Benefit
- Unemployment Continuation Benefit
- Indexation Benefit
- Family Member's Accommodation Benefit
- Family Carer's Income Benefit
- Home Coming Costs Benefit
- AXA Australia Health Insurance Benefit
- Guaranteed Upgrade of Benefits

Optional Benefits

Further protection is available through the options listed below. Pages 29 and 30 explain these options in detail.

Optional benefits at an extra cost are:

- Increasing Claim Option (6% or 10%);
- Accident Lump Sum Option;
- Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option (available only to Doctors, Dentists and Surgeons we classify as "MP");
- Cover Boost Option (available only to occupations we classify as "MP", "AA" & "A"); and
- Accelerated Accident Option.

Optional benefits at a reduced cost are:

- Indemnity Option; and
- Out of Working Hours Option.

Exclusions and Limitations

Your plan may contain certain exclusions and limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

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 or the plan owner on purpose;
- uncomplicated pregnancy, miscarriage or childbirth; or
- war or war-like activities.

Other exclusions and limitations are set out in the section "Additional Information on your Plan" on page 26.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined over the page:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more frequently than annually. The loading is 3% of the annual premium for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence and is calculated as a percentage of the total premium, including the plan fee. The government may change the rate of stamp duty from time to time.

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for insurance cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

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, premiums paid for the Accident Lump Sum Option or the Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option are not tax deductible and benefits received are not assessable for income tax.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document from us, you have 14 days to check 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 about your Plan

Once we have processed and accepted your Application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full details of your plan including the terms and conditions of your contract, regular premiums and the cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Additional Information on your Plan

The following provides further details of the benefits and conditions of your plan.

Entry Ages

Under the Comprehensive Income Protection Plan the entry ages are:

- 17 to 55 for expiry age 60.
- 17 to 60 for expiry age 65.

Total Disability Benefit

If you become totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are not capable of doing the important duties of your regular occupation, and you are not working in any occupation (whether paid or unpaid), and you are under medical care.

“Important duties” means one or more duties which involve 20% or more of a person insured’s tasks and are essential to producing the person insured’s 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 occupations we classify as “D”, the following also 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, training or experience, and not working in any occupation (whether paid or unpaid), and are under medical care.

Maximum Benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of two 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.

Attempted Return to Work During the Waiting Period

The following applies if the waiting period you have is 2 or 4 weeks. 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 8 weeks 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.

Partial Disability Benefit

If, immediately after a period of at least 14 days of total disability you can only return to work in a reduced capacity, earning less than your pre-disability income we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period. The amount paid is proportionate to your income loss.

Specific Injuries or Sicknesses

If you suffer one of the specific injuries or sicknesses which are set out in the following table, we will pay you the benefit for the period of time shown, regardless of whether or not you are able to work. However, we will not pay for longer than your benefit period.

If, after the period set out in the table ends, you are totally or partially disabled because of the same specific injury or sickness, we will continue to pay you the total or partial disability benefit, whichever applies. You will be entitled to be paid from the end of the waiting period.

SPECIFIC INJURY OR SICKNESS	PERIOD WE PAY YOU FOR
▪ Loss	
Total and Permanent loss of use of:	
Both arms and legs due to spinal cord injury or disease - quadriplegia	260 weeks
Both legs due to spinal cord injury or disease - paraplegia	260 weeks
Both hands or both feet	104 weeks
Entire sight in both eyes	104 weeks
One hand and one foot	104 weeks
One hand and the entire sight in one eye	104 weeks
One foot and the entire sight in one eye	104 weeks
One arm or one leg	78 weeks
One hand, one foot or entire sight in one eye	52 weeks
Thumb and index finger from same hand	26 weeks
▪ Fracture	
Thigh shaft	13 weeks
Pelvis, except coccyx	13 weeks
Skull, except bones of face or nose	8 weeks
Upper arm, including elbow and shoulder	8 weeks
Shoulder blade	8 weeks
Lower leg, including ankle, but excluding knee cap and foot	8 weeks
Knee cap	8 weeks
Collar bone	6 weeks
Lower arm, including wrist, but excluding elbow and hand	6 weeks
Hand, except fingers	6 weeks
Foot, except toes	6 weeks
▪ Severe Burns*	26 weeks
▪ Cancer*	26 weeks
▪ Chronic Kidney Failure*	26 weeks
▪ Coronary Artery Surgery*	26 weeks
▪ Heart Attack*	26 weeks
▪ Heart Valve Surgery*	26 weeks
▪ Major Organ Transplant*	26 weeks
▪ Stroke*	26 weeks

* 26 weeks is payable for plans with 2 and 4 week waiting periods only. For plans with 8 week waiting periods, the amount payable is a maximum of 17 weeks, while for plans with 13 week waiting periods, the maximum amount payable is 13 weeks. No benefit is payable for these medical conditions for plans with other waiting periods.

Nursing Care

If you are totally disabled and certified by a doctor to require the full-time and continuous care of a registered nurse, for more than 2 days in a row during the waiting period, we will pay 1/7 (one seventh) of the Total Disability Benefit during the waiting period for each day of such care, after the first 2 days to a maximum of 180 days. This benefit is not payable if a benefit has been paid for specific injuries or sicknesses.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, and require rehabilitation, we will pay an additional amount (up to 26 times the Total Disability Benefit), for reimbursement of equipment and rehabilitation program expenses certified by a doctor to be necessary for your rehabilitation.

This is only payable if these expenses are not reimbursable from other sources and we agree in writing beforehand.

Rehabilitation Program Benefit

If you are totally disabled for at least the length of the waiting period and you take part in a rehabilitation program, we will pay an additional 50% of the Total Disability Benefit after the waiting period for up to 12 months while you are totally disabled and participating in the program. We must approve the program first.

Death Benefit

If death occurs while the plan is still current, we will pay a lump sum equal to 13 times the Total Disability Benefit.

Recurrent Disability

If, following a disability claim for which we were paying you, you return to full time work and are disabled again within 6 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

Worldwide Cover

Worldwide cover means your Comprehensive Income Protection Plan covers you anywhere in the world.

Unemployment Premium Waiver Benefit

If you become unemployed for reasons other than disability, we will pay your premium for up to 3 months. For this benefit to apply, the plan must have been in force for a continuous 6 month period and you must register with an approved Government employment agency within 30 days of becoming unemployed.

Elective or Cosmetic Surgery

We will pay the Total Disability Benefit if you are totally disabled due to elective or cosmetic surgery, if your plan has been in force for at least 6 months.

Waiver of Premium

You don't have to pay the premium for this plan and other components in your Risk Protection Package while you are being paid a benefit under this plan (except for Nursing Care). Waiver of Premium only applies to plans contained within this Customer Information Brochure, with the same person insured.

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 Total Disability Benefit if you are able to work in any occupation for which you are reasonably suited by education, training or experience. Additionally, you must continue paying the premiums whilst you are on leave.

Unemployment Continuation Benefit

If you become unemployed and are actively seeking employment, we will continue your 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 you are able to work in any occupation for which you are reasonably suited by education, training or experience. Additionally, we will pay your premium for the first 3 months (conditions apply see "Unemployment Premium Waiver Benefit"). You must resume paying your premium after you have been unemployed for 3 months.

Indexation Benefit

Every year, up to age 64, we will increase your Total Disability 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.

Family Member's Accommodation Benefit

If an immediate family member has to stay more than 100 kms away from home, or has to be with you when you are totally disabled and confined to bed more than 100kms from home, we will reimburse the immediate family member for accommodation expenses up to \$100 per day, for up to 13 weeks. We will require receipts for any accommodation claimed.

You are only entitled to be paid after the expiry of the waiting period.

Family Carer's Income Benefit

We will pay the Family Carer's Income Benefit if you have been receiving Total Disability Benefits for 4 weeks and an immediate family member ceases employment because of your total disability.

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

- the Total Disability Benefit;
- the amount the family carer would have earned if you had not been totally disabled; or
- \$500 a week.

Home Coming Costs Benefit

We will pay your transportation costs home if you are totally disabled more than 100kms from home 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, and
- 13 times the Total Disability Benefit.

