



Risk Protection Package

Product Disclosure Statements

Life Protection Plan
Trauma Deluxe Plan
Stand Alone Trauma Plan
Comprehensive Income Protection Plan
Essential Income Protection Plan
Business Expenses Protection Plan

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About the Global AXA Group

AXA is one of the largest financial services groups in the world with an enviable track record in meeting the superannuation, investment and insurance needs of millions of clients worldwide. AXA operates in over 60 countries with total Group assets under management, administration and advice of €755 billion¹. The Group prides itself on growth, service and advice.

AXA is a 51% majority shareholder of AXA Asia Pacific Holdings Limited (AAPH) (ABN 78 069 123 011). AAPH owns 100% of The National Mutual Life Association of Australasia Limited (ABN 72 004 020 437).

¹ As at 30 June 2003.

Insurance overview

Risk Protection Package

Risk Protection Package

AXA offers you a choice of simple, flexible and cost effective insurance to provide you with financial security when you need it most.

The Risk Protection Package is designed to meet your personal and business insurance needs.

Personal protection

The Risk Protection Package can provide cover for death, disablement or trauma to protect:

- a family from the financial effects of losing the main income earner;
- a family from the loss of the primary homemaker – allowing the partner to continue working and use the benefits payable to fund childcare or home services; and
- a family from debts – such as mortgage, personal loan or investment loan.

The Risk Protection Package can also provide cover in the event you suffer total disablement as a result of sickness or injury and are unable to work. It can provide you with a Total Disability Benefit to help protect your family from the financial impacts of becoming disabled.

Business protection

The Risk Protection Package can provide cover for death, disablement or trauma to protect:

- a business from the negative impacts of the loss of a key individual;
- a partner in a business from difficulties associated with buying out a partner's share of the business; and
- a business loan from default as a result of the loss of a key individual.

If you are self-employed or a business owner it is also possible to protect your business from the financial impacts of total disablement by insuring up to 100% of your allowable business expenses.

Plans that are available under the Risk Protection Package

Each plan offered under the Risk Protection Package is a separate contract of insurance. You can also combine your plan with a range of optional benefits. The types of plans available are:

Life Insurance

Life cover pays a lump sum upon death or terminal illness. The plan available is Life Protection Plan. Superannuation cover is also available. Please refer to the Risk Protection Package – Superannuation booklet for more details.

Trauma Insurance

Trauma cover provides a lump sum in the event you suffer one of a comprehensive list of medical conditions, including heart attack, stroke and certain cancers. There are two types of plans available:

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

Income Protection

The Risk Protection Package offers a range of income protection plans, aimed at providing you with a replacement income if you are unable to work due to sickness or injury. Your business expenses can also be covered under a separate plan. The plans available include:

- Comprehensive Income Protection Plan;
- Essential Income Protection Plan; and
- Business Expenses Protection Plan.

Information contained in this document

This booklet provides a summary of some of the important terms and conditions of the plans available under the Risk Protection Package. There are sections specific to each Plan as well as sections with information that applies to all the plans.

This information will help you to decide whether these products will meet your needs, as well as assist you in comparing the types of cover available with others that you may be considering.

Although each section details the key information you should know about the benefits and features offered, including optional benefits, you should read this information in conjunction with your Plan Document (issued once cover commences), which sets out in detail the terms and conditions of the benefits under your plan.

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

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, including the Personal Statement, 'you' means the person insured, unless the context requires it to be the plan owner.

Talk to your financial planner

It is also important to note that the plans contained in this booklet are not investment policies designed to provide a cash value. We recommend you discuss your needs with your financial planner.

Life Protection Plan

Product Disclosure Statement

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 30.

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.

Availability of cover

Under the Life Protection Plan 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).

Benefits

Under the plan we will pay you or your dependants a lump sum amount if you:

- Die whilst this plan is in force; or
- Are terminally ill with 12 months or less to live.

Death Benefit

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

The following lists the additional benefits of the Life Protection Plan:

- Terminal Illness Benefit
- 24 Hour Cover Benefit
- Conversion Benefit
- Guaranteed Upgrade of Benefits

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 13 for the full definition of Terminal Illness.

Financial Plan Benefit

We will pay a reimbursement benefit of up to \$1,000, to a financial adviser who has provided a financial plan for you or your dependants, once a claim is admitted 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.

