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I want to protect what I've achieved



OneCare

Protection for life™

Product Disclosure Statement

1 May 2008

- >Life Cover
- >TPD Cover
- >Trauma Cover
- >Income Secure Cover
- >Business Expense Cover
- >Living Expense Cover
- >Child Cover
- >Extra Care Cover

This book contains two documents:

- OneCare Product Disclosure Statement
- OneCare Super Product Disclosure Statement

Why ING?

Our global strength and expertise can help you grow and protect your wealth.

ING Australia Limited (ING Australia) is one of Australia's leading fund managers, life insurers and superannuation providers with more than \$45 billion in assets under management. ING Australia is a joint venture between the global ING Group, which owns 51%, and one of Australia's major banks, ANZ, which owns 49%.

ING Australia provides a broad range of financial products and services through an extensive network of professional financial advisers and financial institutions, including its own advice groups.

ING is a global financial institution of Dutch origin offering banking, insurance and asset management to over 60 million private, corporate and institutional clients in 50 countries. With a diverse workforce of over 112,000 people, ING comprises a broad spectrum of prominent companies that increasingly serve their clients under the ING brand.

ING Australia is one of the leading providers of life insurance products in Australia. We offer a broad range of products that include life, trauma, total and permanent disability, income protection, business expense, living expense, child and extra care insurance. These enable individuals, families and businesses to protect their wealth, income and dependants.

We have over 100 years' heritage as a life company in Australia. Internationally, ING Group has an even longer history in life insurance.

ING Foundation

ING Australia is actively involved in the community, supporting a range of Australian charities and sponsorships through the ING Foundation.

The ING Foundation was established in 1978 to make a difference to the lives of disadvantaged Australians. The ING Foundation has partnered with four important charitable organisations and manages an ongoing program of financial grants to organisations that deal with an acute need in the community, with a strong focus on supporting children in need.

By combining company and community resources, the ING Foundation can make a difference to the lives of others.

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OneCare

ING Life Limited (ING Life) is the insurer of each policy from the OneCare range and the issuer of this Product Disclosure Statement (PDS). ING Life is responsible for the contents of this PDS. ING Life is a wholly owned subsidiary of ING Australia.

In the OneCare PDS, 'we', 'our', 'us' and 'ING' are references to ING Life Limited. References to 'you' or 'your' mean the applicant(s) for insurance, i.e. the policy owner(s). The person whose life is to be insured is referred to as the 'life insured'. If the policy owner has taken out the policy on their own life, they will also be the life insured.

OneCare Super

ING Custodians Pty Limited (INGC) is the issuer of the OneCare Super PDS. INGC is responsible for the contents of this PDS. INGC is a wholly owned subsidiary of ING Australia.

In the OneCare Super PDS references to 'you' or 'your' mean the person to be insured.

If you are considering whether to apply for OneCare Super you should start by reading the OneCare Super PDS on page 41.

Important information

An application for OneCare or OneCare Super as described in this PDS must be made on a current OneCare Application Form. Your application is subject to acceptance by ING, who may accept or decline your application, or accept it on special conditions. Any insurance policies arising from applications made are issued by ING Life. Such policies are neither a deposit nor a liability of:

- Australia and New Zealand Banking Group Limited ABN 11 005 357 522 or any of its related corporations (ANZ Group)
- ING Australia Limited ABN 60 000 000 779 (ING Australia)
- ING Bank (Australia) Limited ABN 24 000 893 292 (ING Bank)
- ING Investment Management Limited ABN 23 003 731 959 (INGIM)
- any other company in the ING Group (ING) other than ING Life.

The content of this PDS does not constitute financial product advice and you should consider obtaining independent advice before making any financial decisions. The information in this PDS does not take into account your personal objectives, financial situation or needs. You should consider the appropriateness of the information, having regard to your objectives, financial situation and needs. This PDS will assist you in determining if this product is suitable for you.

This PDS sets out the significant benefits and risks associated with holding a OneCare and OneCare Super policy, and provides information about the costs of each product. The full terms and conditions for each product are contained in the Policy Terms and Policy Schedule which we will issue to you if we accept your application. These documents are important and you should read them carefully. Where certain words have a specific meaning as defined in the Policy Terms, those words will have the same meaning in this PDS.

The information in this PDS, including taxation information, is based on the continuance of present laws and our interpretation of those laws and is up to date at the time of its preparation. However, some information may change from time to time. We will issue a supplementary or replacement PDS if there is a materially adverse change to information in this PDS, or there is a materially adverse omission from the PDS.

For other changes, you can obtain up to date information at any time by either calling 133 667 or visiting our website at www.ing.com.au We can send you a copy of the updated information, free of charge, upon request.

The invitation to purchase a OneCare policy is only available to persons receiving this PDS in Australia. It is not made, directly or indirectly, to persons in any other country.

Note: 'OneCare' and 'Protection for Life' are trademarks of ING Administration Pty Limited.

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What is OneCare?

At a glance

OneCare provides a range of insurance covers to suit your financial circumstances, no matter what your life stage, whether you are single, have a family or run a business. Conveniently, the flexible nature of OneCare allows you to tailor insurance for all members of your family and/or business all under the one policy by choosing from the following covers.

	Cover type	Benefit payment type	Insured events	Possible purposes	
OneCare policy	Life Cover*	Lump sum or Instalment	When the life insured dies or becomes terminally ill.	To pay out debt, leave money for family to live on or help with living expenses, estate planning or business buyouts.	
	Total and Permanent Disability (TPD) Cover*	Lump sum or Instalment	When the life insured becomes totally and permanently disabled.	To pay out debt, have money to continue standard of living and cover medical expenses etc.	
	Trauma Cover	Comprehensive or Premier	Lump sum or Instalment	When the life insured suffers a specified trauma condition.	To pay out debt and cover the costs of lifestyle changes and home adjustments, medical expenses, stopping work etc.
	Income Secure Cover*	Standard, Comprehensive, Professional or Special Risk	Guaranteed or Indemnity	When the life insured is temporarily totally or partially disabled and is unable to work due to illness or injury.	To replace wages or salary so you can cover bills, mortgage payments, daily living costs etc.
	Business Expense Cover		Guaranteed or Indemnity	When the life insured is temporarily totally or partially disabled and is unable to work due to illness or injury.	To pay overheads and regular ongoing bills of your business (e.g. rent, employees' salaries).
	Living Expense Cover		Guaranteed	When the life insured is significantly disabled and needs care.	To meet financial obligations and make home adjustments to maintain lifestyle (e.g. home care).
	Child Cover		Lump sum	When the insured child suffers a specified trauma condition or dies.	To cover costs of caring for a child, such as home adjustments, stopping work and medical expenses.
	Extra Care Cover*	Accidental Death, Terminal Illness or Needle Stick	Lump sum or Instalment	When the life insured dies in an accident, becomes terminally ill or has a needle stick injury.	To top up any of the main covers for extra protection.

* Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover may be purchased through superannuation. If you want to purchase Life Cover, TPD Cover, Income Secure Cover or Extra Care Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 41.

Each of the above covers is described in detail in sections of this Product Disclosure Statement (PDS).

If you are unsure of the meaning of highlighted terms throughout this PDS, please refer to the Dictionary on page 55.

Cover structure

OneCare gives you the flexibility to organise your insurance cover in a way that suits your needs and your budget.

All covers can be purchased under the one policy. To purchase Child Cover and/or Extra Care Cover, you need to have purchased at least one other cover.

You should talk to your **financial adviser** about tailoring the most appropriate insurance solution for you.

Multiple lives insured

With OneCare, you can insure as many lives as you like under one policy.

Each life insured under the policy may have their cover tailored to their needs. For example, they may have different cover types, different amounts insured, different benefit payment types and different options.

There is a premium discount for multiple-life policies. For details, please refer to 'What are the costs?' on page 47.

Amount insured

When you apply for OneCare you need to decide the amount you would like to be paid if something was to happen to the life insured.

For Life, TPD, Trauma, Child and Extra Care Cover this is called the 'amount insured'. This amount is agreed when you apply and this is what we will pay when a claim is accepted.

For Income Secure, Business Expense and Living Expense Cover this is called the 'monthly amount insured'. Depending on the choices you make, this amount may be guaranteed at the amount agreed when you apply, or may be based on income or **business expenses** at the time of claim.

Your **financial adviser** will be able to assist you in deciding the appropriate amount by assessing your individual needs and financial responsibilities.

Benefit payment types

Life, TPD, Trauma, Child and Extra Care Cover

When you apply for these covers, you choose whether the agreed amount insured is paid in the event of a claim being accepted as a lump sum (i.e. one-off payment) or by instalments for an agreed term.

Please note, the instalment benefit payment type is not available for:

- Child Cover or
- Life Cover, TPD Cover and Extra Care Cover purchased through superannuation.

Lump sum

If you choose the lump sum benefit payment type, in the event of a claim being accepted we pay the amount insured in one payment.

Instalment

If you choose the instalment benefit payment type, in the event of a claim being accepted we pay the agreed instalment amount insured for the agreed instalment term.

You can choose whether the instalment amount insured will be payable monthly from the date of the event for either:

- a **fixed term** – three, five or ten years
- an **age-based term** – to the policy anniversary when the life insured is, or would have been, age 55 or 65.

We will continue to pay the instalment for the selected term even if the life insured recovers or dies.

Throughout this PDS, benefit limits are shown as a lump sum, unless stated otherwise. To calculate the equivalent instalment amount, use the formulae shown in the example below.

Example

The Terminal Illness Benefit has a maximum amount insured of \$3 million.

Fixed term

Equivalent instalment amount insured =

$$\frac{\text{Lump sum amount insured}}{\text{No. of years} \times 12}$$

If you choose a fixed term of five years the equivalent instalment amount insured would be:

$$\frac{\$3,000,000}{5 \times 12} = \$50,000$$

Age-based term

Equivalent instalment amount insured =

$$\frac{\text{Lump sum amount insured}}{(\text{Age-based term} - \text{age at claim}^*) \times 12}$$

* Age of the life insured at the policy anniversary on or prior to the claim event.

If you choose an age-based term to the policy anniversary when the life insured is age 65, and when you made the claim the life insured was age 58 at the previous policy anniversary, the equivalent instalment amount insured would be:

$$\frac{\$3,000,000}{(65-58) \times 12} = \$35,714$$

We will pay the instalment amount insured in arrears and in the event of a claim being accepted, any instalment payments will not increase with indexation.

Income Secure, Business Expense and Living Expense Cover

The amount you are paid in the event of claim being accepted is referred to as the 'monthly amount insured payable', and depends on whether you choose the guaranteed or indemnity benefit payment type.

Guaranteed

If you choose the guaranteed benefit payment type, the amount we pay if the life insured is **totally disabled** will be the amount agreed on at the time of application.

Please note that the monthly amount insured payable for Living Expense Cover is guaranteed.

Indemnity

If you choose the indemnity benefit payment type, the amount we pay if the life insured is **totally disabled** will be dependent on the life insured's income at the time of claim and the monthly amount insured. If the life insured's income decreases from the time of application to the time of claim, we may pay less than the monthly amount insured shown on your Policy Schedule.

Nominating a beneficiary

OneCare

Generally, benefits payable under the policy in the event of the life insured's death are paid to the policy owner. As a policy owner, you can nominate beneficiaries to receive benefits payable in the event of a life insured's death. The nomination will apply to death benefits payable across all covers under the policy. If you do not nominate a beneficiary, any death benefit will be paid to you or your estate.

If the sum of benefits payable to nominated beneficiaries under the policy is less than 100% of the total death benefits payable, you or your estate will receive any balance of benefits under the policy so that the total sum of death benefits payable equals 100%. Similarly, you or your estate will receive any benefits allocated to a beneficiary in the event that they die before you.

A beneficiary cannot be you or a life insured under the policy, and any nominations will be cancelled if the ownership of the policy is transferred to a new policy owner.

To nominate beneficiaries for policies owned by the trustee of an external superannuation fund, please consult that fund's trustee.

OneCare Super

This option differs for policies owned through superannuation. If you choose OneCare Super, please refer to page 43 for details of how to nominate beneficiaries in relation to benefits in the ING MasterFund.

Premiums

The amount you pay to keep a OneCare policy is called the 'premium'.