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

AXA Australia Health Insurance Benefit

If, because of injury or sickness, you are totally or partially disabled we will make an additional payment towards your AXA Australia Health Insurance premium for you.

To receive this benefit you must have current hospital cover provided through AXA Australia Health Insurance (AAHI) at the time total or partial disability occurs ('Extras' only cover does not apply).

The amounts payable are as follows:

- For Family Cover, the benefit will be \$52 per week, to a maximum of \$5,000 (for any one claim).
- For Singles Cover, the benefit will be \$26 per week, to a maximum of \$2,500 (for any one claim).

The benefit is payable in addition to your normal Total Disability Benefit but is not payable on your death or for health insurance provided by non-AAHI operators.

AXA Australia Health Insurance is a registered business name of National Mutual Health Insurance Pty Ltd (ABN 50 033 098 655).

AXA Australia Health Insurance operates as:

ORGANISATION	STATE
HBA	Victoria
Mutual Community	South Australia
Territory Mutual	Northern Territory
AXA Australia Health Insurance	Queensland New South Wales Western Australia Tasmania ACT

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

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

Optional Benefits

Various options are available under the Comprehensive Income Protection Plan.

Increasing Claim Option

This option ensures your cover keeps pace with inflation while you are on a claim. If you become disabled, your benefits will increase each year, (on your plan renewal date), in line with the Consumer Price Index, to a maximum of 6% or 10% (depending on which rate you select on Application).

Accident Lump Sum 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	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 different accidents.

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option

This option is available only to Doctors, Dentists and Surgeons 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:

- 260 times your Total Disability Benefit; and
- \$500,000 from all sources.

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.

Cover Boost Option

This option is available only to occupations we classify as “MP”, “AA” and “A”.

Every 3 years, before age 55, you can increase the Total Disability Benefit by up to 20% (in addition to CPI adjustments), without further health evidence.

You cannot increase the benefit if:

- you are on a claim;
- the new Total Disability Benefit is more than 75% of your average weekly income;
- the new Total Disability Benefit is more than the current maximum limit on new plans; or
- you have exceeded the maximum number of increases allowable under this option.

Accelerated Accident Option

This option is only available if you have a 2 or 4 week waiting period.

If, during the waiting period, you are totally disabled for more than 3 days in a row due to an injury, we will pay 1/7th of the Total Disability Benefit for each day of disability during the waiting period, from the 4th day up to 4 weeks. This option is not payable if benefits are being paid for Nursing Care or Specific Injuries or Sicknesses.

Indemnity Option

This option allows you to insure up to 75% of your gross income (less any business expenses incurred but before tax). 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 weekly income over the 2 years we have not been paying a benefit under the plan. Where you choose this option you will pay a reduced premium.

Out of Working Hours Option

This Option allows employees covered under Workers' Compensation to pay a reduced premium and be covered for non-work related sickness and injury only.

General Information

The Benefit

The Total Disability Benefit is the amount you are insured for. It is calculated weekly and payable fortnightly in arrears.

If you make a claim for total disability, the benefit you are insured for, “the Total Disability Benefit”, is what you will be paid, plus 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 total disability or partial disability benefit if any amounts are received under 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 or partial disability by the amounts which are paid from these sources.

If you receive an amount from other sources or become entitled to receive an amount from other sources you must promptly inform us in writing and provide us with full details of the amounts you have received or are entitled to receive. We may then reduce your benefit or recover the amount of any benefits overpaid to you, which should have been reduced, by the amount from other sources.

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

Amount of Benefit Insured

You may insure up to 75% of your weekly income. Income means either:

- if you own part or all of a business or practice, income is money generated by the business due to your own activity, after all expenses in earning that income have been deducted;
- if you are employed, your income is your total package, including commissions, regular bonuses, superannuation and fringe benefits.

Income does not include investment or interest income.

Waiting Period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the premium you can afford (shorter waiting periods are generally more expensive), and how long you can maintain your lifestyle, without receiving a benefit from this plan.

You can choose a waiting period of 4, 8, 13, 26, 52 or 104 weeks. Two week waiting periods are also available to occupations we classify as "B", "C" or "D".

Benefit Period

The benefit period is the maximum period for which benefits are payable for any one claim. You can choose 2 years, 5 years, to age 60 or to age 65. Not all benefit periods are available with all waiting periods.

Guaranteed Renewable

Once your Application for Income Protection has been accepted by us, (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until the expiry date. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation or pastimes.

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 23);
- you permanently retire from the workforce;
- on the expiry date of the plan;
- you request in writing to cancel the plan;
- you make a fraudulent claim; or
- you die.

We will retain all premiums paid if the plan is cancelled.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we provide 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 46 of this Customer Information Brochure.

Key Features Statement

Essential Income 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 of you being unable to work due to sickness or injury.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

The Plan

The Essential Income Protection Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability 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 weekly income over the 2 years we have not been paying you a benefit under the plan.

If you are a farmer and we classify your occupation as “F” the Total Disability Benefit is up to 30% of your gross farming income (to a maximum of \$750 per week).

Premiums

Minimum Premium

The minimum annual premium is \$200 (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to ‘Plan Linking’ on page 34 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted and provided all premiums are paid when due, we guarantee to continue your plan until its expiry date.

For the plan to remain current, 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 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by cash, cheque or credit card (VISA, MasterCard and Bankcard).

You don’t have to pay the premium for any plans in your Risk Protection Package while you are being paid a Total or Partial Disability Benefit under the Essential Income Protection Plan.

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the ‘Premium Freeze’ facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your Total Disability Benefit;
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (see Indexation Benefit on page 37); or
- we review the premium rates for all plans of this type.

Benefits

The benefits available under the Essential Income Protection Plan and the exclusions which apply are listed on page 33. For details on these benefits, please refer to pages 35 to 37 of this Customer Information Brochure. The Essential Income Protection Plan is available to all occupation groups which we classify as “MP”, “AA”, “A”, “B”, “BY”, “C”, “CY”, “D”, “DY”, and “F”.

[†] Please refer to page 44 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Eligible Occupation Groups	
Occupation Group MP	Medical and Dental Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BY	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group C	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 CY	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 D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
Occupation Group DY	Predominantly manual labour, physically strenuous work with significant accident/health risks.
Occupation Group F	Farmers who own and work full-time on their own properties or full-time share farmers. They must have been well established in this manner for at least 3 years.

Occupations we classify as “BY”, “CY” or “DY” will only be eligible for the Reviewable Essential Income Protection Plan.

The following summarises the in-built benefits of the Essential Income Protection Plan.

- Total Disability Benefit
- Attempted Return to Work During the Waiting Period (not available to occupations we classify as “BY”, “CY”, “DY” or “F”)
- Partial Disability Benefit
- Recurrent Disability
- Worldwide Cover
- Waiver of Premium
- Leave Without Pay Benefit (not available to occupations we classify as “BY”, “CY”, “DY” or “F”)
- Unemployment Continuation Benefit (not available to

occupations we classify as “BY”, “CY”, “DY” or “F”)

- Indexation Benefit
- Guaranteed Upgrade of Benefits

Optional Benefits

Further protection is available through the options listed below. Page 37 explains these options in detail.

Optional benefits at an extra cost are:

- Increasing Claim Option 6% (not available to occupations we classify as “BY”, “CY” or “DY”)
- Accident Lump Sum Option
- Cover Boost Option (only available to occupations we classify as “MP”, “AA” or “A”)
- Accelerated Accident Option (not available to occupations we classify as “BY”, “CY” or “DY”)

Optional benefits at a reduced rate are:

- Out of Working Hours Option (not available to occupations we classify as “F”).

Exclusions and Limitations

Your plan may contain certain exclusions, limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

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 or the plan owner on purpose;
- uncomplicated pregnancy, miscarriage or childbirth; or
- war or war-like activities.

Other exclusions and limitations are set out in the section “Additional information on your Plan” on page 35.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined over the page:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more frequently than annually. The loading is 3% of the annual premium (excluding the plan fee) for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence and is calculated as a percentage of the total premium, including the plan fee. The government may change the rate of stamp duty from time to time.