24 Hour Cover

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

Indexation 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% p.a. You may decline this increase in each or any year. Also, your benefit will not be increased beyond \$1,500,000.

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. You won't have 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

Further protection, at an additional cost, is available through the options listed below. Pages 2 and 3 explain these options in detail.

- Total and Permanent Disablement Option
- Future Insurability Option

Total and Permanent Disablement Insurance Option

Under the Total and Permanent Disablement Option entry ages are:

- 15 to 60, for expiry at age 65, or the expiry of your plan, whichever is earlier.

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.

There are two 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 in both eyes;
- the use of one hand and the sight in one eye;
- the use of one foot and the sight in 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 in both eyes;
- the use of one hand and the sight in one eye;
- the use of one foot and the sight in 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

Under the Future Insurability Option entry ages are:

- 15 to 39 for stepped premium plans only.

The Option ceases:

- at age 45; or
- when the last option is offered or exercised – whichever is earlier.

The 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.

The maximum total amount of additional cover provided through this option 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.

* 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.

Life Protection Plan

Product Disclosure Statement

Exclusions

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.

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 32);
- 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. Conditions apply. For details see page 36 of this Product Disclosure Statement.

Nomination of beneficiaries

Under the Life Protection Plan, 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 by advising us in writing.

Trauma Deluxe and Stand Alone Trauma Plan

Product Disclosure Statement

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information section on page 30.

The Plan

A significant medical trauma or illness can result in many unforeseen expenses. Trauma insurance can help you with the cost of out-of-pocket expenses, loss of income, rehabilitation, home help and child-care. It can also be used to clear your mortgage and other debts.

There are two 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.

Availability of cover

Under the Trauma Deluxe and Stand Alone Trauma Plans, entry ages are:

- 15 to 60, with the plan renewable to age 65.

Benefits

Trauma Deluxe Plan

We will pay a lump sum if you suffer from one of the listed medical conditions, terminal illness or die during the term of the plan. A list of the events covered are on this page and overleaf.

Your Trauma Deluxe Plan can also be tailored to include Additional Life Insurance, Total and Permanent Disablement Insurance, Future Insurability, Children's Trauma or Buy-Back Option benefits (refer to page 8 to 9 for further information on these benefits).

Stand Alone Trauma Plan

We will pay a lump sum if you suffer from one of the 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 or Superannuation 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 8 for further information on these benefits).

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

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*
Cardiac Arrest Outside a Hospital	Cardiac Arrest Outside a Hospital
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 and other Dementias	Alzheimer's Disease and 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 and Sight	Loss of Limbs and Sight
Major Head Injury	Major Head Injury
Paraplegia	Paraplegia
Quadriplegia	Quadriplegia
Severe Burns	Severe Burns

* A 90 day qualifying period applies to these conditions.

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Medical conditions covered (continued)	
Trauma Deluxe Plan	Stand Alone Trauma Plan
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
Muscular Disorders	
Muscular Dystrophy	Muscular Dystrophy
Other Events	
Death	Not Applicable
Loss of Capacity for Independent Living	Loss of Capacity for Independent Living
Medical Condition Requiring Life Support	Medical Condition Requiring Life Support

Additional benefits

	Trauma Deluxe Plan	Stand Alone Trauma Plan
Terminal Illness Benefit	✓	✗
Conversion Benefit	✓	✓
Guaranteed Upgrade of Benefits	✓	✓
Indexation Benefit	✓	✓
Health Insurance Benefit	✓	✓
Financial Plan Benefit	✓	✓
24 Hour Cover 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. Refer to page 13 for the full definition of Terminal Illness.

Financial Plan Benefit

We will pay a reimbursement benefit of up to \$1,000 to a financial planner 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.

24 Hour Cover

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

Indexation 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% p.a. You may decline this increase in each or any year. Also, your benefit will not be increased beyond \$1,500,000.

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 onto 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.

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 only payable if you have current hospital cover provided by one of the health insurance providers listed below. It is payable when you suffer one of the listed medical conditions once a claim is paid ('Extras' only cover does not apply). The 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 which will go directly 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 and will only be provided where your health insurance is held with the following health insurance providers:

Organisation	State
HBA	Victoria Tasmania New South Wales Queensland Western Australia Australian Capital Territory
Mutual Community	South Australia Northern Territory

Optional benefits

Further protection, at an additional cost, is available through the options listed below.