When you apply for cover, you choose either of the following premium types:

- stepped premiums; where your premium is recalculated each policy anniversary based on the life insured's age and Policy Fee at that time
- level premiums; where your premium for a particular level of cover only changes with increases to the Policy Fee or if we change premium rates.

The level premium option is not available for Child Cover or Extra Care Cover.

The premium includes a Policy Fee for each life insured under the policy. The Policy Fee increases each year by the **indexation factor**.

If you are paying level premiums, the cover will automatically be transferred to stepped premiums at the policy anniversary when the life insured is aged 65.

You will need to consider other factors in regard to your premium. Please refer to 'What are the costs?' on page 47 for further details.

Indexation

To ensure your insurance keeps up with the cost of living, we will automatically increase the amount insured each policy anniversary by the **indexation factor**. The **indexation factor** is based on the change in the Consumer Price Index (CPI) each year.

Cover type	Expiry age	Indexation factor	Maximum initial amount insured that may index	Rules
Life Cover	70	5% or CPI, whichever is greater.	\$5 million	<ul style="list-style-type: none"> In the event of a claim being accepted, any amounts we pay as instalments will not increase with indexation. Indexation does not apply while Premium Freeze applies. Indexation will not apply to Life Cover reinstated under the Double TPD or Double Trauma Option.
TPD Cover	65		\$3 million for Any or Own, \$2 million for Non-working \$1.5 million for Home-maker \$3 million total for all TPD definitions	
Trauma Cover	70		\$2 million	
Income Secure Cover	Cover expiry date	CPI	No limit	<ul style="list-style-type: none"> Indexation does not apply while premiums are paused. If the life insured is on claim under Income Secure Cover, indexation will not apply (unless the Increasing Claim Option applies). Indexation will cease at age 65, even for those policies with a benefit period to age 70.
Business Expense Cover	65	CPI	No limit	
Living Expense Cover	65	CPI	No limit	
Child Cover	21	5% or CPI, whichever is greater.	\$150,000	<ul style="list-style-type: none"> As a result of indexation, the amount may increase to a maximum of \$200,000.
Extra Care Cover	60		\$1 million	

Guaranteed continuing cover

Your policy will continue each year upon payment of the premium, regardless of changes to the health of each life insured.

Events that result in your policy ending can be found within each cover section.

Guaranteed upgrade of benefits

We will automatically add any future improvements we make to any of the benefits available under the OneCare policy to your existing policy, if they do not result in a premium increase.

Any improvements will apply to future claims. The improvements will not apply to current claims or to any claims resulting from medical conditions which occurred before these improvements came into effect.

Your policy will not be worse off as a result of the guaranteed upgrade. If you or a life insured is inadvertently disadvantaged in any way, then previous benefit wording will stand.

Interim Cover

Interim Cover provides insurance cover for up to 90 days while we consider your application. It is provided for an application for a new policy or an addition to an existing policy. There is no charge for the interim insurance cover.

Interim Cover starts when ING or your **financial adviser** receives a completed Application Form and a cheque, Direct Debit Request, credit card authorisation or ING Transfer Authority Form for the payment of the first premium.

For further information and conditions on Interim Cover please refer to 'Interim Cover certificates' on page 68.

More Information

If you require more information regarding any of the benefits in OneCare, including the built-in benefits and built-in features, please ask your **financial adviser**.

What is Life Cover?

At a glance

When you choose Life Cover you automatically receive the following built-in benefits and features, and you can choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

You need to make the following choices to tailor Life Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 6.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age based term (to age 55 or 65)	
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium		
Optional cover How would you like your Life Cover structured? Page 3.	Life Cover	Life Cover with optional TPD Cover	Life Cover with optional Trauma Cover	Life Cover with optional Trauma Cover and optional TPD Cover
Options available at extra cost Which of the extra cost options would you like to add to Life Cover to meet your needs? Page 7.	Premium Waiver Disability Option	Business Guarantee Option		

Life Cover may be purchased through superannuation. If you want to purchase Life Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 41.

Who can apply

You can apply for Life Cover if the life insured is between the ages in the following table.

Premium type	Entry ages	
	Minimum	Maximum
Stepped premium	15	75
Level premium	15	60

Amount insured

The minimum amount insured for Life Cover is \$50,000 lump sum or an equivalent instalment amount.

Built-in benefits

Death Benefit

If the life insured dies, we will pay the amount insured.

Terminal Illness Benefit

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured up to a maximum of \$3 million lump sum or the **equivalent instalment amount** across all ING policies.

If the amount insured is higher than these amounts, we will pay the balance when the life insured dies. The balance of cover will continue to be subject to indexation at policy anniversaries. We will waive all premiums for the balance of the Life Cover amount insured until the life insured dies.

Accommodation Benefit

If a **medical practitioner** certifies that the life insured must remain confined to bed due to **terminal illness**, we will reimburse accommodation costs up to \$150 per day for a maximum of 14 days.

This benefit is not available if Life Cover has been taken out under superannuation.

Financial Advice Benefit

If we pay the amount insured for death or **terminal illness**, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

This benefit will be paid once across all ING policies covering the life insured.

This benefit is not available if Life Cover has been taken out under superannuation.

Advance Assistance Benefit

If the amount insured is more than \$25,000 when the life insured dies, we will pay an advance of \$25,000 on receipt of a full Australian death certificate or other evidence satisfactory to us.

This benefit will be paid once across all ING policies covering the life insured.

This benefit is not available if Life Cover has been taken out under superannuation.

Built-in features

The following built-in features are explained in more detail in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD and Trauma Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD and Trauma Cover?	19
Premium Freeze	What else do I need to know about Life, TPD and Trauma Cover?	19

Options available at extra cost

When you set up the Life Cover, you can elect to have any of the following options for an additional premium. The chosen options will be shown in the Policy Schedule. The following options are explained in more detail in the following sections.

Extra cost option	PDS section	Page
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

The Life Cover amount insured will be reduced by any amount paid for a life insured under a OneCare policy for:

- **terminal illness**
- the Advance Assistance Benefit

- TPD Cover where it is an option to Life Cover
- Trauma Cover where it is an option to Life Cover.

If the optional Business Debt Protector applies, we will apply these reductions to the cover for all lives insured under the policy.

When we will not pay

We will not pay any benefits under Life Cover for anything we have specifically excluded from this cover, as shown in the Policy Schedule.

We will not pay any benefits under Life Cover if, as a result of the life insured's intentional or deliberate act or omission, the life insured dies or becomes **terminally ill** within the first 13 months of the date:

- cover commences (including cover commenced under Life Cover Buy Back or the Life Cover Purchase Option)
- of an increase in the amount insured, not including any indexation increases (the amount we will not pay is the increased part of the amount insured)
- we agree to reinstate a previously cancelled cover.

The above 13 month exclusion does not apply if the OneCare Life Cover is replacing another insurance company's similar cover if:

- the insurance under the policy to be replaced has been in force for a minimum of 13 consecutive months immediately prior to the cover start date of this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases)
- no claim is payable or pending under the policy to be replaced.

Where the Life Cover amount insured under this policy exceeds that of the policy to be replaced, this exclusion will apply to the excess.

When Life Cover ends

Life Cover for a life insured will end automatically on the earlier of:

- the date we pay (or commence paying) the full Life Cover lump sum (or instalment) amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule (if applicable)
- the policy anniversary when the life insured is aged 75 if the policy is issued under OneCare Super. We will accept an application for the life insured, without underwriting, for the Life Cover to continue on the same terms under a non-superannuation policy.

What is Total and Permanent Disability Cover?

At a glance

When you choose TPD Cover you automatically receive the following built-in benefits and features, and you can choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

You need to make the following choices to tailor the TPD Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 8.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age based term (to age 55 or 65)	
Total and permanent disability definition Which definition best suits your needs? Page 9.	Any Occupation	Own Occupation	Home-maker	Non-working
Premium type How would you like your premiums to be calculated? Page 4.	Level premium	Stepped premium		
Optional cover How would you like your TPD Cover structured? Page 3.	Stand alone TPD Cover	TPD Cover as an option to Life Cover	TPD Cover as an option to Trauma Cover	
Options available at extra cost Which of the extra cost options would you like to add to TPD Cover to meet your needs? Page 10.	Premium Waiver Disability Option	Business Guarantee Option	Double TPD Option	Life Cover Purchase Option

TPD Cover may be purchased through superannuation. If you want to purchase TPD Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 41.

Who can apply

You can apply for TPD Cover if the life insured is between the ages in the following table.

Premium type	TPD definition	Entry ages	
		Minimum	Maximum
Stepped premium	Any Occupation		
	Own Occupation	15	60
	Home-maker		
	Non-working	15	75
Level premium	Any Occupation		
	Own Occupation	15	60
	Home-maker		
	Non-working		

Amount insured

The minimum amount insured for TPD Cover is \$50,000.

The following table shows the maximum amount insured for each TPD definition.

TPD definition	Maximum amount insured
Overall maximum (Any, Own & Non-working)	\$5 million*
Any	
Own	\$3 million
Any & Own combined	
Home-maker	\$1.5 million
Non-working	
Home-maker & Non-working combined	\$2 million

*The maximum amount of TPD Cover that can be purchased as stand alone cover (not optional to Life Cover) is \$3 million.

Built-in benefits

Total and Permanent Disability Benefit

If the life insured becomes totally and permanently disabled and meets the conditions of the TPD definition chosen at the time of application, we will pay the amount insured.

The life insured must survive without life support for eight days from the date they satisfy the TPD condition.

For those elements that state that the life insured must be unable to work for three months, no additional survival period applies.

Partial payment for specific loss

If the life insured suffers a specific loss (being the total and permanent loss of the use of one limb or one eye), we will pay a partial amount of 20% of the TPD Cover amount insured to a maximum of \$100,000.

This benefit is not available under OneCare Super.

Total and permanent disability definitions

You select the TPD definition which is to apply to the life insured from a choice of four options. Each definition is made up of several elements as outlined in the table below. We will pay the TPD Cover amount insured if the life insured meets the requirements of any one of the elements of the selected definition.

The table below provides a summary of the TPD definitions. For full details of the terms and conditions of each element, please refer to the Dictionary on page 55.

Elements	As a result of illness or injury the life insured:	TPD definitions			
		Own Occupation	Any Occupation	Home-maker	Non-working
Unlikely ever again to be able to do own occupation	<ul style="list-style-type: none"> has been absent from and unable to work in their own occupation for three months or has suffered permanent impairment of at least 25% whole person function and is unlikely to be able to perform their own occupation ever again. 	Yes			
Unlikely ever again to be able to do any occupation	<ul style="list-style-type: none"> has been absent from and unable to work for three months or has suffered permanent impairment of at least 25% whole person function and is unlikely to be able to ever perform any occupation for which they are reasonably suited by education, training or experience. 		Yes		
Unlikely ever again to be able to do normal domestic duties	<ul style="list-style-type: none"> has been unable to perform normal domestic duties, leave their home unaided or do any occupation for three months and requires the ongoing care of a medical practitioner, or has suffered permanent impairment of at least 25% whole person function and is unlikely to be able to ever perform normal domestic duties or any occupation for which they are reasonably suited by education, training or experience. 			Yes	
Loss of limbs and/or sight	<ul style="list-style-type: none"> suffers the permanent loss of the use of: <ul style="list-style-type: none"> two limbs the sight in both eyes or one limb and the sight in one eye. 	Yes	Yes	Yes	Yes
Loss of independent existence	<ul style="list-style-type: none"> is totally and irreversibly unable to perform at least two out of five activities of daily living. 	Yes	Yes	Yes	Yes
Cognitive loss	<ul style="list-style-type: none"> suffers total and permanent loss of intellectual capacity requiring continuous care and supervision. 	Yes	Yes	Yes	Yes

Limited Death Benefit

This benefit applies to stand alone TPD Cover and TPD Cover selected as an option to Trauma Cover.

If the life insured dies and the TPD Benefit is not payable, we will pay \$10,000.

Accommodation Benefit

If a **medical practitioner** certifies that the life insured must remain confined to bed due to the disability, we will reimburse accommodation costs up to \$150 per day for a maximum of 14 days.

This benefit is not available if TPD Cover has been taken out under superannuation.

Financial Advice Benefit

If we pay a TPD Benefit, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

This benefit will be paid once across all ING policies covering the life insured.

This benefit is not available if TPD Cover has been taken out under superannuation.