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for insurance cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for insurance may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

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, premiums paid for the Accident Lump Sum Option are not tax deductible and benefits received are not assessable for income tax.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document from us, you have 14 days to check 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 about your Plan

Once we have processed and accepted your Application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full details of your plan including the terms and conditions of your contract, regular premiums and the insurance cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Additional Information on your Plan

The following provides further details of the benefits and conditions of your plan.

Entry Ages

Under the Essential Income Protection Plan the entry ages for occupations we classify as “MP”, “AA”, “A”, “B”, “C”, “D”, or “F” are:

- 17 to 55 for expiry age 60.
- 17 to 60 for expiry age 65.

For occupations we classify as “BY”, “CY” or “DY” the entry ages are 16 to 60 for expiry age 65 .

Total Disability Benefit

If you become totally disabled we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, for the first 2 years on a claim you are not capable of doing the important duties of your regular occupation, and you are not working in any occupation (whether paid or unpaid), and under medical care.

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, training or experience, and not working in any occupation (whether paid or unpaid), and under medical care.

For occupations we classify as “F”, the following applies: You are totally disabled if, because of injury or sickness, you are not capable of doing normal farming duties, and not working in any occupation (whether paid or unpaid) and under medical care.

After the first 2 years of a claim, you are totally disabled if, because of injury or sickness 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 the person insured’s 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.

“Farming” means being actively engaged in raising crops or animals for commercial purposes.

Maximum Benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of two 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.

Attempted Return to Work during the Waiting Period

This benefit is not available to occupations we classify as "BY", "CY", "DY" or "F".

The following applies if the waiting period you have is 2 or 4 weeks. 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 8 weeks 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.

Partial Disability Benefit

Occupations classified as "MP", "AA", "A", "B", "BY", "C", "CY", "D" & "DY"

If, immediately after a period of at least 14 days of total disability you can only return to work in a reduced capacity, earning less than 75% of your pre-disability income we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period. The amount we pay is the lesser of:

A - B or C - B

where:

A is 75% of your pre-disability income;

B is your income during the week in which you are partially disabled;

C is your weekly benefit.

We will pay you for partial disability for a maximum of 2 years only.

Occupation classified as F

If you have been totally disabled throughout the waiting period and you immediately return to work in a reduced capacity (i.e. performing less than 75% of your normal farming duties or working in another occupation earning less than 75% of your pre-disability income), we will pay you 25% of the Total Disability Benefit.

This partial disability benefit is payable for a maximum period of 1 year.

Recurrent Disability

If, following a disability claim for which we were paying you, you return to full time work and are disabled again within 6 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

Worldwide Cover

Worldwide cover means your Essential Income Protection Plan covers you anywhere in the world.

Waiver of Premium

You don't have to pay the premium for this plan and other components in your Risk Protection Package while you are being paid a benefit under this plan. Waiver of Premium only applies to plans contained within this Customer Information Brochure, with the same person insured.

Leave Without Pay Benefit

This benefit is not available to occupations we classify as "BY", "CY", "DY" or "F".

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 you are able to work in any occupation for which you are reasonably suited by education, training or experience. Additionally, you must continue paying the premiums whilst you are on leave.

Unemployment Continuation Benefit

This benefit is not available to occupations we classify as "BY", "CY", "DY" or "F".

If you become unemployed and are actively seeking employment we will continue your 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 you are able to work in any occupation for which you are reasonably suited by education, training or experience. You must continue paying your premium while you are unemployed.

Indexation Benefit

Every year, up to age 64, we will increase your Total Disability 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.

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

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

Optional Benefits

Various options are available under the Essential Income Protection Plan.

Increasing Claim Option

This option is not available to occupations we classify as “BY”, “CY” or “DY”.

This option ensures your cover keeps pace with inflation while you are on a claim. If you become disabled, your benefits will increase each year (on your plan renewal date) in line with the Consumer Price Index, to a maximum of 6%.

Accident Lump Sum 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 following table:

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	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 different accidents.

Cover Boost Option

This option is available only to occupations we classify as “MP”, “AA” and “A”.

Every 3 years, before age 55, you can increase the Total Disability Benefit by up to 20% in addition to CPI adjustments without further health evidence.

You cannot increase the benefit if:

- you are on a claim;
- the new Total Disability Benefit is more than 75% of your average weekly income;
- the new Total Disability Benefit is more than the current maximum benefit limit on new plans; or
- you have exceeded the maximum number of increases allowable under this option.

Accelerated Accident Option

This option is not available to occupations we classify as “BY”, “CY” or “DY”.

If, during the waiting period, you are totally disabled for more than 3 days in a row due to an injury, we will pay 1/7th of the Total Disability Benefit for each day of disability during the waiting period, from the 4th day up to 4 weeks. You must select a 2 or a 4 week waiting period with this option.

Out of Working Hours Option

This option is not available to occupations we classify as “F”.

This option allows employees covered under Workers’ Compensation to pay a reduced premium and be covered for non-work related sickness and injury only.

General Information

The Benefit

The Total Disability Benefit is the amount you are insured for. It is calculated weekly and payable fortnightly in arrears. If you make a claim for total disability we will pay you the lesser of the Total Disability Benefit and 75% of your average weekly income over the 2 years immediately prior to disablement.

We may reduce your total disability or partial disability benefit if any amounts are received under 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 do this if the regular benefit received from the other sources and our plan total more than 75% of your pre-disability income.

If you receive an amount from other sources or become entitled to receive an amount from other sources you must promptly inform us in writing and provide us with full details of the amounts you have received or are entitled to receive. We may then reduce your benefit or recover the amount of any benefits overpaid to you, which should have been reduced, by the amount from other sources.

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

Amount of Benefit Insured

If we classify your occupation as "MP", "AA", "A", "B", "C", "BY", "CY", "DY", or "D" you may insure up to 75% of your gross income (less any business expenses incurred but before tax). 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 weekly income over the 2 years we have not been paying a benefit under the plan. Income means either:

- if you own part or all, of a business or practice, income is money generated by the business due to your own activity, after all expenses in earning that income have been deducted;
- if you are employed, your income is your total package, including commissions, regular bonuses, superannuation and fringe benefits.

If we classify your occupation as "F" you may insure up to 30% of your gross farm income (to a maximum of \$750 per week).

Waiting Period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the

premium you can afford (shorter waiting periods are generally more expensive) and how long you can maintain your lifestyle, without receiving a benefit from this plan.

If we classify your occupation as "MP", "AA", "A", "B", "C" or "D" you can choose a waiting period of 4, 8, 13, 26, 52 or 104 weeks. Two week waiting periods are also available to occupations we classify as "B", "C" or "D".

If we classify your occupation as "BY", "CY" or "DY" you can choose a waiting period of 2 or 4 weeks.

If we classify your occupation as "F" you can choose a waiting period of 2, 4, 8, 13 or 26 weeks.

Benefit Period

The benefit period is the maximum period for which benefits are payable for any one claim. If we classify your occupation as "MP", "AA", "A", "B", "C", "D" or "F" you can choose 2 years, 5 years, to age 60 or to age 65.

If we classify your occupation as "BY", "CY" or "DY" you can choose 52 or 104 weeks.

Not all waiting periods are available with all benefit periods.

Renewability of Plans

Once your Application for the Essential Income Protection Plan has been accepted by us (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until the expiry date. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation or pastimes unless we classify your occupation as "BY", "CY" or "DY".

If we classify your occupation as "BY", "CY" or "DY" 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 32);
- you permanently retire from the workforce;
- on the expiry date of the plan;
- if your plan is not renewed by us on the annual renewal date (for occupations we classify as "BY", "CY" or "DY" only);
- you request in writing to cancel the plan;
- you make a fraudulent claim; or
- you die.

Additionally, if we classify your occupation as an “F” your plan will terminate and the cover will cease if you stop farming for 3 months in a row for a reason other than disability, unless cessation of farming applies (see Cessation of Farming section below).

We will retain all premiums paid if the plan is cancelled.

Cessation of Farming

Only applicable to occupations we classify as “F”.

Two options are available if you cease farming for a reason other than total disability:

1. Replacement Plan:

If, within 3 months of ceasing farming, you commence other full-time work and ask us in writing, we will issue a replacement guaranteed renewable Income Protection plan without further health evidence. Financial evidence will be required to determine the level of cover under your new plan.