	Trauma Deluxe Plan	Stand Alone Trauma Plan
Total & Permanent Disablement Insurance Option	✓	✗
Buy-Back Option	✓	✓
Future Insurability Option	✓	✓
Additional Life Insurance	✓	✗
Children's Trauma Option	✓	✓

Total and Permanent Disablement Insurance Option

This option is only available under the Trauma Deluxe Plan.

Under the Total and Permanent Disablement Option entry ages are:

- 15 to 60 for expiry age 65, or the expiry of your plan, whichever is earlier.

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

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

There are two 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 in both eyes;
- the use of one hand and the sight in one eye;
- the use of one foot and the sight in 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;

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

Under the Buy-Back Option entry ages are:

- 15 to 60 for expiry age 65, and cannot extend beyond the term of the trauma insurance to which it applies.

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.

Future Insurability Option

Under the Future Insurability Option entry ages are

- 15 to 39 (for stepped premium plans only)

The Option ceases

- at age 45; or
- when the last Option is offered or exercised - whichever is earlier.

The 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.

The maximum amount of additional cover provided through this option 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

This option is only available under the Trauma Deluxe Plan.

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

The entry ages are:

- 10 to 70 for stepped premiums (with the plan renewable to age 99); and
- 10 to 65 for level premiums (with the plan renewable to age 70).

Children's Trauma Option

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

Children aged between 2 and under 15 will be covered (maximum \$50,000) against the following events:

Events subject to a 90 day qualifying period:

- **Aplastic Anaemia** – refer to the definition on page 11.
- **Cancer (Malignant Tumours)** – refer to the definition on page 10.
- **Major Organ Transplant** – refer to the definition on page 11.

* 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.

- Subacute Sclerosing Panencephalitis – refer to the definition on page 11.
- Viral Encephalitis – refer to the definition on page 11.

Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 12.
- Hemiplegia – refer to the definition on page 12.
- Loss of Limbs – refer to the definition on page 12.
- Loss of Limbs and Sight – refer to the definition on page 12.
- Major Head Injury – refer to the definition on page 12.
- Paraplegia – refer to the definition on page 13.
- Quadriplegia – refer to the definition on page 13.
- Severe Burns – refer to the definition on page 13.

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 pages 5 and 6 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

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 thereat.

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
- 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 on pages 10 and 11 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.

In addition, if you hold the Children's Trauma Option we will not pay a claim under the plan if, in the case of Aplastic Anaemia, Cancer (Malignant Tumours), Major Organ Transplant, Subacute Sclerosing Panencephalitis or Viral Encephalitis, the medical condition occurs within 90 days of the date the plan starts or is restored.

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.

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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 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 32);
- 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

Only available under the Trauma Deluxe Plan.

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. Conditions apply. For details see page 36 of this Product Disclosure Statement.

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 pages 5 and 6 explains which events are applicable to each plan. For events covered under the Children's Trauma Option refer to page 8 and 9.

Conditions subject to a 90 day qualifying period

Cancer (Malignant Tumours)

The occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term 'cancer' also refers to leukaemia, lymphoma and Hodgkin's disease, unless excluded below.

The following are excluded:

- tumours classified as carcinoma in situ;
- malignant melanomas classified as Clark Level I or 2;
- malignant melanomas of less than 1.5mm Breslow thickness;
- other skin cancers;
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification;
- lymphocytic leukaemia classified as Binet stages A and B or Rai stages 0, I and II;
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period;
- Kaposi's Sarcoma;
- 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.

The following are excluded:

- coronary artery surgery which is done using a technique which does not require open-chest surgery, for example:
- endoscopic intervention;
- angioplasty;
- laser techniques; and
- other catheter techniques.

Heart Attack

The death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack; and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

The following are excluded:

- chest pain which does not meet the diagnostic requirements above;
- chest pain not related to a heart condition.

Stroke

The damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.

The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack;
- cerebral symptoms associated with reversible neurological deficit;
- cerebrovascular disorder of the eye or optic nerve;
- symptoms due to migraine or headache;
- brain tissue damage caused by head injury.

Aplastic Anaemia

(90 day qualifying applies to Children's Trauma Option only)

Total, persistent aplasia of bone marrow.