Built-in features

Life Cover Buy Back

This feature applies to TPD Cover selected as an option to Life Cover.

If we pay the full TPD Cover amount insured, 12 months later you can buy back Life Cover up to the amount of the TPD Benefit paid, without having to supply further medical evidence.

You must take up this offer within 30 days of our letter of offer.

Any exclusions or medical, occupational or pastime loadings which applied to the original Life Cover will also apply to the new Life Cover.

Future Insurability and the Business Guarantee Option increases cannot be made to the new Life Cover.

Indexation will apply to the new Life Cover.

Auto Conversion

On the policy anniversary when the life insured is age 65, TPD Cover will convert to the Non-working TPD definition.

If the amount insured is \$1 million or less across all of the life insured's TPD Cover with us, the amount insured will remain the same. If it is over \$1 million, the amount insured will be reduced to \$1 million.

More built-in features are explained in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Premium Freeze	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Options available at extra cost

When you set up TPD Cover, you can elect to have any of the following options for an additional premium. The chosen options will be shown in the Policy Schedule.

Double TPD Option

This option is available for TPD Cover selected as an option to Life Cover.

If you choose this option and we pay the full TPD Cover amount insured, the Life Cover amount insured that would be reduced by the amount of the TPD Benefit will be reinstated.

You will not pay any premium for the reinstated Life Cover.

If you choose an instalment benefit payment type, the Life Cover is reinstated from the date we commence paying the TPD Benefit.

We will not reinstate Life Cover under this option if a benefit for **terminal illness** has been paid for the life insured. The life insured must also survive the relevant survival period for the applicable TPD definition for this option to apply.

Future Insurability and Business Guarantee Option increases cannot be made to the reinstated Life Cover. Indexation will not apply to the reinstated Life Cover.

This option expires at the policy anniversary when the life insured is age 65.

Life Cover Purchase Option

This option is available for stand alone TPD Cover and TPD Cover selected as an option to Trauma Cover.

If you choose this option and we pay the full TPD Cover amount insured, 12 months later you can purchase Life Cover up to the amount of the TPD Benefit paid, without having to supply further medical evidence. You must take up this offer within 30 days of our letter of offer.

If you choose an instalment benefit payment type, you can purchase Life Cover 12 months after the date we commence paying the TPD Benefit.

You cannot exercise this option if a benefit for **terminal illness** has been paid for the life insured.

Any exclusions or any medical, occupational or pastime loadings which applied to the original TPD Cover may also apply to the new Life Cover.

Future Insurability and Business Guarantee Option increases cannot be made to the new Life Cover. Indexation will apply to the new Life Cover.

More extra cost options

Extra cost option	PDS section	Page number
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

The TPD Cover amount insured may be reduced if we pay other benefits for a life insured under a OneCare policy in the following situations:

- If you have Life Cover with both optional TPD Cover and optional Trauma Cover for a life insured, the TPD Cover amount insured is reduced by any amount paid for that life insured under the policy for a:
 - Terminal Illness Benefit under Life Cover
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.
- If you have Life Cover with optional TPD Cover for a life insured, the TPD Cover amount insured is reduced by any Terminal Illness Benefit paid under Life Cover, or TPD Benefit paid under TPD Cover for that life insured under the policy.
- If you have Trauma Cover with optional TPD Cover for a life insured, the TPD Cover amount insured is reduced by any Trauma Benefit paid under Trauma Cover, or TPD Benefit paid under TPD Cover for that life insured under the policy.
- If stand alone TPD Cover applies for a life insured, the TPD Cover amount insured is reduced by a partial payment for a TPD Benefit under TPD Cover.

If the optional Business Debt Protector applies, we will apply these reductions to the cover for all lives insured under the policy.

When we will not pay

We will not pay any benefits under TPD Cover:

- if the life insured becomes totally and permanently disabled as a result of their intentional or deliberate act or omission
- for anything we have specifically excluded from this cover, as shown in the Policy Schedule.

When TPD Cover ends

TPD Cover for a life insured will end automatically on the earlier of:

- the date we pay (or commence paying) the full TPD Cover lump sum (or instalment) amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule (see below).

The maximum expiry ages for TPD Cover are:

TPD definition	Cover expiry date (policy anniversary when the life insured is age)
Any Occupation	
Own Occupation	65*
Home-maker	
Non-working	100

* Converts to the Non-working TPD definition.

The Premium Waiver Disability Option and Business Guarantee Option end at different ages. Please refer to the relevant sections on page 19 and page 20. The Double TPD Option, Life Cover Buy Back and Life Cover Purchase Option expire at age 65.

What is Trauma Cover?

At a glance

When you choose Trauma Cover you automatically receive the following built-in benefits and features, and you can choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

You need to make the following choices to tailor the Trauma Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 12.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.						
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age based term (to age 55 or 65)				
Cover type Which of the cover types offer the best protection for you? Page 12.	Comprehensive	Premier					
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium					
Optional cover How would you like your Trauma Cover structured? Page 3.	Stand alone Trauma Cover	Trauma Cover with optional TPD Cover	Trauma Cover as an option to Life Cover				
Options available at extra cost Which of the extra cost options would you like to add to Trauma Cover to meet your needs? Page 14.	Premium Waiver Disability Option	Business Guarantee Option	Double Trauma Option	Life Cover Purchase Option	Trauma Cover Reinstatement Option	Premier Maximiser Option	Baby Care Option

Who can apply

You can apply for Trauma Cover if the life insured is between the ages in the following table.

Premium type	Entry ages	
	Minimum	Maximum
Stepped premium	15	65
Level premium	15	60

Amount insured

The minimum amount insured for Trauma Cover is \$50,000 and the overall maximum is \$2 million.

Cover type

When applying for Trauma Cover you need to choose between Comprehensive and Premier. The type of cover you choose will affect the cost of your premiums and when the amount insured will be payable.

Trauma Comprehensive – provides cover for 45 specified trauma conditions.

Trauma Premier – provides cover for 72 specified trauma conditions. We pay partial payments for the additional 27 conditions.

Trauma conditions

Please refer to the Dictionary on page 55 for definitions of the following trauma conditions.

Trauma Comprehensive and Trauma Premier

Trauma conditions	
Advanced dementia, including Alzheimer's disease [†]	Chronic liver disease
Angioplasty ^{**†}	Chronic lung disease
Aortic surgery [*]	Cognitive loss
Aplastic anaemia	Coma
Benign brain tumour [†]	Coronary artery by-pass surgery ^{**†}
Blindness	Deafness
Cancer ^{**}	Diplegia
Cardiomyopathy	Encephalitis
Chronic kidney failure	Heart attack ^{**†}

Trauma conditions	
Heart valve surgery*	Open heart surgery*
Hemiplegia	Paralysis of a single limb
Intensive care	Paraplegia
Loss of independent existence	Parkinson's disease [†]
Loss of limbs and/or sight	Pneumonectomy [†]
Loss of speech	Primary pulmonary hypertension
Major head trauma [‡]	Quadriplegia
Major organ transplant	Severe burns
Medically acquired HIV	Severe diabetes**
Meningitis and/or meningococcal disease	Stroke**
Motor neurone disease	Systemic sclerosis**
Multiple sclerosis [†]	Terminal illness [†]
Muscular dystrophy [†]	Triple vessel angioplasty*
Occupationally acquired HIV	

Trauma Premier

Trauma conditions	
Adult insulin dependent diabetes mellitus**	Diagnosed multiple sclerosis**
Burns of limited extent [†]	Diagnosed muscular dystrophy**
Carcinoma in situ of the breast**	Hydrocephalus [†]
Carcinoma in situ of the cervix uteri**	Loss of a single limb [†]
Carcinoma in situ of the corpus uteri**	Major organ transplant waiting list**
Carcinoma in situ of the fallopian tube**	Melanoma**
Carcinoma in situ of the ovary**	Partial blindness* [†]
Carcinoma in situ of the penis**	Partial deafness* [†]
Carcinoma in situ of the prostate**	Prostate cancer**
Carcinoma in situ of the testicle**	Severe endometriosis* [†]
Carcinoma in situ of the vagina**	Severe osteoporosis* [†]
Carcinoma in situ of the vulva**	Severe rheumatoid arthritis* [†]
Chronic lymphocytic leukaemia**	Systemic lupus erythematosus (SLE) with lupus nephritis* [†]
Diagnosed dementia, including Alzheimer's disease**	

* Trauma Cover must be in force for a qualifying period of 90 days for this benefit to be payable. Please refer to '90 day qualifying period' on this page.

† These conditions are subject to a partial payment of the Trauma Cover amount insured. Please refer to 'Partial payments' on page 14.

‡ These conditions must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist approved by us.

Built-in benefits

Trauma Benefit

If the life insured suffers one of the specified trauma conditions shown in the table on pages 12-13, we will pay the full or partial amount insured depending on the condition.

To be eligible for a claim:

- the life insured needs to meet the definition of the specified trauma condition
- the Trauma Cover must be in force when the trauma condition first occurs or is first diagnosed, or when symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**
- the diagnosis and certification of the trauma condition must be made by a **medical practitioner** and agreed to by us.

The life insured must survive eight days without life support after the date of occurrence or diagnosis of the trauma condition.

This survival period is in addition to any time requirement which is specified within the definition of the trauma condition.

90 day qualifying period

There is no cover and no benefit will be payable in respect of the conditions marked with an * if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**, during the first 90 days after:

- the Trauma Cover start date
- the date of the most recent reinstatement of the Trauma Cover
- the date of an increase to the Trauma Cover amount insured (in respect of the increased portion only).

If this cover is replacing existing cover with another insurance company, the 90 day qualifying period will not apply to the part of the amount insured being replaced if:

- the similar qualifying period has expired for the same conditions or events in the policy to be replaced (including qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases)
- the policy to be replaced is cancelled immediately after the issue of this policy and
- no claim is payable or pending under the policy to be replaced.

Where the Trauma Cover amount insured exceeds that of the policy to be replaced, the 90 day qualifying period will apply to the excess.

Partial payments

In the table on pages 12-13, trauma conditions marked with a † are eligible for partial payment of the Trauma Cover amount insured. The partial payment for these conditions (subject to a minimum of \$10,000) is the lesser of:

- 20% of the Trauma Cover amount insured at the date the trauma condition occurs (or 10% for **angioplasty**) or
- \$100,000 (or \$20,000 for **angioplasty**).

The above limits are based on lump sum payments. If you choose an instalment benefit payment type, the limits will be equivalent instalment amounts.

The Trauma Cover amount insured is reduced by the amount of any partial payment made for these conditions.

The Trauma Benefit is payable once for each condition. The one exception is **angioplasty**, where we will pay for multiple occurrences when:

- the first **angioplasty** procedure occurs after the end of the 90 day qualifying period and
- for each subsequent **angioplasty** procedure which occurs at least six months after the previous **angioplasty** procedure.

Under Trauma Premier we will pay for multiple conditions up to the total Trauma Cover amount insured. The total Trauma Benefit payable over the period of cover is the Trauma Cover amount insured.

Limited Death Benefit

This benefit applies to stand alone Trauma Cover and Trauma Cover with optional TPD Cover.

If the life insured dies and the Trauma Benefit is not payable, we will pay \$10,000.

Accommodation Benefit

If a **medical practitioner** certifies that the life insured must remain confined to bed due to their trauma condition we will reimburse accommodation costs up to \$150 per day for a maximum of 14 days.

Financial Advice Benefit

If we pay the full Trauma Cover amount insured, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

This benefit will be paid once across all ING policies covering the life insured.

Built-in features

Life Cover Buy Back

This feature applies to Trauma Cover selected as an option to Life Cover.

If we pay the full Trauma Cover amount insured, after a specified period you can buy back Life Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence. You must take up this offer within 30 days of our letter of offer.

Any exclusions or any medical, occupational or pastime loadings which applied to the original Life Cover will also apply to the new Life Cover.

Future Insurability and Business Guarantee Option increases cannot be made to the new Life Cover. Indexation will apply to the new Life Cover.

Auto Conversion

On the policy anniversary when the life insured is age 70, Trauma Cover will convert to TPD Cover with the Non-working TPD definition. If the amount insured is \$1 million or less across all of the life insured's TPD Cover with us, it will stay the same. If it is over \$1 million, it will be reduced to \$1 million.