2. Terminate Plan:

If you stop farming for 3 months in a row (for a reason other than total disability), the plan will terminate and cover will cease (unless you are entitled to and have exercised option 1 above). We may, at our discretion, reinstate the cancelled plan when you return to farming.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we provide 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 45 of this Customer Information Brochure.

Key Features Statement

Business Expenses 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 of you being unable to work due to sickness or injury.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

The Plan

This plan protects your business if you are totally disabled and unable to work due to sickness or injury, by covering the weekly expenses of the business. You can insure for up to 100% of your weekly business expenses.

Premiums

Minimum Premium

The minimum annual premium is \$200 (including the plan fee and other charges). A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' on page 43 for details.

Premium Tables

Premium rate tables are available on request.

Payment of Premiums

Once your Application has been accepted by us and provided all premiums are paid, we guarantee to continue your plan every year until its expiry date.

For the plan to remain current, 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 business days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly[†] or fortnightly[†] deductions from your bank account or credit card*. You can also pay yearly, half-yearly or quarterly by

cash, cheque or credit card (VISA, MasterCard or Bankcard only).

You don't have to pay the premium for any plans in your Risk Protection Package while you are being paid a Total Disability Benefit for business expenses.

Premium Structure

There are 2 premium structures to choose from:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

For Stepped Premium plans, you may take up the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your cover reduces, rather than your premiums increasing to maintain the same level of cover. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums (excluding charges) remain the same for a given level of cover throughout the term of the plan. The plan term is specifically defined at commencement.

Premiums will only change if:

- you request a change in your Total Disability Benefit;
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (see Indexation Benefit on page 41); or
- we review the premium rates for all plans of this type.

Benefits

The Benefit

The benefits available under the Business Expenses Protection Plan and the exclusions which apply are listed below. For details on these benefits, please refer to page 46 of this Customer Information Brochure.

The Business Expenses Protection Plan is available to all occupation groups we classify as "MP", "AA", "A", "B", "C" and "D".

- Total Disability Benefit
- Attempted Return to Work During the Waiting Period
- Recurrent Disability
- Death Benefit
- Worldwide Cover

[†] Please refer to page 44 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

- Waiver of Premium
- Indexation Benefit
- Guaranteed Upgrade of Benefits

Total Disability Benefit

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

“Important duties” means one or more duties which involve 20% or more of a person insured’s tasks and are essential to producing the person insured’s 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 total of two 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.

Attempted Return to Work During the Waiting Period

The following applies if the waiting period you have is 2 or 4 weeks. 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 8 or 13 weeks. 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.

Recurrent Disability

If, following a disability claim for which we were paying you, you return to full time work and are disabled again within 6 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

Death Benefit

If death occurs while the plan is still current we will pay a lump sum equal to 13 times the Total Disability Benefit.

Worldwide Cover

Worldwide cover means your Business Expenses Plan covers you anywhere in the world.

Waiver of Premium

You don’t have to pay the premium for this plan and other components in your Risk Protection Package while you are being paid a benefit under this plan. Waiver of Premium only applies to plans contained within this Customer Information Brochure, with the same person insured.

Indexation Benefit

Every year, up to age 64, we will increase your Total Disability 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.

Guaranteed Upgrade of Benefits

If, in a later enhancement of this plan series, we add to or improve 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. If a benefit has been added to your plan in this way, this benefit cannot be removed by us.

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

Exclusions and Limitations

Your plan may contain certain exclusions, limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your plan document to see which, if any, exclusions or unusual terms apply.

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 or the plan owner on purpose;
- uncomplicated pregnancy, miscarriage or childbirth; or
- war or war-like activities.

General Information

The Benefit

The amount we pay you is calculated weekly and paid fortnightly in arrears. It will be the lesser of:

- the amount of benefit you are insured for at the time of disability; and
- the business expenses actually incurred whilst on claim in the operation of your business.

We may reduce the amount we pay you if you earn money from the business or your share of the business earns money, during a period for which we are paying you a benefit.

Amount of Benefit Insured

You may insure up to 100% of allowable average weekly expenses that the business will continue to incur if you become totally disabled. Typical expenses of this nature include rent, electricity, water, gas, employees' salaries (but not your replacement) and regular business loan repayments.

Typical expenses do not include the salaries or wages of employees who contribute directly to your earnings or the earnings of your business.

Waiting Period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the premium you can afford (shorter waiting periods are generally more expensive) and how long you can maintain your lifestyle, without receiving a benefit from this plan.

You can choose a waiting period of 4, 8 or 13 weeks. 2 week waiting periods are also available to occupations we classify as "B", "C" or "D".

Benefit Period

The benefit period is the maximum period for which benefits are payable for any one claim. You have a choice of 6 or 12 months.

Where the benefit period is equal to 6 months, and benefits paid are not equal to 26 times the Total Disability Benefit, the benefit period can be extended until an amount equal to 26 times the Total Disability Benefit has been paid.

Where the benefit period is equal to 12 months, and benefits paid are not equal to 52 times the Total Disability Benefit, the benefit period can be extended until an amount equal to 52 times the Total Disability Benefit has been paid.

Guaranteed Renewable

Once your Application for Business Expenses Protection Plan has been accepted by us (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until the expiry date. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation or pastimes.

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 expiry date of the plan;
- if you stop working for 3 consecutive months for a reason other than total disability;
- you request in writing to cancel the plan;
- you make a fraudulent claim; or
- you die.

We will retain all premiums paid if the plan is cancelled.

What are the Charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

Plan Fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined over page:

PAYMENT METHOD	PAYMENT FREQUENCY	PLAN FEE PER PAYMENT
Direct e.g. cash/cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

Plan Linking

The Risk Protection Package allows you to link up to 21 plans whilst paying just one plan fee. By linking plans, you can effectively reduce the total cost of cover, by saving on multiple plan fees.

You can link plans with your spouse, other family members living at the same address, business partners, or if you have more than one plan within our Risk Protection Package.

Linking plans provides you with the following benefits:

- one plan fee;
- the simplicity of just one billing statement; and
- reduced minimum premiums for linked plans.

Please be aware that only products within this Customer Information Brochure can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

Instalment Fee

An instalment fee applies if you choose to pay more frequently than annually. The loading is 3% of the annual premium (excluding the plan fee) for half-yearly cases and 6% for all other premium frequencies.

Government Stamp Duty

A government stamp duty is imposed on your plan. The amount varies depending on your state of residence and is calculated as a percentage of the total premium (including the plan fee). The government may change the rate of stamp duty from time to time.

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for insurance cover,

however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.

- The premium rates for insurance may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least 3 months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

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. You should consult your professional tax adviser for advice regarding your personal situation.

Goods and Services Tax (GST)

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

Cooling Off Period

After you sign up for your plan and receive your plan document, you have 14 days to check 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 about your Plan

Once we have processed and accepted your Application and first premium, we will send you a Plan Document and a Plan Schedule. These will show full details of your plan including the terms and conditions of your contract, regular premiums and the cover you have chosen. You should read both documents carefully and contact your adviser or us if you have any concerns.

Who to contact if you are not satisfied

If you have an enquiry about your Risk Protection Package, please contact your adviser or our Customer Service Centre on 132 987.

If you have a complaint, please advise our service centre in writing. If you are not satisfied with our handling of the complaint, refer to page 45 for details of an external body who you can contact.

Important Information Applying to all Plans

About this Section

This section is important and must be read in conjunction with the other sections of the brochure to ensure you have all the relevant information to decide if the Risk Protection Package suits your needs.

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 policy 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 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 132 987 or your adviser.

Can We Help?

- If you have any queries about your direct debit agreement please contact our Customer Service Centre on 132 987 or your adviser.
- We undertake to respond to queries concerning disputed transactions within 5 working days of notification.

How to Apply

Simply complete the Application form and Personal Statement in the back of this brochure. Your adviser will be able to assist you with the details.

Your Duty of Disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

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

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of the commencement date. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Existing injuries or sickness

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 your insurance.