Major Organ Transplant

(90 day qualifying period applies to Children's Trauma Option only)

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

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 the definition on page 13.

Conditions not subject to a 90 day qualifying period

Alzheimer's Disease & Other Dementias

The certain diagnosis of Alzheimer's Disease or Dementia, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified 'Activities of Daily Living' (Refer to page 13).

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 two of the specified 'Activities of Daily Living' (Refer to page 13).

Blindness

The total and permanent loss of sight in both eyes.

Cardiac Arrest – Outside of a Hospital

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation; and
- is not associated with any clinical procedure; and
- is documented by electrocardiographic (ECG) changes; and
- occurs outside a hospital or other medical facility.

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.

Trauma Deluxe and Stand Alone Trauma Plan

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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 seven 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 two of the specified 'Activities of Daily Living'. (Refer to page 15). 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 three of the specified 'Activities of Daily Living' (Refer to page 13).

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 13).

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.

Medical Condition Requiring Life Support

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

In the case of a medical condition requiring life support, 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 a medical condition requiring life support. Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

Medically Acquired HIV Infection

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) 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 to this page).

Multiple Sclerosis

The certain diagnosis of Multiple Sclerosis and 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 this page).

Muscular Dystrophy

The diagnosis of Muscular Dystrophy certified by a Consultant Neurologist, where there is an associated Neurological deficit which causes the permanent inability to independently perform at least one of the specified 'Activities of Daily Living' (Refer to this page).

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 to this page).

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.

Comprehensive Income Protection Plan

Product Disclosure Statement

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 30.

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, subject to the maximum weekly benefit limit applicable at the time you applied for the plan.

Availability of cover

Under the Comprehensive Income Protection Plan entry ages are:

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

Benefits

The benefits available under the Comprehensive Income Protection Plan are listed opposite. For details on these benefits, please refer to pages 15 to 18 of this Product Disclosure Statement.

The exclusions which apply are listed on page 19.

General information including the amount of cover, waiting periods and benefit periods available are outlined on pages 19 and 20.

The Comprehensive Income Protection Plan is available to all occupation groups which we classify as 'MP', 'AA', 'A', 'B', 'C' and 'D'. Your financial adviser can assist you with your appropriate category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
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 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;
- Health Insurance Benefit; and
- Guaranteed Upgrade of Benefits.

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 the 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 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 are not working in any occupation (whether paid or unpaid), and you are under medical care.

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. For occupations we classify as 'D', we will pay you for partial disability for a maximum of 2 years only.

Specific injuries or sicknesses

If you suffer one of the specific injuries or sicknesses set out on page 16, 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. There is no waiting 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.

Comprehensive Income Protection Plan

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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 1/7th 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 to your estate 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 involuntarily unemployed for reasons other than disability, we will pay your premium for up to 3 months. For this 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 Product Disclosure Statement, 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. Additionally, you must continue paying the premiums whilst you are on leave.

Unemployment Continuation Benefit

If you become involuntarily unemployed, are registered with a Government approved agency and are actively seeking employment, we will continue your plan for up to 15 months. 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 involuntarily 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 (CPI), 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 100 kms 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 four 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 100 kms 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.

Health Insurance Benefit

If, because of injury or sickness, you are totally or partially disabled we will make an additional payment towards your health insurance premium for you.

To receive this benefit you must have current hospital cover provided through the health insurance providers listed in the Table below, 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) and will only be provided where your health insurance is held with the following health insurance providers:

Organisation	State
HBA	Victoria Tasmania New South Wales Queensland Western Australia Australian Capital Territory
Mutual Community	South Australia Northern Territory

Comprehensive Income Protection Plan

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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 onto 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

Further protection is available through the options listed below. Pages 18 and 19 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);
- 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.

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 CPI, to a maximum of 6% or 10% (depending on which rate you select on your 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 opposite:

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 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.

Exclusions

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.

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

Other exclusions and limitations are set out in the section 'General Information' below.

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 CPI 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, that was not disclosed to us in your Application, for the injury or sickness you are claiming for under the plan.

Your income at the time of taking out the plan will be verified at some stage with full and accurate financial information.

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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 subject to the maximum weekly benefit limit applicable at the time you applied for 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.

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.

Depending on your occupation category, 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' or 'C'.

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' or 'C' you can choose 2 years, 5 years, to age 60 or to age 65.