More built-in features are explained in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Premium Freeze	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Options available at extra cost

When you set up the Trauma Cover, you can elect to have any of the following options for an additional premium. The chosen options will be shown on the Policy Schedule.

Double Trauma Option

This option is available for Trauma Cover selected as an option to Life Cover.

If you choose this option and we pay the full Trauma Cover amount insured, the Life Cover amount insured that would be reduced by the amount of the Trauma Benefit will be reinstated.

You will not pay any premium for the reinstated Life Cover.

If you choose an instalment benefit payment type, the Life Cover is reinstated from the date we commence paying the full Trauma Benefit.

We will not reinstate Life Cover under this option if:

- a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, e.g. for **angioplasty**
- the life insured does not survive the eight day survival period.

However, when multiple payments total the full amount insured, we will reinstate Life Cover for the sum of the Trauma Benefits paid.

Future Insurability and Business Guarantee Option increases cannot be made to the reinstated Life Cover. Indexation will not apply to the reinstated Life Cover.

This option expires at the policy anniversary when the life insured is age 65.

Life Cover Purchase Option

This option is available for stand alone Trauma Cover and Trauma Cover with optional TPD Cover.

If you choose this option and we pay the full Trauma Cover amount insured, after a specified period you can purchase Life Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence. You must take up this offer within 30 days of our letter of offer.

If we pay the Trauma Benefit for any trauma conditions, the specified period varies between six and 12 months.

If you choose an instalment benefit payment type, you can purchase Life Cover after the specified period from the date we commence paying the full Trauma Benefit.

You cannot exercise this option if:

- a benefit for **terminal illness** has been paid for the life insured.
- only a partial payment was made, for example for **angioplasty**.

However, you can exercise this option when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

Any exclusions or any medical, occupational or pastime loadings which applied to the original Trauma Cover may also apply to the new Life Cover.

Future Insurability and Business Guarantee Option increases cannot be made to the new Life Cover. Indexation will apply to the new Life Cover.

Trauma Cover Reinstatement Option

If you choose this option and we pay the full Trauma Cover amount insured, 12 months later you can reinstate Trauma Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence. You must take up this offer within 30 days of our letter of offer.

If you choose an instalment benefit payment type, you can reinstate Trauma Cover 12 months after the date we commence paying the full Trauma Benefit.

You cannot exercise this option if:

- a TPD Benefit or a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**.

However, you can exercise this option when multiple payments total the full amount insured, and for 100% of the sum of the Trauma Benefits paid.

Any exclusions or any medical, occupational or pastime loadings which applied to the original Trauma Cover will also apply to the new Trauma Cover.

Future Insurability and Business Guarantee Option increases cannot be made to the reinstated Trauma Cover. Indexation will not apply to the reinstated Trauma Cover.

We will not pay a claim under the reinstated Trauma Cover for the same trauma condition for which we paid a claim under the original Trauma Cover or any related condition.

If the trauma condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**, before the date of reinstatement of the Trauma Cover, it will not be covered and no benefit will be payable.

Premier Maximiser Option

This option is available if you choose Trauma Premier.

This option provides two benefits:

- Benefit Accelerator
- Booster Benefit.

The Benefit Accelerator pays the full Trauma Cover amount insured, instead of a partial payment for the following trauma conditions:

- **diagnosed multiple sclerosis**
- **diagnosed muscular dystrophy**
- **major organ transplant waiting list**
- **severe osteoporosis**
- **severe rheumatoid arthritis.**

The Booster Benefit pays an additional Trauma Cover amount insured of 20% (to a maximum of \$100,000). This means that in the event of a claim, a payment of 40% of the Trauma Cover amount insured (to a maximum of \$200,000) will apply for the following conditions:

- **burns of limited extent**
- **chronic lymphocytic leukaemia**
- **diagnosed dementia, including Alzheimer's disease**
- **hydrocephalus**
- **melanoma**
- **partial blindness**
- **partial deafness**
- **severe endometriosis**
- **loss of a single limb**
- **systemic lupus erythematosus (SLE) with lupus nephritis.**

The Booster Benefit also applies to **angioplasty**. For **angioplasty**, we will pay an additional Booster Benefit of 10% of the Trauma Cover amount insured (subject to a maximum of \$20,000). This means that in the event of a claim being accepted, a payment of 20% of the Trauma Cover amount insured (to a maximum of \$40,000) will apply.

Baby Care Option

This option is available if you choose Trauma Premier.

It provides cover for additional trauma conditions for female lives insured who apply for this option when aged between 16 and 40. This option expires at age 45 and has a 12 month qualifying period.

The Baby Care Option has three built-in benefits:

- Complication of Pregnancy Benefit
- Congenital Abnormality Benefit (30 day survival period applies) and
- Death Benefit.

If you choose this option, we will pay \$50,000 lump sum for a specified Complication of Pregnancy and/or a Congenital Abnormality Benefit. We will pay \$10,000 lump sum under the Death Benefit. This option does not reduce the Trauma Cover amount insured.

Multiple claims are allowed under Baby Care Option subject to the following conditions:

- There may be no more than one claim per child.
- There may be no more than one claim under any benefit.

Indexation will apply to the Complication of Pregnancy and the Congenital Abnormality Benefit. It will not apply to the Death Benefit.

The conditions covered under the Baby Care Option are:

Benefit and conditions covered under that benefit		
Complication of Pregnancy Benefit	Congenital Abnormality Benefit	Death Benefit
Disseminated Intravascular Coagulation	Absence of hand or foot	Infant death
Eclampsia	Cleft lip and/or palate	Neonatal death
Ectopic pregnancy	Congenital blindness	Stillbirth (> 20 wks pregnancy)
Hydatidiform mole	Congenital deafness	
	Developmental dysplasia of the hip	
	Down's Syndrome	
	Infantile hydrocephalus	
	Oesophageal atresia	
	Spina bifida	
	myelomeningocele	
	Tetralogy of fallot	
Trachea-oesophageal fistula		
Transposition of great vessels		

Please refer to the Dictionary on page 55 for definitions of the trauma conditions above.

We will not pay a claim under the Baby Care Option for:

- elective pregnancy termination
- surrogacy; either being the surrogate mother or engaging a surrogate mother
- death or a Baby Care condition which arises as a direct result of an intentional, deliberate act, or omission of the policy owner, the parents of the foetus or infant or someone who lives with or supervises the child

- foetal death less than 20 weeks unless death is due to a specified complication of pregnancy
- complications of pregnancy due to In Vitro Fertilisation (IVF)
- any claim which is a direct result of drug or alcohol abuse
- adopted or step children.

If Trauma Cover is reinstated using the Trauma Cover Reinstatement Option, the Baby Care Option will not be reinstated.

A child ceases to be covered under the Baby Care Option on their second birthday. You will have the option to apply for Child Cover at the time that the child ceases to be covered under the Baby Care Option. We will offer an extension on the cover provided by the Baby Care Option for 30 days, while you provide the evidence relevant to the application for Child Cover.

Premium Freeze will not apply to this option.

More extra cost options

Extra cost option	PDS section	Page number
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

The Trauma Cover amount insured may be reduced if we pay other benefits for a life insured under a OneCare policy in the following situations:

- If you have Life Cover with both optional TPD Cover and optional Trauma Cover for a life insured, the Trauma Cover amount insured is reduced by any amount paid for that life insured under this policy for a:
 - Terminal Illness Benefit under Life Cover
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.
- If you have Life Cover with optional Trauma Cover for a life insured, the Trauma Cover amount insured is reduced by any amount paid for that life insured under the policy for a:
 - Terminal Illness Benefit under Life Cover
 - Trauma Benefit under Trauma Cover.
- If you have Trauma Cover with optional TPD Cover for a life insured, the Trauma Cover amount insured is reduced by any amount paid for that life insured under the policy for a:
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.

If you have stand alone Trauma Cover for a life insured, the Trauma Cover amount insured is only reduced by a partial payment for a Trauma Benefit.

If the optional Business Debt Protector applies, we will apply these reductions to the cover for all lives insured under the policy.

When we will not pay

We will not pay any benefits under Trauma Cover:

- if the life insured suffers a trauma condition as a result of their intentional or deliberate act or omission
- for anything we have specifically excluded from this cover, as shown in the Policy Schedule.

When Trauma Cover ends

Trauma Cover for a life insured will end automatically on the earlier of:

- the date we pay (or commence paying) the full Trauma Cover lump sum (or instalment) amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule.

The maximum expiry age for Trauma Cover is age 70, with the following exceptions:

- The Premium Waiver Disability Option and Business Guarantee Option end at different ages (please refer to the relevant section on pages 19-20).
- Trauma Cover converts to TPD Cover with the **Non-working** TPD definition at age 70.

What else do I need to know about Life, TPD, Trauma and Extra Care Cover?

Built-in features

The features detailed in this section are available for Life Cover, TPD Cover, Trauma Cover and Extra Care Cover.

Future Insurability

The Future Insurability feature allows you to apply to increase the amount insured without having to supply further medical evidence once in any 12 month period when specified personal or business events occur.

Personal events	The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:	Business events	The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:
<p>The life insured marries.*</p> <p>The life insured or their spouse gives birth to, or adopts, a child.*[^]</p> <p>The life insured has a dependent child who starts secondary school.*</p> <p>The life insured completes an undergraduate degree at a government recognised Australian university.*</p> <p>The life insured's spouse dies.*</p> <p>The life insured's divorce.*</p> <p>The life insured becomes a carer for the first time and is financially responsible for provision of such care, and/or is physically providing such care.*</p>	<ul style="list-style-type: none"> • \$200,000 lump sum or the equivalent instalment amount • 25% of the amount insured at the cover start date. 	<p>The life insured is a partner, shareholder or similar principal in a business and this policy supports a buy/sell, share purchase or business succession agreement and their value in the business increases.*</p>	<ul style="list-style-type: none"> • the increase in the value of the life insured's financial interest in the business for lump sum or the equivalent instalment amount • \$200,000 lump sum or the equivalent instalment amount • 25% of the amount insured at the cover start date.
<p>The life insured takes out or increases a mortgage on their principal place of residence with an accredited mortgage provider (excludes re-draw and refinancing).*</p>	<ul style="list-style-type: none"> • \$200,000 lump sum or the equivalent instalment amount • 50% of the Life Cover amount insured at the cover start date • 25% of the TPD/Trauma/Extra Care Cover amount insured at the cover start date • the amount of the mortgage, or increase to the mortgage, for lump sum or the equivalent instalment amount. 	<p>The life insured is a key person in a business and their value to the business increases.*</p>	<ul style="list-style-type: none"> • five times the average of the last three consecutive annual increases in the gross remuneration package for lump sum or the equivalent instalment amount • 25% of the amount insured at the cover start date • \$200,000 lump sum or the equivalent instalment amount.
<p>The life insured has a salary package increase of 15% or more.*</p>	<ul style="list-style-type: none"> • \$200,000 lump sum or the equivalent instalment amount • 25% of the amount insured at the cover start date • 10 times the amount of the salary package increase for lump sum or the equivalent instalment amount. 		

* Within the first six months of an increase to the Life, TPD, Trauma and/or Extra Care Cover amounts insured for this event, the increased amount insured is only payable for death, total and permanent disability or trauma conditions (as applicable) which result from an accident.

[^] Within the first six months of an increase to the TPD and/or Trauma Cover amounts insured for this event, we will pay the portion of the amount insured which exceeds \$50,000, only for the life insured's accidental total and permanent disablement or accidental trauma condition.

To apply for increases under this option, you need to complete the Future Insurability Increase Application Form and return it to us with any other information we may require.

Your application needs to be made:

- 30 days before or after the occurrence of the personal event
- within 30 days of the policy anniversary date following a personal event or
- within 30 days of the policy anniversary date following a business event.

You can apply for an increase for one personal or business event only in any 12 month period across all ING policies covering the life insured.

You can apply for increases to the amount insured within the following limits over the period of the cover.

Increase limits	Life, TPD, Trauma and Extra Care Cover
Minimum for each increase	\$10,000
For the life of the policy the lesser of the amount insured at cover start date and this maximum across all ING policies.	\$1 million

The above limits are shown as lump sum amounts. If you choose an instalment benefit payment type, these limits will be converted to equivalent instalment amounts.