Medical Requirements

You will need to provide health evidence so that your Application can be assessed. In most cases, completion of the Personal Statement at the back of this brochure is sufficient. For large sums insured, or where details of your medical history appear insufficient, further medical evidence may be required before your Application is accepted.

If you have an Enquiry or a Complaint

Life Insurance

If you have an enquiry about your Risk Protection Package, please contact your Adviser or a Service Officer from the Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

If you have a complaint, please advise the Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan. The Service Centre address is:

AXA Australia
Customer Service Centre
PO Box 14330
Melbourne VIC 8001

If you are not satisfied with our handling of the complaint, the Financial Industry Complaints Service is available to you. The Financial Industry Complaints Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs. The Complaints Service can be contacted on (03) 9629 7050 in the Melbourne Metropolitan area or toll free on 1800 335 405. Alternatively, you can write to:

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

Superannuation Life Protection Plan

If you have any enquiry about your superannuation benefit, please contact the Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call. If you have a complaint, please write to:

AXA Australia
Customer Service Centre
PO Box 14330
Melbourne VIC 8001

If you hold a Superannuation Life Protection Plan and it is issued under a superannuation fund other than the NMRF, 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 Superannuation Life Protection Plan is issued under, if you are not satisfied with our resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 131 434, for the cost of a local call. The Tribunal is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

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. The Tribunal's address is:

Superannuation Complaints Tribunal,
Locked Bag 3060
GPO Melbourne VIC 3001
Telephone 131 434

Interim Accidental Death Cover Certificate

Details (Please Print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA Australia. AXA Australia grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

What amount is payable on accidental death?

The amount proposed for death cover on the Person to be Insured up to a maximum benefit of \$250,000 under this and all similar certificates or any other maximum sum fixed by law.

What type of plans are covered?

Plans providing a sum insured on death.

What do we mean by accidental death?

Death which:

- (a) is the result of bodily injury caused directly and solely by violent, accidental, external and visible means; and
- (b) occurs within 90 days of sustaining such injury; and
- (c) is independent of any other cause.

What risks are not covered?

Suicide, whether sane or insane.

Death as a result of or associated with:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat;
- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter);

(iii) taking intoxicating liquor or drugs; or

(iv) an accident which occurred before the date shown below.

Is a premium required?

Either:

- (a) a deposit equal to the first year's premium for the insurance proposed or instalment of that premium must be paid; or
- (b) if premiums are to be paid by direct debit to your bank, building society or credit union account, a Periodical Debit Authority must be lodged and the first instalment premium paid.

When does interim cover commence?

On the date shown below, or when the above premium requirements have been met, whichever is later.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- (a) The date on which you are notified by AXA Australia of the assessment decision in relation to the Application.
- (b) If you withdraw the Application – the date of the withdrawal.
- (c) 45 days after the date shown below.

Signature of Adviser

Date

Interim Income Protection Certificate

Details (Please Print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA Australia. AXA Australia grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

This cover does not apply where the waiting period proposed for is 90 days or more, nor does it cover the person insured for any benefit other than total disability.

All the conditions of the plan you proposed for relevant to the payment of a benefit for total disability apply to this cover, as modified by the following conditions:

What cover is provided?

The amount of cover provided is the lower of:

- the amount of the Total Disability Benefit proposed for excluding additional options; or
- the amount of the Total Disability Benefit we would allow under our usual underwriting rules.

The maximum amount we will pay in total under this cover is \$200,000.

When will we pay?

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the waiting period proposed for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The benefit period under this cover will be the shorter of:

- the benefit period for injury or sickness proposed for; or
- two years.

Is a premium required?

Either:

- (a) a deposit equal to the first year's premium for the insurance proposed or instalment of that premium must be paid, or

- (b) the premiums are to be paid by direct debit to your bank, building society or credit union account, a Periodical Debit Authority must be lodged and the first instalment premium paid.

When does interim cover commence?

On the date shown below, or when the above premium requirements have been met, whichever is the later.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- a) The date on which you are notified by AXA Australia of the assessment decision in relation to the Application.
- b) If you withdraw the proposal – the date of the withdrawal.
- c) 45 days after the date shown below.

No benefit will be payable under this cover for total disability caused by any injury which occurs, or a sickness contracted after this cover ends.

Exclusions

No benefit is payable under this cover if total disability is caused or contributed to by:

- an injury or sickness which the person insured had before this cover began that the plan owner or the person insured didn't tell us about;
- the person insured or the plan owner on purpose;
- uncomplicated pregnancy, miscarriage or childbirth;
- war or war-like activities;
- football injuries (all codes); or
- AIDS, AIDS related conditions or HIV infection.

Signature of Adviser

Date

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Date Proposal Signed

/ /



Application No.

Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 ("the insurer", "we", "us"). Member of the Global AXA Group

Plan number(s)

Risk Protection Package Details

This Application form is effective from 1 June 2001 to 31 May 2002.

Any Application form received after this date will be declined.

This Application form is to be completed by the Person to be Insured ("you") unless otherwise indicated.

Tick appropriate box for this Application

Individual Business Application Affiliation Group

Affiliation Name

Affiliation Account No. (Office Use Only)

New Plan Conversion Take-up

Re-submitted Application Future Insurability Take-up

Increase Sum Insured/Premium Replace existing plan

Add Cover Any Other (Details in Adviser Notes)

Existing Plan Number

Is this application for Superannuation or Spouse Superannuation Life Insurance under the NMRF?

No Select Retirement age You must also complete the Superannuation Application for Membership Form

Is this plan to be linked?

No Yes

If Yes, to which plan number?

Full name of linked plan

1 Person to be Insured

Plan Owner Premium payer

Title Given names

Surname

Maiden name, where applicable

Sex Marital Status

Date of birth Age Place of birth

In which industry do you work?

Occupation Title

Residential Address of Person to be Insured

Street number and name

Town and suburb State

Postcode Country

Home Phone Business Phone () ()

2 Plan Owner

(Do not complete if applying for Superannuation under the NMRF)

Premium payer

Spouse Superannuation Life Protection Premium Payer

(i) Title Given names

Surname

(ii) Title Given names

Surname

(iii) Title Given names

Surname

(iv) Title Given names

Surname

Company or Trustee if Proposer is a Company or Trustee

Company ABN

3 Address for Correspondence

If different from residential address of Person to be Insured

Street number and name

Town and suburb State

Postcode Country

4 Term Insurance

Life Protection Plan
 Superannuation Life Protection Plan
 Stepped Premiums
 Level Premiums - to age

Sum insured \$ Annual premium \$

Optional Benefits

(Only applicable to Life Protection and Superannuation Life Protection Plans)

Future Insurability Option Sum insured \$ Annual premium \$

Disablement Insurance (own/similar occupation) Sum insured \$ Annual premium \$

Disablement Insurance (own occupation) Sum insured \$ Annual premium \$

5 Trauma Insurance

Trauma Deluxe Plan
 Stand Alone Trauma Plan
 Stepped Premiums
 Level Premiums - to age

Sum insured \$ Annual premium \$

Optional Benefits

(Only applicable to Trauma Deluxe & Stand Alone Trauma Plans)

Buy-Back Option Annual premium \$

Future Insurability Option Sum insured \$ Annual premium \$

Disablement Insurance (own/similar occupation) Sum insured \$ Annual premium \$

Disablement Insurance (own occupation) Sum insured \$ Annual premium \$

Children's Trauma Option No. of Children Annual premium \$

(Please complete a separate Children's Trauma Option Personal Statement for each child)

6 Income Protection Insurance

Occupation Group MPMPYAAAAYAAYBBYCCYDDYF

Individual
 Group Income Protection Plan
 Stepped Premiums
 Level Premiums
 Group Name

Comprehensive Agreed Value Income Protection Plan Annual premium \$

Comprehensive Indemnity Income Protection Plan

Essential Income Protection Plan Weekly Benefit \$ \$ Stamp duty \$

(show split weekly benefit if required)

Benefit Period Waiting Period wks wks

(show split waiting period if required)

Type of Cover 24 Hour Out of Working Hours

Optional Benefits

(Only applicable to Income Protection Plans).