If we classify your occupation as 'D' you can choose 2 years or 5 years.

Not all waiting periods are available with all benefit 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 (unless you become unemployed) 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 32);
- 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;
- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government employment agency;
- you are voluntarily unemployed for more than 30 days; 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 37 of this Product Disclosure Statement.

Essential Income Protection Plan

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This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 30.

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), subject to the maximum weekly benefit limit applicable at the time you applied for the plan. Pre-disability income is defined as your average weekly income over the last 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).

Availability of cover

Under the Essential Income Protection Plan entry ages 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.

Benefits

The benefits available under the Essential Income Protection Plan are listed pages 22 to 23.

The exclusions which apply are listed on page 24.

For details on these benefits please refer to pages 21 to 23 of this Product Disclosure Statement.

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'.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
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.

Eligible occupation groups (continued)

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. This is a cancellable plan (refer to page 25).

The following summarises the 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');

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- 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; and
- Guaranteed Upgrade of Benefits.

Total Disability Benefit

If you become totally disabled we will pay you the Total Disability Benefit from the end of the waiting period. For the first two years of a claim, 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 under medical care.

After the first two 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.

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 two 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.

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.

Occupations 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 Product Disclosure Statement, 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. Additionally, you must continue paying 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 involuntarily unemployed, are registered with a Government Approved Agency and are actively seeking employment, we will continue your plan for up to 15 months. You must continue paying your premium whilst 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 (CPI), 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

Further protection is available through the options listed below.

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').

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 CPI, to a maximum of 6%.

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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.

Exclusions

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.

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

Other exclusions and limitations are set out in the section 'General Information'.

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 we have not been paying a benefit under the plan.

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) subject to the maximum weekly benefit limit applicable at the time you applied for the plan.

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.

Depending on your occupation category, you can choose a waiting period of 4, 8, 13, 26, 52 or 104 weeks. 2 week waiting periods are also available to occupations we classify as 'B' or 'C'.

If we classify your occupation as 'BY' or 'CY', 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' or 'F' you can choose 2 years, 5 years, to age 60 or to age 65.

If we classify your occupation as 'D' you can choose 2 years or 5 years.

If we classify your occupation as 'BY', 'CY' or 'DY' you can choose 52 weeks 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 (unless you become unemployed) 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;

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- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government Employment Agency;
- you are voluntarily unemployed for more than 30 days; 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 37 of this Product Disclosure Statement.

Business Expenses Protection Plan

Product Disclosure Statement

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 30.

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.

Availability of cover

Under the Business Expenses Protection Plan entry ages are:

- 17 to 60 for expiry age 65.

Benefits

The benefit

The benefits available under the Business Expenses Protection Plan are listed below. For details on these benefits, please refer to pages 27 and 28 of this Product Disclosure Statement. The exclusions which apply are listed on page 28.

The Business Expenses Protection Plan is available to all occupation groups we classify as 'MP', 'AA', 'A', 'B', 'C' and 'D' (see Table below). Your financial adviser can assist with your appropriate category.

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
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 benefits of the Business Expenses Protection Plan:

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

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.

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Death Benefit

If death occurs while the plan is still current we will pay a lump sum to your estate 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 Business Expenses 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 Product Disclosure Statement, 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 (CPI), 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

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 'General Information' below.

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.

Depending on your occupation category, 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' or 'C'.

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 occurs:

- 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 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.

Additional information

Risk Protection Package

This section forms part of the PDS for each of the plans described in this booklet and should be considered in conjunction with the individual part of the PDS for each plan.

Applying for cover

Under the Risk Protection Package you can apply for one, or a combination of products, that are contained in this brochure.

Your financial adviser will be able to explain in further detail the features and benefits of each plan and will assist you in selecting the level of cover required to meet your needs.

How to apply for cover

To apply for any of the products contained in this brochure, you will need to complete a current Application form.

To assess your Application we need to obtain medical and financial information relevant to the type of cover you have selected to help us determine the following:

- if you are eligible for cover;
- the premium that is appropriate to your Application; and
- whether any special conditions or exclusions should apply.

Our assessment of your Application will take into account such things as the health, occupation, income, residence and travel details of the person insured, as well as factors such as sporting and recreational pastimes.

As this type of information is key to our assessment of your Application, it is important that all questions on the Application form, including the Personal Statement, are completed accurately and in full.