Future Insurability is not available:

- if the life insured is over age 55
- if you have exercised the Business Guarantee Option for the same event
- if you have made, or are entitled to make, a claim under any policy issued by us for the life insured
- if your OneCare policy was issued with a medical loading shown on the Policy Schedule
- for business events, if cover has been taken out under superannuation.

Business Debt Protector

Business Debt Protector may be useful as a form of loan guarantor insurance where the partners or directors of a business have given personal guarantees for a business loan. This feature can only be activated on policies that insure multiple lives with the same covers and amounts insured.

It pays the amount insured when one of the lives insured:

- dies (Life Cover)
- is diagnosed with a **terminal illness** (Life Cover)
- becomes **totally and permanently disabled** (TPD Cover)
- suffers a trauma condition (Trauma Cover).

When a benefit is paid for one of the lives insured under one of the covers, the cover for all lives insured is reduced in accordance with that cover's benefit reductions. For further information on benefit reductions please refer to page 7 for Life Cover, page 11 for TPD Cover and page 16 for Trauma Cover.

All covers in the life insured's Business Debt Protector arrangement will cease once the full amount insured has been paid for one life insured.

When all of the covers within the Business Debt Protector arrangement end, the lives insured for whom we did not pay a benefit can continue cover for the same amount insured that they had under the policy when it ceased, without supplying further medical evidence. In this situation, further financial evidence will be required and a new policy will be issued. Applications to continue cover need to be made in writing within 30 days of the claim being admitted.

This feature is not available on policies owned by the trustee of a superannuation fund or if an age-based instalment benefit payment type is selected for any covers.

Premium Freeze

This is not available for Extra Care Cover.

If you choose stepped premiums, you will be able to freeze the amount of your premium (excluding the Policy Fee) for all or some of your covers so that it does not increase in future years. The amount insured will generally reduce at each policy anniversary to an amount that could be purchased by the amount of the frozen premium.

You can freeze your premium at the start of your policy or within 30 days of any policy anniversary date. You can unfreeze your premiums on a policy anniversary by applying in writing to us.

Options available at extra cost

When you set up the cover, you can elect to have any of the following options for an additional premium. The chosen options will be shown in the Policy Schedule.

Premium Waiver Disability Option

If you choose this option, we will waive premiums in relation to Life Cover, TPD Cover, Trauma Cover and Extra Care Cover (as applicable):

- while the life insured is **on claim** under Income Secure, Business Expense or Living Expense Cover up until the policy anniversary when they are age 65 or
- if the life insured is **disabled** for a period of six consecutive months and continues to be **disabled**, up until the policy anniversary when they are age 65.

We will also waive the premium that relates to the waiting period under Income Secure, Business Expense or Living Expense Cover or the first six consecutive months of the life insured's disability.

Indexation will still apply to covers for which the premiums are being waived.

If we are waiving premiums for all covers under a policy for the life insured, we will also waive premiums for any Child Cover under the policy.

Any premiums owing on the policy (premiums in arrears) need to be paid before we will waive premiums.

We will not waive premiums for Life Cover provided under Life Cover Buy Back or the Life Cover Purchase Option, or Trauma Cover reinstated under the Trauma Cover Reinstatement Option.

To apply for this option the life insured must be aged 15 to 60.

This option expires at the policy anniversary when the life insured is age 65.

Business Guarantee Option

This is not available for Extra Care Cover.

This option gives you flexibility to increase insurance without having to supply further medical evidence as business requirements grow. It may be useful for any of the following purposes nominated by you and approved by us at the time of taking out the original cover:

- business succession planning
- loan guarantor insurance
- key person insurance
- any business insurance purpose which we approve.

You may apply for one increase in a policy year.

Each increase under this option must relate to the business insurance purpose that we originally approved and may not be greater than the increase in the value associated with the business insurance purpose up to a maximum of:

- \$2 million for Life Cover
- \$1.5 million for TPD Cover
- \$1.5 million for Trauma Cover.

The total to which the amount insured may be increased under this option is the lesser of:

- three times the original amount insured
- \$10 million for Life Cover, \$3 million for TPD Cover or \$2 million for Trauma Cover.

The amount insured as a percentage of the life insured's share of the value associated with the business purpose must never increase.

To apply for an increase under this option:

- you need to provide a current business valuation prepared by a qualified accountant or business valuer and any other evidence (other than medical evidence) that we may require
- the life insured must be actively at work in their usual occupation at the time of applying for the increase.

This option may only be removed from the life insured's cover by you if you have not made an increase since the cover start date.

This option cannot be exercised if, under this or any other ING policy, the lives insured:

- are entitled to make, or have made, a claim
- have already exercised Future Insurability for the same business event(s).

To apply for this option, the life insured must be within the entry ages shown in each of the covers for stepped premiums and between 15 and 60 for level premiums.

What is Income Secure Cover?

OneCare offers four types of Income Secure Cover, which all offer a different level of protection for different premiums.

Income Secure Standard – provides core income protection for those who want to feel secure that they can meet their bills if they are unable to work due to **illness** or **injury**. This is the most affordable cover in our range.

Income Secure Comprehensive – extends on the Standard Cover by offering additional benefits to assist with expenses incurred as a result of **illness** or **injury** such as special care, rehabilitation and child care assistance.

Income Secure Professional – offers income protection that is designed for certain professional white collar occupations. This cover offers an extensive range of built-in benefits and features.

Income Secure Special Risk – provides basic income protection for those whose occupations have traditionally been deemed uninsurable.

At a glance

When you choose Income Secure Cover you automatically receive the following built-in benefits and features, and you can choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

You need to make the following choices to tailor the Income Secure Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 22.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.						
Benefit payment type How would you like the amount insured to be calculated? Pages 4 and 22.	Indemnity	Guaranteed					
Cover type Which of the cover types offer the best protection for you? This page.	Income Secure Standard	Income Secure Comprehensive	Income Secure Professional	Income Secure Special Risk			
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium					
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit period commences? Page 23.	14 days	30 days	60 days	90 days	180 days	1 year	2 years
Benefit period What is the maximum period you would like to be paid benefits while the life insured is disabled and unable to work? Page 23.	2 years	6 years	To age 55	To age 60	To age 65	To age 70	
Options available at extra cost Which of the extra cost options would you like to add to Income Secure Cover to meet your needs? Page 25.	Increasing Claim Option	Accident Option	Mental Disorder Limitation Discount Option	Priority Income Option - Mortgage Maintenance	Priority Income Option - Superannuation Maintenance		

Income Secure Standard and Special Risk may be purchased through superannuation. If you want to purchase Income Secure Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 41.

Who can apply

Income Secure Cover is generally available to people working a minimum of 30 hours per week in their principal occupation. In considering whether to provide cover, we take into account the life insured's type of occupation and employment status.

You can apply for Income Secure Cover if the life insured is between the ages in the following table.

Benefit period	Entry ages	
	Minimum	Maximum
2 years	19	60
6 years	19	60
To age 55	19	50
To age 60	19	55
To age 65	19	60
To age 70	19	60

If the life insured is not eligible to apply for Income Secure Cover, they may be eligible for Living Expense Cover (see page 34).

Monthly amount insured

The maximum limits are determined by reference to the life insured's annual income. The maximum that can be insured is $\frac{1}{12}$ of:

- 75% of the first \$250,000 of annual income as at the cover start date
- 55% of the next \$150,000 of annual income
- 25% of the next \$360,000 of annual income and
- 15% of the balance.

If you nominate some of the life insured's income as Priority Income you can insure up to 80% of their **monthly earnings**, subject to certain maximums and the amount of Priority Income nominated. Please refer to page 25 for more information on the Priority Income Option.

The minimum monthly amount insured for all Income Secure Cover types is \$1,250 per month and the overall maximum monthly amount insured for Standard, Comprehensive and Professional is \$40,000 per month (>\$30,000 is limited to a two year benefit period). Income Secure Special Risk has a maximum overall monthly amount insured of \$10,000 per month.

The monthly amount insured is based on the life insured's monthly earnings. At the time of application, you are required to provide satisfactory financial evidence. If the guaranteed benefit payment type is selected, you must inform us if that financial evidence is revised after applying.

Monthly amount insured payable

The amount you are paid in the event of claim being accepted is referred to as the monthly amount insured payable, and depends on which benefit payment type you choose.

Guaranteed benefit payment type

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application.

The monthly amount insured payable will be the monthly amount insured shown in the Policy Schedule. It may be:

- reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 28)
- increased if the life insured chooses the Increasing Claim Option (refer to page 25).

Annual indexation increases are guaranteed.

This benefit payment type is not applicable for Income Secure Special Risk or OneCare Super.

Indemnity benefit payment type

If you choose the indemnity benefit payment type, the monthly amount insured payable will be dependent on the life insured's income at the time of claim and the monthly amount insured.

The monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule
- 75% of the life insured's **pre-claim earnings**, or up to 80% if you choose Priority Income (refer to 'Priority Income Option' on page 25).

It may be:

- reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 28)
- increased if the life insured chooses the Increasing Claim Option (refer to page 25).

You will need to provide financial evidence at the time of claim to help us determine the life insured's **pre-claim earnings**.

Waiting period

The waiting period is the period you wait before the benefit period commences.

The waiting period will affect the premium; the longer the waiting period, the more affordable the premium. The waiting periods you can choose from are:

- 14 days*
- 30 days
- 60 days
- 90 days
- 180 days*
- 1 year*
- 2 years*.

* Not available for Income Secure Special Risk.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **totally disability**.

If the life insured returns to work during the waiting period for no more than five consecutive days (or no more than 10 consecutive days if the waiting period is 60 days or more, or six consecutive months if the waiting period is two years), the days spent at work will be added to the remaining waiting period.

If the life insured returns to work for a longer period, the waiting period will restart from the day after the last day worked, provided a **medical practitioner** confirms that the life insured is **totally disabled** again.

A separate waiting period applies for each separate **illness or injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58).

Benefit period

The benefit period is the maximum period of time that you will be paid a benefit for any one **illness or injury** while the life insured is **totally or partially disabled**.

The benefit period will affect the premium – the shorter the benefit period, the more affordable the premium.

The benefit periods you can choose from are:

- 2 years
- 6 years
- to age 55*
- to age 60*
- to age 65*
- to age 70*^.

* Not available for Income Secure Special Risk.

^ Only available to occupation codes A, C, D, E, F, I and P and after age 65. The monthly amount insured is reduced each policy anniversary on a sliding scale.

The benefit period starts at the end of the waiting period and continues until the earlier of:

- the end of the selected benefit period. If the benefit period is to age 55, to age 60, to age 65 or to age 70, the benefit period ends at the policy anniversary when the life insured is age 55, 60, 65 and 70 respectively.
- the cover expiry date
- the date the life insured is no longer **totally or partially disabled**
- 36 months from the date on which we started paying the Partial Disability Benefit if the life insured's occupation category is H (heavy trade), HH (heavy duty) or R (special risk)
- the end of the maximum benefit period under the Mental Disorder Limitation Discount Option if selected and if applicable
- the date the cover ends (refer to 'When Income Secure Cover ends' on page 29).

A separate benefit period applies for each separate **illness or injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58)

Income Secure Standard, Comprehensive, Professional and Special Risk

Built-in benefits

Total Disability Benefit

If the life insured is **totally disabled** due to **illness or injury**, we will pay the Total Disability Benefit for the benefit period from the end of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade), HH (heavy duty) or R (special risk), this is 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** - refer to page 58).

We will stop paying this benefit when the life insured is no longer **totally disabled**.

The Total Disability Benefit will be the monthly amount insured payable, which depends on whether you choose the guaranteed or indemnity benefit payment type.

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Total Disability Benefit for each day the life insured is **totally disabled**. Benefits are payable monthly in arrears.

Partial Disability Benefit

If the life insured is **partially disabled** due to **illness** or **injury**, we will pay the Partial Disability Benefit for the benefit period from the end of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade), HH (heavy duty) or R (special risk), this is 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – refer to page 58).

We will stop paying this benefit when the life insured is no longer **partially disabled**.

The Partial Disability Benefit is a proportion of the monthly amount insured payable calculated as follows:

$$\frac{(A - B)}{A} \times C$$

where:

A = the life insured's **pre-claim earnings**

B = the life insured's **monthly earnings** for the month in which they are **partially disabled**. If the life insured is not working to their assessed capacity then 'B' will be the amount they could expect to earn if they were. When assessing capacity, consideration will be given to medical evidence and other factors related to the life insured's condition.