Increasing Claim Option 6% 10% Annual premium \$

Cover Boost Option Annual premium \$

Accelerated Accident Option Annual premium \$

Accident Lump Sum Option Sum insured \$ Annual premium \$

Occupationally Acquired HIV, Hepatitis B & Hepatitis C Option Annual premium \$

7 Business Expenses Protection

Individual
 Group Income Protection Plan
 Stepped Premiums
 Level Premiums
 Group Name

Benefit Period Weekly Benefit \$ Annual premium \$

Waiting Period Stamp Duty \$

Plan Fee \$

8 Total Annual Premium *Including Yearly Plan Fee*

Annual premium \$

9 Payment Method

Fortnightly (direct debit only) Direct *(Quarterly, Half Yearly and Annually only)*

Monthly (direct debit only) Direct Debit *Complete direct debit bank account or credit card authority*

(Select one payment frequency and one payment method). Quarterly

Half Yearly Nominate bank account lodgement date if desired (1st to 28th only)

Annually

10 Instalment Premium

Total Instalment Premium \$

Occupation/Income Details

To be completed by the Person Insured if applying for: Income Protection, Business Expenses Protection or any other Disablement benefits.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement and benefits.

1. Are you self-employed or an employee of your own company?

No Yes

If yes, (a) How many people do you employ?

(b) What percentage of the business do you own? %

2. Are you employed on a casual or contract basis?

No Yes

If yes, provide specific details of employment:

3. (a) Provide details of your current **principal** occupation.

From	To	Occupation	Employer
	Present		

(b) Please describe the specific duties of your **principal** occupation (what do you do day to day?)

(c) In your **principal** occupation, what percentage of time do you spend performing the following types of duties:

Sedentary/Administrative	<input style="width: 80%;" type="text"/> %
Light Manual	<input style="width: 80%;" type="text"/> %
Heavy Manual	<input style="width: 80%;" type="text"/> %

4. How many hours per week do you spend at your **principal** occupation?

hours

5. Do you work from home? No Yes

If yes, provide details of actual work you perform at home and your work set up (eg separate office)

6. Give details of specific qualifications (eg: degree, trade certificate etc).

--

7. Income details of your **principal** occupation.

- If you are self employed, Net Income means your money generated by your business due to your own activity (personal exertion), after all expenses in earning that income have been deducted.
- If you are an employee, your income is your total package, including commissions, regular bonuses and fringe benefits.
- Net Income does not include Investment or Interest income.

	Last 12 months	Last Financial Year 30/6/	Previous Financial Year 30/6/
Gross Income from personal exertion	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Less			
Business Expenses	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Equals			
Net Income before Tax	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Note: In the event of a claim AXA Australia may call for evidence of your income and business expenses. Therefore please ensure these figures accurately reflect your financial position for the periods indicated.

8. Provide details of your occupational history over the last five years including periods of unemployment.

From	To	Occupation	Employer

9. Do you intend to change your occupation? No Yes

If Yes, Details

10. Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

No Yes

If yes, (a) when (b) date of discharge

11. Do you have a second occupation? No Yes

If yes, provide details below:

No. of hours per week worked and income derived from second occupation

hours \$

Business Expenses Details

Please also complete the Business Expenses Protection Questionnaire on page 7 if you are applying for Business Expenses Protection.



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Personal Statement

To be completed by the Person to be Insured

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

1 We may need to contact you regarding the details of your application. Please provide contact number/s and suitable contact times (8am to 8pm):

Contact Phone Numbers

Day time Times

After Hours Times

2

- (a) Are you a permanent resident of a country other than Australia or New Zealand?
No Yes
- (b) Other than annual holidays, are you likely to live, travel or work overseas?
No Yes
- (c) Do you have any form (either pending or in force) of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance with us or any other company?
No Yes
- (d) Has any company refused or applied loadings or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance?
No Yes
- (e) Have you ever made a claim or are you currently receiving benefits for any type of trauma, sickness, accident, unemployment, war service pension, worker's compensation, common law or third party benefit?
No Yes

If you answered "YES" to any of the above questions please provide details.

Your Pursuits

3 Do you engage in or intend to engage in any of the following: Aviation (other than as a fare paying passenger), Underwater Diving, Motor Sports, Mountaineering, Power Boat Racing, Hang Gliding, Boxing, Non-competitive Motor Cycling, Football, Martial Arts or any other hazardous pursuits?

No Yes If 'Yes' please provide details

Do you wish to be covered for these activities?
(Subject to underwriting approval) No Yes

Your Lifestyle

4 Do you smoke or have you ever been a smoker?

No Go to 5
Yes What do you or did you smoke?
Cigarettes Pipes Cigars Other
 / month/year

If you have stopped, when?
On average, how many do you or did you smoke daily?

5 How many drinks containing alcohol do you consume per week on average?

Glasses per week

6 Do you or have you ever used recreational drugs, non-prescribed drugs, or received medical advice to reduce your alcohol intake?

No Yes If 'Yes' please provide details

Doctor's Details

7

(a) Provide the details below of your current General Practitioner/Medical Centre and last consultation.

Name of GP/Medical Centre
Address

Phone number ()

How long have you been his/her patient? _____ years

Date of last consultation	<input type="text"/>
Reason	<input type="text"/>
Result	<input type="text"/>

(b) Have you consulted any **other** doctors or medical centres in the last 2 years?

No Yes
If yes, please provide names, addresses, dates, reasons and result.

(c) Have you consulted any other health professionals in the last 2 years? (eg: Chiropractors, Physiotherapists, Naturopaths, Osteopaths, Podiatrists, Herbalists etc).

No Yes
If yes, please provide names, addresses, dates, reasons and result.

Your Health

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

8 What is your: Height Weight

9 Have you ever been admitted to hospital? No Yes

10 At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following:

- (a) Arthritis, bone fracture, joint injury e.g. knee, elbow, wrist, shoulder, or experienced symptoms of muscle disorder or gout No Yes
- (b) Heart condition, rheumatic fever, chest pain, high blood pressure, circulation disorder No Yes
- (c) Cancer, leukaemia, tumour of any kind, blood disorder No Yes
- (d) Asthma, lung condition, breathing disorder No Yes
- (e) Kidney, bladder, prostate, urinary complaint or kidney stone No Yes
- (f) Back or neck disorder, spinal condition, sciatica, whiplash No Yes
- (g) Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder No Yes
- (h) Chronic fatigue, fibromyalgia, fibrositis, myalgia, chronic pain syndrome No Yes
- (i) Diabetes No Yes
- (j) Indigestion, gastric or duodenal ulcer, hernia, bowel disorder No Yes
- (k) Gall bladder or liver disorder, Hepatitis B, Hepatitis C No Yes
- (l) Disease of the brain, nervous system, stroke, epilepsy No Yes
- (m) Disorder of the ears or eyes No Yes

(n) Psoriasis, eczema, dermatitis or other skin condition No Yes

(o) Any complications of pregnancy or abnormal smear tests (females only) No Yes

(p) Any other illness, injury, operation or disability No Yes

(q) AIDS or AIDS related condition No Yes

11 Since 1980, have you used intravenous drugs, worked as a prostitute, engaged in male to male anal sexual activity or had sexual intercourse with someone you know or suspect to be HIV positive, been infected with the HIV virus, had a positive antibody test to HIV or had a sexually transmitted disease? No Yes

12 During the last five years (other than for colds or influenza):

(a) Have you attended a doctor, medical centre or health professional for any symptoms, sickness, injury, operation, blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg. genetic test, x-ray, medical test? No Yes

(b) Have you used any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition? No Yes

(c) Has any sickness or injury prevented you from performing all the duties of your usual occupation for more than three consecutive days? No Yes

13 Are you currently using any medication (other than for colds or influenza)? No Yes

14 Do you contemplate seeking any medical advice investigation or treatment including surgery in the near future? No Yes

15 Has either one of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, or any other inherited disease? No Yes

If you answered YES to any of the questions 9-15, please provide details below. For any condition underlined please also complete the relevant questionnaire on page 6

Q. No	Date	Details of Medical Condition including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of Recovery %

COMPLETE ONLY IF REQUIRED

(to be completed where applicable by Person to be Insured)

BACK/NECK DISORDER *(please circle specific condition)*

a. When did you first suffer from this disorder?

b. Please describe symptoms fully

c. What was the cause?

d. What was the nature of the treatment?

e. Are you still under treatment? No Yes
If 'Yes', please provide details

f. Were x-rays taken? No Yes
If 'Yes', what were the results?

g. Have you had any recurrence of this disorder? No Yes
If 'Yes', when?

h. Names and addresses of all doctors or health professionals consulted in relation to your back or neck disorder and approximate dates.

i. How long, if at all, have you been symptom free?

j. How much time from your employment have you lost through this disorder?