In some instances it may not be possible to provide you with the cover you originally applied for but it may be possible for us to offer you revised terms. In this situation we will send you Revised Terms letter advising the terms we are able to offer you. You may be required to pay an additional premium or an exclusion may be applied to your plan.

Incomplete, missing or inaccurate information may result in you not being eligible to claim for benefits or for your plan to be altered, made void or cancelled. It is important that you and the person insured read and understand your duty of disclosure and the

implications of non-disclosure or misrepresentation when completing your Application.

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 (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) 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 three 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.

Requests for additional information

In some instances it may also be necessary for us to obtain further medical or financial information before your Application is finalised.

By providing a contact number in the Personal Statement, we can speed up your assessment by contacting you directly to obtain the additional information or to obtain clarification of information contained in your Application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

Although in many cases, completion of the Personal Statement at the back of the Application form is sufficient, it may be necessary to obtain medical or financial evidence especially for large sums insured, or where we need further details of your medical history.

Any additional details that you believe will assist us in assessing your Application can also help minimise our need to request additional information.

If you find there is insufficient space when completing any section(s) of the Application form, you can attach a page(s) containing further information to the Application. Where additional pages are attached please ensure you sign and date each page.

Completing an Application form

To ensure your Application is processed efficiently, please ensure that all information and details have been completed where requested. Your financial adviser will be able to assist you with this process.

The following checklist will also assist us to quickly process your Application:

- all relevant Application form questions have been answered;
- the Personal Statement and (where applicable) Supplementary Personal Statement have been completed;
- the Medical Authority form has been signed and completed;
- any alterations have been initialled;
- the Application has been signed and dated by you and person insured;
- an instalment premium has been included with your Application;
- if applicable, you have completed the Direct Debit Authority.

Where to send your Application

Once completed, please send your completed forms to our Customer Service Centre:

AXA Australia
Customer Service Centre
PO Box 14330
Melbourne VIC 8001.

Privacy

As part of the Application process it is necessary to collect personal medical and financial information.

Our use and disclosure of the personal information you provide us in order to assess your Application is outlined on page 35 of this brochure.

Existing injuries or sickness

Please note that we will not pay for an injury or sickness that occurred or began before the commencement date of your plan, unless you, or the person insured, informed us in writing about the injury or sickness when you applied for your insurance.

Information about your plan

Once we have processed and accepted your Application and first premium, you will receive the following:

- a Plan Document, setting out the terms and conditions of your plan;
- a Plan Schedule, outlining the regular premiums and the cover you have chosen.

You should read these documents carefully and contact your financial adviser, or us, if you have any concerns.

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 require that your request be in writing.

Alterations

It is recommended that you review your cover on a regular basis. Once your cover commences you can apply to make an alteration to your plan or increase your benefits.

In this instance, you may be required to provide additional information. Your financial adviser can assist you at this time.

Additional information

Risk Protection Package

Premiums and charges

Premiums

Minimum premium

The minimum annual premium is \$200. This includes the plan fee and other charges. A lower minimum premium may apply if your plan is linked to another plan. Refer to 'Plan Linking' below for details.

Premium tables

Your premium depends on the benefits you have chosen and your age, sex, smoking status, medical history and general health. For Income Protection and Business Expense plans, your premium also depends on the waiting period and benefit period you choose.

Copies of our standard premium rate tables are available on request, by contacting your financial planner or customer service centre.

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, including any 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, BPAY, cheque or credit card (VISA, MasterCard and Bankcard only).

Premium structure

There are 2 premium structures available to you:

Stepped premiums

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

However, you may choose to activate 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.

For our Life Protection, Trauma Deluxe and Stand Alone Trauma Plans, 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 (refer to the 'Indexation Benefit' that applies to the type of cover you have selected); or
- we review the premium rates for all plans of this type.

For our Comprehensive Income Protection, Essential Income Protection and Business Expenses Plans, 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 (refer to the 'Indexation Benefit' that applies to the type of cover you have selected);
- we review the premium rates for all plans of this type; or
- we review your occupation category.

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 Product Disclosure Statement can be linked and the billing source for all linked plans must be the same, for example the same bank account must be used.

† Please refer to page 33 of this Product Disclosure Statement 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.

What are the charges?

All of the charges that apply to our plans 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/BPAY/ 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

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 all of the plans outlined in this document.