C = the monthly amount insured payable as defined on page 22.

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Partial Disability Benefit for each day the life insured is **partially disabled**. Benefits are payable monthly in arrears.

Rehabilitation Expenses Benefit

If we are paying the Total or Partial Disability Benefit, we will pay this benefit to assist the life insured in returning to work.

Over the life of the cover we will reimburse the costs associated with rehabilitation up to 12 times the monthly amount insured payable.

We must approve the rehabilitation program in writing before the life insured commences the program.

We cannot reimburse any expenses that are regulated by the National Health Act, 1958 or which can be paid from another source.

This benefit is not applicable for Income Secure Special Risk or OneCare Super.

Basic Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured, up to a total of \$60,000 across all Income Secure Standard, Comprehensive and Professional Cover and \$30,000 across all Income Secure Special Risk Cover. The life insured does not need to be **on claim** to receive this benefit.

No Claim Benefit

If the Income Secure Cover has been continuously in force for three years and no claim has been made or is eligible to be made, we will:

- double the Death Benefit payable, i.e. we will double any Basic Death Benefit payable (or Enhanced Death Benefit for Income Secure Comprehensive and Professional) and
- double the maximum amount payable under the Rehabilitation Expenses Benefit.

This benefit is not applicable for Income Secure Special Risk.

Increasing Income Benefit

If the life insured's income increases, this benefit allows you to increase the monthly amount insured without medical underwriting by an amount up to the lesser of 10% of the monthly amount insured after the indexation increases applicable or \$1,000.

Each year on the policy anniversary, you may increase the monthly amount insured, in addition to any indexation increase.

This benefit is not applicable for Income Secure Special Risk.

Meal Allowance Benefit

If the life insured is confined to bed due to **illness** or **injury** for more than 72 hours from the start of the benefit period, as confirmed by a **medical practitioner**, we will pay up to an additional \$500 per month in arrears for a maximum of three months for the use of a meal delivery service approved by us.

This benefit is not applicable for Income Secure Special Risk or OneCare Super.

Specific Injury Benefit

If the life insured sustains a specific **injury**, such as a fractured jaw or the total and permanent loss of a hand, during the period of the cover we will pay this benefit for the length of the specified payment period regardless of whether the life insured is **totally disabled**, needs ongoing medical treatment or is working. This benefit is payable during the waiting period.

This benefit is not applicable for Income Secure Special Risk or OneCare Super.

Unemployment Benefit

If the life insured becomes **involuntarily unemployed** for reasons other than **illness** or **injury**, we will pay the minimum repayments on any home loans, investment home loans, business loans, personal loans and margin lending loans issued by ANZ Bank while you remain **unemployed** for a period of three months.

This benefit only applies if the life insured has been **involuntarily unemployed** for at least 30 days.

The maximum monthly benefit is the lesser of your monthly cover amount, the minimum loan repayments or \$5,000.

This benefit is not applicable for Income Secure Special Risk or OneCare Super.

Built-in features

Waiver of premiums

You do not have to pay premiums for Income Secure Cover while the life insured is **on claim** under Income Secure Cover. We will also waive the premiums during the waiting period if the life insured does go **on claim**.

Conversion to Living Expense Cover

If the life insured is not **on claim** or entitled to make a claim at the expiry of the Income Secure Cover, we will offer conversion to Living Expense Cover without medical underwriting. We will offer a benefit period of two years and a term expiry at age 80.

Please refer to 'Living Expense Cover' on page 34 for more details.

Waiting period conversion

This feature allows you to apply to change the waiting period from two years to 90 days without needing to provide medical evidence when the life insured ceases to be covered under a Group Salary Continuance scheme (GSC) or similar arrangement provided by an employer.

This feature is not applicable for Income Secure Special Risk.

Indexation

Please refer to page 5 for more details.

Options available at extra cost

When you set up the Income Secure Cover, you can elect to have any of the following options for an additional premium. The chosen options will be shown on the Policy Schedule.

Increasing Claim Option

If you choose this option, the monthly amount insured payable will increase every three months while the life insured is **on claim** by a quarter of the indexation factor.

When the life insured stops being **on claim**, the monthly amount insured will be the same as it was on the policy anniversary prior to the end of the claim.

Accident Option

If you choose this option, we will pay the monthly amount insured payable from the start of the waiting period if the life insured is diagnosed by a **medical practitioner** as being **totally disabled** within 30 days of an **injury** and is **totally disabled** for 14 consecutive days.

This option is available if you choose either the 14 or 30 day waiting period.

If we pay the Accident Option, we will not pay any other benefit for that **injury** during the waiting period other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit or the Commuter Benefit if they apply.

This option is not applicable for Income Secure Special Risk.

Mental Disorder Limitation Discount Option

This option reduces your premium. You can choose this option at the time of application or at a policy anniversary date. If you choose this option, the maximum cumulative benefit period is 12 months for all claims for any **mental disorder** or for any condition arising from or contributed to by a **mental disorder** (as determined by a **medical practitioner** who is a registered and qualified psychiatrist) during the period of the cover.

This 12 month period includes payments for both **total** and **partial disability**.

If you choose this option, you may remove it from the cover at a later stage subject to underwriting approval.

Priority Income Option

You can insure up to 80% of the life insured's **monthly earnings** if you select Mortgage Maintenance and/or Superannuation Maintenance.

The combinations allowed under the Priority Income Option are:

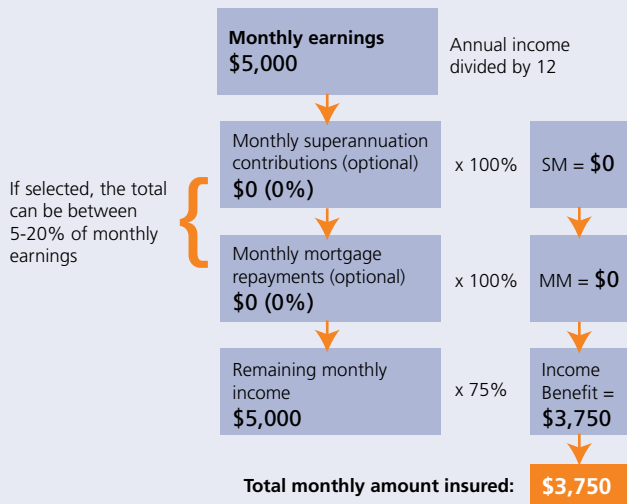
- **Mortgage Maintenance only** – up to 20% of monthly earnings, with a maximum of the life insured's share of their minimum mortgage repayments, averaged over the last 12 months, at the time of application.
- **Superannuation Maintenance only** – up to 20% of monthly earnings, with a maximum of the total amount of superannuation contributions made by the life insured or their employer on their behalf, averaged over the last 12 months, at the time of application.
- **Mortgage Maintenance and Superannuation Maintenance** – minimum combined coverage is 5% of **monthly earnings** and is available up to a maximum of 20% of monthly earnings.

Example

The following example assumes an annual income of \$60,000 inclusive of 9% superannuation, and monthly mortgage repayments of \$500.

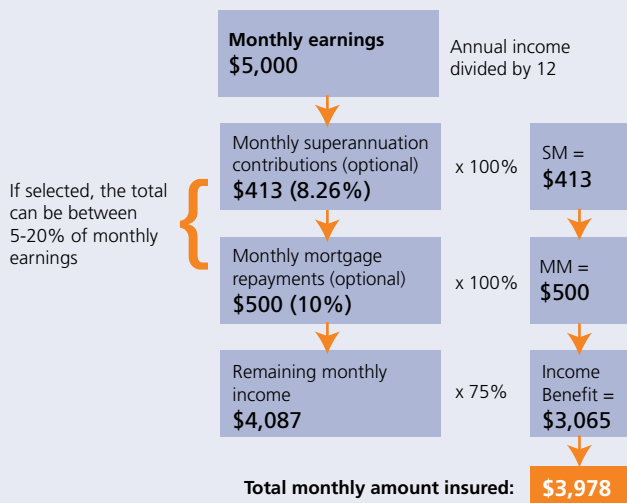
Without Priority Income

Annual income (total remuneration package) **\$60,000**



With Priority Income

Annual income (total remuneration package) **\$60,000**



Mortgage Maintenance is paid directly to you, while Superannuation Maintenance must be forwarded to the life insured's nominated superannuation provider.

Only Mortgage Maintenance is available for OneCare Super.

This option is not available under Income Secure Special Risk.

Income Secure Comprehensive and Professional

Income Secure Comprehensive and Professional include everything listed under Income Secure Standard plus the benefits detailed below. None of the following benefits or features are applicable for Income Secure Standard or Special Risk.

Built-in benefits

Trauma Recovery Benefit

If a trauma recovery event occurs (such as **cancer** or **stroke**) during the period of the Income Secure Cover, we will pay the monthly amount insured for a payment period of six months, regardless of whether the life insured is **totally disabled**, needs ongoing medical treatment or is working. This benefit is payable during the waiting period.

If the life insured is **totally disabled** or **partially disabled** at the end of the payment period due to a recovery event for which we have paid this benefit, we will pay a Total or Partial Disability Benefit (as applicable) from the later of:

- the end of the payment period for the trauma recovery event
- the end of the waiting period.

If the benefit period is two or six years, the maximum period for which we will pay Total Disability Benefits and/or Partial Disability Benefits is reduced by the number of months for which we have already paid the Trauma Recovery Benefit.

Enhanced Death Benefit

This replaces the Death Benefit included in Income Secure Standard on page 24.

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to six times the monthly amount insured, up to a total of \$60,000 across all Income Secure Cover for a life insured under all OneCare policies. The life insured does not need to be **on claim** for this benefit to apply.

Accommodation Benefit

If a **medical practitioner** certifies that the life insured is **totally disabled** and must remain confined to bed, we will reimburse accommodation costs of up to \$500 per day for a maximum of 30 days across all Income Secure Cover under a OneCare policy.

Special Care Benefit

We will reimburse the costs of employing a registered nurse or housekeeper for a maximum of six months, to a maximum monthly amount insured of up to \$5,000 a month.

Immediate Family Member Benefit

If a **medical practitioner** certifies that the life insured must be confined to bed while requiring care and an **immediate family member** ceases to earn income to care for them, we will pay up to an additional 50% of the monthly amount insured (payable in arrears) up to a total of \$3,000 per month for a maximum period of three months across all Income Secure Cover for a life insured under a OneCare policy.

Nursing Care Benefit

If, during the waiting period, the life insured is confined to bed due to **illness** or **injury** and a **medical practitioner** certifies that they need continuous care from a registered nurse for more than 72 hours, we will pay the monthly amount insured payable.

Rehabilitation Incentive Benefit

We will pay a single payment if the life insured:

- participates in a rehabilitation program approved by us and as a result makes a successful return to work in either their regular or another occupation and
- has worked continuously for six months following their return to work and has not been entitled to any benefit under Income Secure Cover during that six month period.

The amount we will pay is three times the monthly amount insured applicable at the time you become entitled to this benefit.

The cover must be in force at the time the life insured became entitled to the benefit.

This benefit is payable once during the period of the Income Secure Cover.

Relocation Benefit

If the life insured is **on claim** and becomes **totally disabled** outside of Australia for at least 30 days and then returns to Australia, we will pay the lesser of:

- the cost of a single standard economy airfare by the most direct route to the Australian airport that is nearest to the life insured's residence
- expenses incurred by the life insured in changing previously made air travel arrangements
- three times the monthly amount insured payable.

Any reimbursements which can be paid from another source will be deducted from this benefit.

This benefit is payable once per **total disability** claim.

Child Care Assistance Benefit

If we are paying a Total Disability Benefit and the **illness** or **injury** means the life insured requires additional child care assistance from the start of the benefit period, we will reimburse the monthly costs of child care fees that cannot be recovered from another source. We will pay the lesser of 5% of the monthly amount insured or \$400.

Before starting additional child care arrangements, we must approve them in writing. If existing child care arrangements are in place at the time of claim, the payment will only relate to any additional child care costs associated with the **total disability**.

Income Secure Professional

Income Secure Professional includes everything listed under Income Secure Standard and Income Secure Comprehensive plus the benefits and features detailed below.

Income Secure Professional is available to people who we classify as having one of the following occupation categories.