KNEE/ELBOW/WRIST/SHOULDER

(please circle specific condition)

a. When did you first suffer from this disorder?

b. Please state which knee/elbow/wrist/shoulder was affected?

c. Please describe symptoms fully

d. What was the cause?

e. What was the nature of the treatment?

f. Have you had any recurrence of this disorder? No Yes
If 'Yes', when?

g. Names and addresses of all doctors or health professionals consulted in relation to your disorder and approximate dates

h. How long, if at all, have you been symptom free?

i. How much time from your employment have you lost through this disorder?

DIABETES

a. When was your diabetic condition first diagnosed?

b. Do you take insulin? No Yes
If 'Yes', state the number of units per day

c. Name and address of your present doctor (or clinic) whom you are attending:

d. Do you have any secondary medical concerns (e.g. retinopathy etc.) associated with your diabetic condition? No Yes
If 'Yes', please provide details

Business Expenses Details

Complete if applying for: Business Expenses Protection

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

1. Business Structure
 Company Partnership Trust Sole Proprietor
2. Date the business was purchased/started
3. What is your business address?
4. (a) Number of income producing employees
 Full time Part time
- (b) Number of non-income producing employees
 Full time Part time
5. If a partnership/company, number of partners/directors:
6. Percentage of business income derived from your personal exertion %
7. If you were to become totally disabled, what would be the reduction in business income? %

8. Please provide a brief explanation of what would happen to the business if you were to become disabled.

9. List the average weekly expenses of the business over the last 12 months:
 - (i) Rent or mortgage interest payments \$
 - (ii) Electricity, gas, water, heating \$
 - (iii) Insurance premiums \$
 - (iv) Cleaning \$
 - (v) Telephone \$
 - (vi) Leasing of equipment or motor vehicles \$
 - (vii) Property rates & taxes \$
 - (viii) Dues to professional bodies \$
 - (ix) Accountant's fees \$
 - (x) Salaries & associated costs (eg. superannuation contributions) for employees who do not generate revenue \$
 - (xi) Total weekly expenses \$

SAME DAY SALES (Adviser to complete)

Have you, within the previous 24 hours, sold another plan to a customer:

- on the same site (eg. house, workplace, flats); or
- from the same community group (eg. sporting club, ethnic association)?

No Yes Name of site/community group

If yes, please tick the applicable box(es) below:

- This plan is a risk only plan.
- All the other plans I have sold on this site/to this community group within the last 24 hours have been risk plans.
- I have previously provided life insurance advice to the prospective planowner.
- The prospective planowner asked me to attend the site/community group.

If you cannot tick at least one of the boxes above, you cannot complete the sale today as it infringes the same-day sale prohibition in the Life Insurance Code of Practice.

(Note: A risk plan has no savings element and will cover Life Protection Plans, Superannuation Life Protection Plans, Total and Permanent Disablement Insurance, Income Protection Plans, Total and Permanent Disablement Insurance, Income Protection Plans, Business Expenses Protection Plan and Trauma Insurance Plans only.)

Nomination of Beneficiaries

(Ordinary Life Protection Plans only-does not apply to Superannuation Life Protection Plans).

You can nominate between one and five beneficiaries on your Life Protection Plan.

Please nominate your preference below for the payment of benefits in the event of your death.

Name of Preferred Beneficiary(ies)	Address	Date of Birth	Relationship
1		/ /	
2		/ /	
3		/ /	
4		/ /	
5		/ /	



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Plan number (s) No.

Electronic submission number

Risk Protection Package Application

This Application form is effective from 1 June 2001 to 31 May 2002. Any Application form received after this date will be declined.

Before you sign this Application form, be aware that the insurer or your Adviser is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Declaration and Consent

■ **Risk Protection Package Customer Information Brochure** – I/We have been provided with and have retained for my/our use the current Risk Protection Package Customer Information Brochure.

■ **Duty of Disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure Notice in the Risk Protection Package Customer Information Brochure on page 44. (Warning: You have a duty to disclose all information relevant to the insurer’s decision to accept your Application).

■ **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to an Adviser of the insurer or the insurer itself.

■ **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Risk Protection Package Customer Information Brochure, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form.

■ **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.

■ **Medical Information** – I/We give the insurer permission to seek any medical information needed in connection with this Application or any plan issued as a result.

■ **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

■ **Information and Advice**
(If your Adviser is a Life Broker, do not complete the section below)
Please tick only the statements that apply to you:

1. I have provided relevant information on my circumstances to my adviser, and choose to purchase the plan recommended by that adviser.
2. I elected not to provide information on my circumstances to my adviser.
3. I elected to receive advice on only a limited range of products, or agreed that only certain objectives were to be considered by my adviser.
4. I chose to purchase a plan that was not recommended by my adviser.
5. I was not given any advice.
6. My adviser did not undertake an analysis of my circumstances.

I understand that if statement **2, 3, 4, 5** or **6** above represents my purchasing situation, I risk making a financial commitment to a life plan that may not be appropriate to my needs and objectives.

Signatures

Please print full name of the Person to be Insured, sign and date (if different from plan owner)

Date of birth

Print Name
Signed X Date

Please print full name of plan owner(s) sign and date if 16 years or over

Date of birth

Print Name
Signed X Date

Please print full name of the parent or guardian, sign and date if the plan owner is aged under 16 parent guardian

Date of birth

Print Name
Signed X Date

Note: Date of birth is required for identification purposes only.

Signatures if plan owner to be a company or Trustee

- A. Company seal and two directors or director and secretary.
- B. Company seal and one signature noted as ‘sole director and secretary’ where the company has only one director.
- C. The signature of a person whose name is clearly written and with the words “XXX for and on behalf of XYZ Pty Ltd”.

Company Seal

Date

Signature 1

X

Signature 2

X



Application No.

Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Request for debiting amounts from accounts by Direct Debit System

Direct Debit Information

- Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.
- The financial institution may charge a fee for the direct debit arrangement. This will be reflected in your account statement (User ID No.109). I/We request that you, until further notice, debit my/our account detailed below, any amounts the National Mutual Life Association of Australasia Ltd may debit or charge me, through the direct debit system.

Customer Details (Please insert name in full).

Title	Given names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street number and name

Town and suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Institution and Account Details

Financial Institution	Branch name
<input type="text"/>	<input type="text"/>

Branch street number and name

Town and suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account name	Account number
<input type="text"/>	<input type="text"/>

BSB number or financial institution number

Signature of account holder(s)	Date
<input type="text"/>	<input type="text"/>

Policy number(s)

Frequency of debit required (please tick one) Fortnightly Monthly Quarterly Half Yearly Yearly

Medical Authority Application No.

To

Reference

Name of the Person to be Insured BLOCK LETTERS

I am submitting an application for life insurance. In connection with this application, I authorise you to make available to the Insurer and its group of companies, or its medical officer, information about my medical history. If I have instructed you not to release certain information to the Insurer and its group of companies, I authorise you to disclose that fact to them. I authorise the Insurer and its group of companies to complete and forward this authority to any doctor or other health professional who is currently attending me or who has at any time in the past attended or examined me. A facsimile (or similar copy) of this authority will be as valid as the original.

Signature of the Person to be Insured	Date
<input type="text"/>	<input type="text"/>

Financial Authority Application No.

I hereby authorise my accountant/financial adviser to release to AXA or its representatives all information which AXA requests for the purpose of assessing my application for insurance. A facsimile (or similar copy) of this authority will be as valid as the original.

Signature of the Person to be Insured	Date
<input type="text"/>	<input type="text"/>

Please provide your Accountant's name and address (if applicable). We may need to contact this person to assist with the financial assessment of your Application.