However for your Comprehensive Income Protection Plan, Essential Income Protection Plan or Business Expenses Protection Plan, the amount varies depending on your state of residence and is calculated as a percentage of the total premium, including the plan fee.

State governments 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.

Direct debit request service agreement

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

Our responsibilities

- we will only deduct premiums from your chosen account. Your Plan Schedule shows the premium amount and how often we have agreed to deduct it.
- we assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- if the payment date is a weekend or public holiday, we will debit your account on the next business day following the 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 financial planner.

Can we help?

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

Additional information

Risk Protection Package

How to pay via BPAY

Telephone and internet banking – BPAY. Call your bank, credit union or building society to make this payment from your cheque or savings account. For further information: www.bpay.com.au.

Taxation

The taxation information outlined in this document 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.

Life Protection Plan, Trauma Deluxe Plan and Stand Alone Trauma Plan

Premiums 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 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.

Comprehensive Income Protection Plan, Essential Income Protection Plan and Business Expenses Protection Plan

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.

Goods and Services Tax (GST)

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

Applying for Benefits

How to apply for benefits under your plan

To apply for benefits for a plan held under the Risk Protection Package, you can contact your financial planner or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

When contacting us, you will be asked to provide the following details:

- plan number(s);
- full name of plan owner;
- full name of person insured;
- nature of claim; and
- name and address for correspondence.

Your Plan Document outlines important information regarding when you will be required to notify us.

Once we have been notified, we will send you information about our claims process and a claim form for the type of benefits you are applying for.

Completing a claim form

Before we can assess your eligibility for benefits, we will need you to complete a claim form. A claim form provides us with key information regarding the nature of your application.

To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim form are complete and accurate, and where requested, any supporting documentation is attached to your application for benefits. Submission of an incomplete form will result in delays in your application being assessed.

Should you require assistance in completing a claim form, please contact our Customer Service Centre on the number listed above.

Assessing your application for benefits

When assessing an application for benefits, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your Plan Document.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the Plan Document you received at the time your cover commenced. Depending on the type of plan

you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information in order to assess your claim. This may include such things as information about your health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information relating to the type of cover you have and it is important that you completed the Application form and Personal Statement accurately as this may impact your eligibility for benefits. Please read the sections on page 2 outlining 'Your Duty of Disclosure'.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide financial information or satisfactory documentation when requested.

Where possible, we will notify you of any outstanding requirements to avoid lengthy delays in your application for benefits being processed. Additionally, we may access our network of qualified medical and financial specialists and consultants to assist you through the claims process. This may include arranging for one of our trained staff to visit you by appointment or to attend a specialist facility relevant to your application for benefits.

Benefit payments

Once we have established that your application for benefits has met the terms and conditions of your plan, we will arrange for your benefits to be paid.

We will notify you once your application for benefits has been approved.

For ongoing disability claims we will assist you wherever possible to facilitate your claim, recovery to good health and return to work where possible.

Enquiries and privacy

Enquiries

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

Complaint resolution

If you have a complaint, please advise our Customer 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.

Life Insurance

If you are not satisfied with our handling of your 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) 8623 2000 in the Melbourne Metropolitan area or toll free on 1300 780 808. Alternatively, you can write to:

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

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA Australia. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your Application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your Application for insurance and any subsequent claim, AXA Australia may need to disclose your personal information to other parties, such as re-insurers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Australia Group companies.

You are entitled to request reasonable access to information we have about you. AXA Australia reserves the right to charge an administration fee for collating the information you request. For AXA's policy on Privacy refer to www.axa.com.au.

Interim Accidental Death Cover Certificate

Risk Protection Package

This Certificate applies to the Life Protection Plan and Trauma Deluxe Plan.

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 Direct 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 financial planner

Date

Interim Income Protection Cover Certificate

Risk Protection Package

This Certificate applies to the Income Protection and Business Expenses plans.

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA Australia. AXA Australia grants Interim Income Protection 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 Direct 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 financial planner

Date

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AXA Australia Customer Service
PO Box 14330 Melbourne VIC 8001
Telephone 132 987 Email: client.inquiry@axa.com.au AFS Licence No. 234649
The National Mutual Life Association of Australasia Limited ABN 72 004 020 437
Member of the Global AXA Group
Principal office: 447 Collins Street Melbourne Victoria 3000