Occupation category	Description	Example
A	Legal industry	Lawyer
C	Community professionals	University lecturer
D	Specialist medical	Doctor
E	Executive	Executive earning over \$80,000 p.a.
F	Financial industry	Actuary
I	Indoor sedentary	Business consultant
P	Qualified professional	Architect

Built-in benefits

Emergency Domestic Travel Benefit

If the life insured is **totally disabled** and requires emergency transportation within Australia to a hospital or their **home**, we will reimburse their travel expenses and those of an immediate family member.

This benefit is payable once per claim. The amount we will pay is the lesser of the expenses incurred, two times the monthly benefit or \$2,000 across all OneCare policies.

We can not reimburse any expenses that are regulated by the National Health Act, 1958 or which can be paid from another source.

Commuter Benefit

If the life insured incurs expenses for travel to and from work when they attempt to return to work during the waiting period, and subsequently goes **on claim** at the end of the waiting period, we will reimburse travel expenses approved by us that cannot be reclaimed from another source. We will pay the lesser of expenses incurred for the travel, one third of the monthly amount insured or \$500.

We pay this benefit once per **total disability** claim. It is payable at the end of the waiting period for transportation expenses incurred during the waiting period.

Built-in features

Unemployment Premium Waiver

If the life insured becomes **involuntarily unemployed** for reasons other than **illness** or **injury**, we will waive premiums for Income Secure Professional for up to three months from the date of unemployment. The life insured will continue to be covered during this period. You must resume paying premiums at the end of this period.

Premium Pause

If the life insured becomes **unemployed** or takes long-term leave from work, you can apply to pause your premium payments for up to 12 consecutive months.

There is no cover and no benefit payable under this feature in respect of an **illness** or **injury** that becomes **reasonably apparent** while premiums are being paused, or in the first 90 days after each and any subsequent resumption of cover from Premium Pause.

Cover Continuation

If the life insured was aged 55 or less at the cover start date, and has been working full time for the 12 months immediately before the cover expiry date, we will offer to continue the cover up to the earlier of:

- the policy anniversary when the life insured is age 70 (if your policy has a benefit period to age 65) or age 65 (if your policy has a benefit period to age 60) or age 60 (if your policy has a benefit period to age 55)
- the date the life insured ceases full-time work.

We will not offer this option if a medical loading (as shown on the Policy Schedule) exists on the cover being continued.

Additional information

The following additional information applies to Income Secure Standard, Income Secure Comprehensive, Income Secure Professional and Income Secure Special Risk.

Benefit limitations

One benefit payable

We pay one monthly amount insured payable (including the Priority Income Option if chosen) at a time, even if the life insured suffers more than one **illness** or **injury**. This also applies to the Total Disability Benefit, Partial Disability Benefit, Specific Injury Benefit, Trauma Recovery Benefit, Nursing Care Benefit and benefits under the Accident Option.

Unemployment or maternity, paternity or sabbatical leave

Income Secure Cover will continue while the life insured is **unemployed** or on maternity, paternity or sabbatical leave. After 12 months of unemployment or maternity, paternity or sabbatical leave, the life insured's **regular occupation** in determining whether the life insured is **totally** or **partially disabled** will change to mean 'any occupation that they are reasonably capable of performing with regard to their education, training and experience' for Income Secure Standard, Comprehensive and Professional.

For Income Secure Special Risk, cover will cease after 12 months of unemployment.

Benefit reductions

The Total or Partial Disability Benefit we pay may be reduced if you or the life insured receive other payments in respect of the life insured's **illness** or **injury**.

We will reduce the benefit we pay in a month so that the combined total of the amount we pay and the 'other payments' is no more than the greater of:

- the benefit otherwise payable
- 75%* of the life insured's **pre-claim earnings** less 75% of life insured's **monthly earnings** while **disabled**
- a reduced amount if you are eligible for **partial disability**
- a reduced amount if your policy has the ongoing income clause.

* This may be up to 80% if you choose the Priority Income Option.

The amounts we consider as 'other payments' vary depending on the type of Income Secure Cover that applies.

'Other payments' for Income Secure Special Risk, Income Secure Standard and Income Secure Comprehensive are:

- Workers' Compensation
- compensation for Motor Vehicle Injury
- payments made under statute, regulation or ordinance
- damages paid under common law whether modified or not by statute
- payments received from any other disability income, **injury** or **illness** policies, including group insurance policies that were not disclosed to us at the time of application or application for an increase in benefits and
- any sick leave payments received (this does not include an entitlement to sick leave when it is not received by the life insured).

'Other payments' for Income Secure Professional are payments received from any other disability income, **illness** or **injury** policies, including group insurance policies that were not disclosed to us at the time of application or application for an increase in benefits.

If any of the 'other payments' are paid in a lump sum, we will convert them to an equivalent in terms of monthly income. We calculate this on actuarial advice, by looking at the circumstances in which the payments were made.

The benefits we pay will not be reduced if you or the life insured receive any of the following payments:

- any disability insurance indemnifying against **business expenses**
- payments made to dependent children
- total and permanent disablement benefits, trauma or **terminal illness** benefits or superannuation benefits
- any payment awarded by a court for 'pain and suffering'.

When we will not pay

We will not pay any benefits under Income Secure Cover if your claim arises (either directly or indirectly) from:

- anything happening to the life insured in war (this exclusion does not apply to the Basic Death Benefit or the Enhanced Death Benefit)
- the life insured's intentional or deliberate act or omission
- the life insured falling pregnant, being pregnant, giving birth, miscarriage or having a pregnancy termination. However, if the life insured is still **totally disabled** after three months from the date of the end of their pregnancy, we will pay benefits from the end of that three month period, or from the end of the waiting period if greater.

We will not pay any benefits under this cover for anything we have specifically excluded from this cover, as shown on the Policy Schedule.

When Income Secure Cover ends

Income Secure Cover for a life insured will end automatically on the earlier of:

- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule.

The maximum expiry ages for Income Secure Cover are:

Benefit period – stepped or level premium	Cover expiry date (the policy anniversary when the life insured is age)*
2 years	65
6 years	65
To age 55	55
To age 60	60
To age 65	65
To age 70	70

* Refer to 'Conversion to Living Expense Cover' on page 25.

What is Business Expense Cover?

At a glance

When you choose Business Expense Cover you automatically receive the following built-in benefits and features, and you can choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

You need to make the following choices to tailor the Business Expense Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 30.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be calculated? Pages 3 and 30.	Indemnity	Guaranteed		
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium		
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit period commences? Page 31.	14 days	30 days	60 days	90 days
Option available at extra cost Would you like to add the extra cost option to your Business Expense Cover to meet your needs? Page 32.	Accident Option			

Who can apply

Business Expense Cover is generally available to people who are self employed and work a minimum of 30 hours per week in their principal occupation. In considering whether to provide cover, we take into account the life insured's type of occupation and employment status.

The life insured must be between the ages of 19 and 60 when applying for Business Expense Cover.

Monthly amount insured

The monthly amount insured can be up to 100% of the life insured's monthly **business expenses**. The minimum amount insured for Business Expense Cover is \$1,250 per month if the cover is stand alone, but if taken with Income Secure the minimum amount insured is \$500 per month. The overall maximum is \$60,000 per month.

You will need to provide financial evidence to help determine the monthly amount insured.

The monthly amount insured is based on the life insured's **business expenses**. At the time of application you are required to provide satisfactory financial evidence. If the guaranteed benefit payment type is selected, you must inform us if that financial evidence is revised after applying.

Monthly amount insured payable

The amount you are paid in the event of a claim is referred to as the monthly amount insured payable, and depends on which benefit payment type you choose.

Guaranteed benefit payment type

The guaranteed benefit payment type is only available if you have Income Secure Cover with the guaranteed benefit payment type under the same policy.

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application.

The monthly amount insured payable will be the monthly amount insured shown in the Policy Schedule. It may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 33).

Indemnity benefit payment type

If you choose the indemnity benefit payment type, the monthly amount insured payable will be dependent on the life insured's **business expenses** at the time of claim and the monthly amount insured.

The monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule
- the life insured's share of **business expenses** which are incurred while the life insured is **disabled**.

If more than one person is directly responsible for the generation of income in the life insured's business, we distribute the **business expenses** in the same proportion as their share of **business income** prior to claim between the life insured and the other person(s), to determine the life insured's share, unless we agree to divide the **business expenses** on a different basis.

We only pay benefits if receipts are provided to us within 90 days after the date the **business expenses** were incurred.

The amount we pay may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 33).

Under the indemnity benefit payment type, we require you to provide satisfactory financial evidence for the purpose of determining the life insured's **business expenses** at the time of claim, as well as the life insured's **pre-claim business income**.

Waiting period

The waiting period is the period you wait before most benefits become payable under this cover.

The waiting period will affect the premium; the longer the waiting period, the more affordable the premium.

The waiting periods you can choose from are:

- 14 days
- 30 days
- 60 days
- 90 days.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **total disability**.

If the life insured returns to work during the waiting period for no more than five consecutive days (or no more than 10 consecutive days if the waiting period is 60 days or more), the days spent at work will be added to the remaining waiting period.

If the life insured returns to work for a longer period, the waiting period will restart from the day after the last day worked, provided a **medical practitioner** confirms that the life insured is **totally disabled** again.

A separate waiting period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58).

Benefit period

The benefit period for Business Expense Cover is 12 months.

The benefit period is the maximum period of time that you will be paid a benefit for any one **illness** or **injury** while the life insured is **totally** or **partially disabled**.

The benefit period starts at the end of the waiting period and continues until the earlier of:

- the end of the benefit period
- cover expiry date
- the date the life insured is no longer **totally** or **partially disabled**
- the date the cover ends (refer to 'When Business Expense Cover ends' on page 33).

A separate benefit period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58).

The benefit period may be extended if at the end of the maximum period of 12 months, the benefits we have paid to you are less than 12 times the monthly amount insured shown in the Policy Schedule. The benefit period may be extended for up to 12 months, provided the life insured is still **disabled** and the cumulative total of benefits under the Business Expense Cover have not exceeded 12 times the monthly amount insured shown on the Policy Schedule.

Built-in benefits

Total Disability Benefit

If the life insured is **totally disabled** due to **illness** or **injury**, we will pay the Total Disability Benefit for the benefit period from the end of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade) or HH (heavy duty), the life insured must have been **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 58).

We will stop paying this benefit when the life insured is no longer **totally disabled**.

The Total Disability Benefit will be the monthly amount insured payable, which depends on whether you choose the guaranteed or indemnity benefit payment type.

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Total Disability Benefit for each day the life insured is **totally disabled**. Benefits are payable monthly in arrears.

Partial Disability Benefit

If the life insured is not eligible for a Total Disability Benefit they may qualify for a Partial Disability Benefit.

If the life insured is **partially disabled** due to **illness** or **injury**, we will pay the Partial Disability Benefit for the benefit period from the end of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade) or HH (heavy duty), the life insured must have been totally disabled for 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 waiting day period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – refer to page 58).

We will stop paying this benefit when the life insured is no longer **partially disabled**.

The Partial Disability Benefit is a proportion of the monthly amount insured payable calculated as follows:

$$\frac{(A - B)}{A} \times C$$

where:

A = the life insured's share of the **pre-claim business income**.

B = the life insured's share of **business income**, for the month in which they are **partially disabled**. If the life insured is not working to their assessed capacity then 'B' will be the life insured's share of **business income** that could be expected if they were. When assessing capacity, consideration will be given to medical evidence, and other factors related to the life insured's condition.

C = the monthly amount insured payable as defined on page 30.

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Partial Disability Benefit for each day the life insured is **partially disabled**. Benefits are payable monthly in arrears with the first payment one month after the end of the waiting period.

Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured, up to a total of \$60,000 across all Business Expense Cover for a life insured under a OneCare policy. The life insured does not need to be **on claim** for this benefit to apply.

No Claim Benefit

If the Business Expense Cover has been continuously in force for three years and no claim has been made, we will double the Death Benefit payable.

Increasing Expenses Benefit

If the life insured's **business expenses** increase, this benefit allows you to increase the monthly amount insured without medical underwriting by an amount up to the lesser of:

- 10% of the monthly amount insured after the indexation increases apply
- \$1,000.

Each year on the policy anniversary, you may increase the monthly amount insured in addition to any indexation increase.

Built-in features

Waiver of premiums

You do not have to pay premiums for Business Expense Cover while the life insured is **on claim** for Business Expense Cover.