Accountant's name:

Address:

Phone:



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Credit Card Details

Credit card type

Bankcard Mastercard VISA card

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date

/

- Initial deposit premium only, or
- Initial deposit premium and monthly/fortnightly premium deductions.

Cardholder's name and address

Cardholder's Signature

X

Date

/	/
---	---



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Application for Membership

of the National Mutual Retirement Fund to the Trustee,
N.M. Superannuation Pty. Ltd. ABN 31 008 428 322

New applications only

This Application form is effective from 1 June 2001 to 31 May 2002.
Any Application form received after this date will be declined.

1 Are you gainfully employed for 10 or more hours per week?

Yes Go to question 2

No Read below:

(a) Have you ceased gainful employment because of ill health and your ill health prevents you from returning to gainful employment?

Yes Go to question 2

No Go to question (b)

(b) Have you been gainfully employed for at least 10 hours per week during the last two years?

Yes Go to question 2

No Go to question (c)

(c) Will the premiums be paid by your employer to meet award or superannuation guarantee requirements?

Yes Go to question 2

No Go to question (d)

(d) Is this Application for Spouse Superannuation Life Insurance?

Yes Go to question 2

No You are ineligible to apply for membership

2 Applicant Details

Given Names

Surname

3 Current Employment Status

Employee Go to question 4

Self employed Go to question 5

Non-employed Person Insured Go to question 6

4 Does your employer contribute to an existing superannuation fund on your behalf?

No

Yes

5 Have you selected an Employer Supported Plan?

No Go to question 6

Yes Complete instalment details

Employee

Employer

6 Are you a member of any other Personal Superannuation Plan, Approved Deposit Fund or Rollover Annuity administered by AXA Australia?

No Go to question 7

Yes Give details

Plan Name Plan Number

7 Nomination of Preferred Dependants

Do NOT complete this section if you intend to make a category selection (see page 7 of this Customer Information Brochure)

Dependant means spouse, defacto spouse, widow, widower, child (including adopted, step or ex-nuptial child) or any person who in the opinion of the Trustee was dependent upon you at the date of your death. You can make a new nomination at any time by writing to the Trustee.

Name and Address of preferred dependant(s) (Full Name)	Date of Birth	Relationship to you	Proportion of benefit
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>

or My Legal Representative

8 Declaration and Acknowledgement

- I declare that at the date of this Application I have answered all questions accurately.
- I am aware that, if I make a category selection, the Trustee is required to pay my death benefit in the manner set out in the category I have selected.
- I am aware that if I do not make a category selection, the Trustee has the right to select the person or persons to whom to pay the benefit in the event of my death. I ask that the Trustee consider the preferred dependant(s) mentioned above when making a selection.
- I apply for membership of the National Mutual Retirement Fund on the terms and conditions of the Trust Deed of the Fund (as amended from time to time).
- I agree to notify the Trustee of the Fund in writing immediately if I cease to be gainfully employed or if I cease to be eligible to contribute to the Fund.
- I agree to notify the Trustee of the Fund in writing immediately upon request of my current salary or my net business income as the case may be.
- I understand that under current legislation a taxation deduction or rebate within prescribed limits for contributions to the Fund may be available to me depending upon my particular circumstances at the time or to my spouse.
- I acknowledge that legislation governing superannuation Funds restricts payments of benefits and the granting of loans except as provided by the Trust Deed governing the Fund.
- I acknowledge that if the plan which I have selected provides death benefits only, it is appropriate for my current needs.

Signature of Member

Date

Signature of Proposer (N.M. Superannuation Pty Ltd.)
by its duly appointed Attorney under Power of Attorney

Date



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Declaration by the Trustee

Please note: Only complete where the plan owner is Trustee(s) of a superannuation fund other than the National Mutual Retirement Fund.

I/We

the Trustee of the

superannuation fund hereby declare that the superannuation fund is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. We agree to immediately notify AXA should the fund cease to be a complying superannuation fund.

Dated

Company Trustee

The Common Seal of

was hereunto duly affixed in accordance with its articles of association in the presence of:

Director

Director/ Secretary

Individual Trustees

Trustee

Witness

Trustee

Witness



Insurance Issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Tax File Number Notification Form

(Please see overleaf for further information)

(please print)

Fund name :

Plan Number(s) :

Surname :

Given Name(s) :

Date of Birth : Telephone No:

I have read the information (below) over the page and agree to provide my Tax File Number: Yes No
(tick one only)

Tax File Number : - -

Signature : Date:

AXA Australia Health Insurance

The Trauma Deluxe, Stand Alone Trauma and Comprehensive Income Protection Plans contain an 'AXA Australia Health Insurance Benefit'.

If you are purchasing one of these plans you will only be entitled to the health insurance benefit if you also have current hospital cover with AXA Australia Health Insurance.

This benefit provides for payment of health insurance premiums as detailed in the Customer Information Brochure.

AXA Australia Health Insurance is a member of the global AXA group of companies, and is now one of Australia's largest health funds, insuring more than 750,000 people nation-wide.

AXA Australia Health Insurance operates as:

- HBA in Victoria
- Mutual Community in South Australia
- Territory Mutual in Northern Territory
- AXA Australia Health Insurance in all other states

When it comes to health insurance we understand that it is important to cater for the individual needs of our members. That's why we have a wide range of plans that can be tailored to meet your needs.

For more information complete the section overleaf and AXA Australia Health Insurance will send you further details.

Your Tax File Number is confidential. Before you complete this form we are required to tell you the following things:

- (1) Tax File Numbers are collected under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts (including the income tax and superannuation surcharge tax acts).
- (2) The Fund Trustee and Fund Administrator will only use your Tax File Number for legal purposes, including:
- Finding or joining together your superannuation benefits.
 - Calculating the correct tax on eligible termination payments.
 - Passing it to the trustee of another superannuation fund or provider of a retirement savings account when transferring any of your benefits. You may give us written instruction not to pass it on before any transfer.
 - Passing it to the Australian Taxation Office:
 - if we have paid you a benefit,
 - to determine if any surcharge tax is payable, or
 - if you have unclaimed superannuation money after reaching the aged pension age.
- These purposes may change in the future as a result of changes in the law.
- (3) You do not have to provide your Tax File Number but if you choose not to:
- The Fund Administrator may be required to deduct tax at the highest marginal rate and deduct any superannuation surcharge tax (which may not become payable if you had advised your Tax File Number).
 - It may be more difficult for you to find any unclaimed benefits or join together or find any other benefits.
- The consequences of not providing your Tax File Number may change in the future if the relevant laws change.

If you require further information, please contact the ATO Superannuation Helpline on 131 020 or your adviser.

Fund Trustee: N.M. Superannuation Proprietary Limited ABN 31 008 428 322
 Fund Administrator: The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

**Health Insurance
 Request for more information**

Please provide me with details of AXA Australia Health Insurance products.
 (Please tick)

I understand that I will only be entitled to the AXA Australia Health Insurance benefits contained in the Trauma Deluxe, Stand Alone Trauma and Comprehensive Income Protection Plans, if I have existing health insurance cover with AXA Australia Health Insurance. I understand that the availability of these plans is not dependent on the purchase of health insurance.

Signature of the Person to be Insured

Date

/ /

Title Given names

Surname

Address

Home Phone Business Phone
 () ()

I am currently: (Please tick (✓) appropriate box)

Uninsured

Insured with:

Adviser Use Only

Adviser Name

Account Number

Service Centre Only

Deposit Paid

Date

Amount

Receipt Number

Account/By

Total

Previous business

No Yes Give Details

Plan number

Person insured

Benefit symbol

Code

Acceptance

Assessment

Special conditions

Amount of Risk

Reinsurance

Status &
Commencement Date

Plan number

Person insured

Benefit symbol

Code

Acceptance

Assessment

Special conditions

Amount of Risk

Reinsurance

Status &
Commencement Date

Plan number

Person insured

Benefit symbol

Code

Acceptance

Assessment

Special conditions

Amount of Risk

Reinsurance

Status &
Commencement Date

AXA Australia

Customer Service
PO Box 14336
Melbourne City MC
VIC 8291

Telephone 132 987
Email: enquiries@axa.com
www.axa.com.au

Contact your Adviser