Indexation

Please refer to page 5 for more details

Option available at extra cost

When you set up the Business Expense Cover, you can elect to have the following option for an additional premium. The chosen option will be shown on the Policy Schedule.

Accident Option

If you choose this option, we will pay the monthly amount insured payable from the start of the waiting period if the life insured is diagnosed by a **medical practitioner** as being **totally disabled** within 30 days of an **injury** and is **totally disabled** for 14 consecutive days.

This option is available if you choose either the 14 or 30 day waiting period.

If we pay a benefit under the Accident Option, we will not pay any other benefit for that **injury** during the waiting period.

Benefit limitations

One benefit payable

We pay one monthly amount insured payable at a time, even if the life insured suffers more than one **illness** or **injury**.

Unemployment or maternity, paternity or sabbatical leave

Business Expense Cover will continue while the life insured is **unemployed** or on maternity, paternity or sabbatical leave.

After 12 months of unemployment or maternity, paternity or sabbatical leave, the life insured's **regular occupation** in determining whether the life insured is **totally** or **partially disabled** will change to mean 'any occupation that they are reasonably capable of performing with regard to their education, training and experience'.

Benefit reductions

Any benefit payable under this policy will be reduced by any amounts you or the life insured receive as **business expense** benefits from other insurance policies for the life insured's **illness** or **injury**.

When we will not pay

We will not pay any benefits under Business Expense Cover if your claim arises (either directly or indirectly) from:

- anything happening to the life insured in war (this exclusion does not apply to the Death Benefit)
- the life insured's intentional or deliberate act or omission
- the life insured falling pregnant, being pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured is still **totally disabled** after three months from the date of the end of their pregnancy, we will pay benefits from the end of the three month period.

We will not pay any benefits under this cover for anything we have specifically excluded from this cover, as shown on the Policy Schedule.

When Business Expense Cover ends

Business Expense Cover for a life insured will end automatically on the earlier of:

- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule
- the policy anniversary when the life insured is age 65.

What is Living Expense Cover?

At a glance

When you choose Living Expense Cover you automatically receive the following built-in benefits and features. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details that apply.

You need to make the following choices to tailor the Living Expense Cover. Further information on each of these choices can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim being accepted.

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 34.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium	1 year	2 years
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit period commences? Page 34.	30 days	90 days	1 year	2 years
Benefit period What is the maximum period you would like to be paid benefits while the life insured is disabled and unable to work? Page 34.	2 years	To age 65	To age 80	

Who can apply

You can apply for Living Expense Cover if the life insured is between the ages in the following table.

Benefit period	Entry Ages	
	Minimum	Maximum
Stepped premiums		
2 years	19	75
To age 65	19	60
To age 80	19	75
Level premiums		
2 years		
To age 65	19	60
To age 80		

Monthly amount insured

The minimum monthly amount insured for Living Expense Cover is \$1,250 per month and the overall maximum is \$3,000 per month.

Monthly amount insured payable

Living Expense Cover uses the guaranteed benefit payment type. This means the monthly amount insured payable that we pay on claim is guaranteed to be the monthly amount insured shown in the Policy Schedule.

Waiting period

The waiting period is the period you wait before most benefits become payable under this cover.

The waiting period will affect the premium; the longer the waiting period, the more affordable the premium.

The waiting periods you can choose from are:

- 30 days
- 90 days
- 1 year
- 2 years.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **significant disability**.

A separate waiting period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58).

Benefit period

The benefit period is the maximum period of time that we will pay a benefit for any one **illness** or **injury** while the life insured is **significantly disabled**.

The benefit period will affect the premium; the shorter the benefit period the more affordable the premium. The benefit periods you can choose from are:

- 2 years
- to age 65
- to age 80.

The benefit period starts at the end of the waiting period and continues until the earlier of:

- the end of the selected benefit period (if the benefit period is to age 65 or to age 80, the benefit period ends at the policy anniversary when the life insured is 65 and 80 respectively)
- cover expiry date
- the date the life insured is no longer **significantly disabled**
- the date the cover ends (refer to 'When Living Expense Cover ends' on page 36).

A separate benefit period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 58).

Built-in benefits

Living Expense Benefit

If the life insured is **significantly disabled** due to **illness** or **injury**, we will pay the Living Expense Benefit for the benefit period from the end of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **significantly disabled** during the waiting period and
- continuously **significantly disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 58).

We will stop paying this benefit when the life insured is no longer **significantly disabled**.

The Living Expense Benefit will be the monthly amount insured.

If the life insured is **on claim**, the monthly amount insured payment may be reduced if you or the life insured receive any other money for this disability (refer to 'Benefit reductions' on this page).

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Living Expense Benefit for each day the life insured is **significantly disabled**. Benefits are payable monthly in arrears.

Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured. The life insured does not need to be **on claim** for this benefit to apply.

Built-in features

Waiver of premiums

You do not have to pay premiums for Living Expense Cover while the life insured is **on claim** for Living Expense Cover.

Indexation

Please refer to page 5 for more details.

Benefit reductions

We will reduce the Living Expense Benefit paid in a month by the amount of other payments received by you or the life insured in respect of the life insured's **illness** or **injury**.

Other payments include:

- Workers' Compensation
- compensation for Motor Vehicle Injury
- payments made under statute, regulation or ordinance
- damages paid under common law whether modified or not by statute
- payments received from any other disability income, **illness** or **injury** policies, including group insurance policies that were not disclosed to us at the time of application or application for an increase in benefits
- payments received from any other disability income, **illness** or **injury** cover policies, including group insurance policies, that were taken out after this cover commenced that do not reduce as a result of benefits payable under this cover
- any received sick leave. This does not include an entitlement to sick leave when it is not received by the life insured.

If any of the above amounts are paid in a lump sum, we will convert them to an equivalent in terms of monthly income. We calculate this on actuarial advice, by looking at the circumstances in which the payments were made.

The monthly amount insured will not be reduced if you or the life insured receive any of the following payments:

- any disability insurance indemnifying against **business expenses**
- payment made to dependent children
- total and permanent disability benefits, trauma benefits, **terminal illness** benefits or superannuation benefits
- payment awarded from the courts for 'pain and suffering'.

When we will not pay

We will not pay any benefits under Living Expense Cover if your claim arises (either directly or indirectly) from:

- anything happening to the life insured in war (this exclusion does not apply to the Death Benefit)
- the life insured's intentional or deliberate act or omission
- the life insured falling pregnant, being pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured is still **significantly disabled** after three months from the date of the end of their pregnancy, we will pay benefits from the end of that three month period, or from the end of the waiting period if greater.

We will not pay any benefits under this cover for anything we have specifically excluded from this cover, as shown on the Policy Schedule.

When Living Expense Cover ends

Living Expense Cover for a life insured will end automatically on the earlier of:

- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule.

The maximum expiry ages for Living Expense Cover are:

Benefit period	Cover expiry date (the policy anniversary when the life insured is age)*
Stepped premiums	
2 years	80
To age 65	65
To age 80	80
Level premiums	
2 years	
To age 65	65
To age 80	

* If you are paying level premiums, the life insured will automatically be transferred to stepped premiums at age 65.

What is Child Cover?

At a glance

When you choose Child Cover you automatically receive the following built-in benefits and features. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details that apply.

Who can apply

You can apply for Child Cover if the insured child is between the ages of two and 15.

Child Cover is only available if you buy another OneCare cover under the same policy.

There is no limit to the number of children who can be insured under the policy.

Amount insured

The minimum amount insured for Child Cover is \$10,000 and the maximum is \$150,000 lump sum.

Built-in benefits

Child Cover Benefit

If the insured child dies or suffers one of the following trauma conditions, we will pay the full amount insured:

Trauma Conditions	
Aplastic anaemia	Loss of limbs and/or sight
Benign brain tumour [^]	Loss of speech
Blindness	Major head trauma [^]
Brain damage [^]	Major organ transplant
Cancer ^{**}	Meningitis and/or meningococcal disease
Cardiomyopathy	Paralysis of a single limb
Chronic kidney failure	Paraplegia
Deafness	Quadriplegia
Diplegia	Severe burns
Encephalitis	Stroke ^{**^}
Hemiplegia	Terminal Illness [^]

* Child Cover must be in force for a qualifying period of 90 days before cover for this trauma condition commences. Please refer to '90 day qualifying period' on page 37.

[^] These conditions must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

For detailed definitions of each trauma condition, please refer to the Dictionary on page 55.

To be eligible for a claim:

- the insured child needs to meet the definition of the specified trauma condition
- the Child Cover must be in force when the condition first occurs or is first diagnosed, or when symptoms leading to the condition occurring or being diagnosed first become reasonably apparent
- the diagnosis of the trauma condition must be made by a **medical practitioner** and agreed to by our medical adviser.

90 day qualifying period

There is no cover and no benefit will be payable in respect of the conditions marked with an * if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being first diagnosed become **reasonably apparent**, during the first 90 days after:

- the Child Cover start date
- the date of the most recent reinstatement of the Child Cover
- the date of an increase to the Child Cover amount insured (in respect of the increased portion only).

If this cover is replacing existing cover with another insurance company, the 90 day qualifying period will not apply to the part of the amount insured being replaced if:

- the similar qualifying period has expired for the same conditions or events in the policy being replaced (including qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases)
- the policy to be replaced is cancelled immediately after the issue of this policy and
- no claim is payable or pending under the policy to be replaced.

Where the Child Cover amount insured exceeds that of the policy to be replaced, the 90 day exclusion will apply to the excess.

Accommodation Benefit

If a **medical practitioner** certifies that the insured child must remain confined to bed due to the trauma condition for which they are claiming, we will reimburse accommodation costs up to \$150 per day for a maximum of 14 days.

Built-in features

Continuation of cover

Child Cover may continue if the policy owner dies or there is no more cover, other than the Child Cover, under the policy due to a claim being paid.

If the insured child is at least 10 years old, they may choose to start a new policy and become the policy owner. Parent or guardian consent is required if the child is between ten and 16 years.

If this option is exercised, we will allow the Child Cover to continue even if there is no other cover under this new policy.

Conversion of Child Cover

On the policy anniversary date when the insured child is age 21, we give the option of converting to Life Cover with optional Trauma Comprehensive without medical underwriting.

Indexation

Please refer to page 5 for more details.

When we will not pay

We will not pay any benefits under this cover if your claim arises (either directly or indirectly) from:

- the intentional or deliberate act or omission of the child, the child's parents, you or someone who lives with or supervises the child
- a congenital condition, i.e. a condition which is present at birth as a result of either hereditary or environmental influences.

We will not pay any benefits under this cover for anything we have specifically excluded from this cover, as shown on the Policy Schedule.

When Child Cover ends

Child Cover for a life insured will end automatically on the earlier of:

- the date we pay the full Child Cover lump sum amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule
- the policy anniversary when the insured child is age 21.

What is Extra Care Cover?

At a glance

When you choose Extra Care Cover the following built-in benefits and features may apply. You can also choose which of the extra cost options you would like to add. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details of the cover and the options that apply.

Extra Care Cover may be purchased through superannuation, except for the Needle Stick Benefit. If you wish to purchase Extra Care Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 41.

Who can apply

You can apply for Extra Care Cover if the life insured is between the ages of 15 and 60.

Extra Care Cover is only available if you buy another OneCare cover under the same policy.

Amount insured

The minimum amount insured for Extra Care Cover is \$50,000 lump sum or an equivalent instalment amount, and the maximum amount insured is \$1 million or an equivalent instalment amount.

Built-in benefits

If you choose the following benefits it will be shown on your Policy Schedule.

Extra Care Accidental Death Benefit

If the life insured suffers an **accidental death** we will pay the amount insured up to a maximum of \$1 million lump sum or the equivalent instalment amount.

Extra Care Terminal Illness Benefit

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured up to a maximum of \$1 million lump sum or the equivalent instalment amount. An eight day survival period applies.

Extra Care Needle Stick Benefit

If the life insured suffers a **needle stick injury**, we will pay the amount insured up to a maximum of \$1 million lump sum or the equivalent instalment amount.

The Needle Stick Benefit is not available under OneCare Super.

Built-in features

The following built-in features are explained in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18

Option available at extra cost

Extra cost option	PDS section	Page
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Benefit maximums

If you choose the Extra Care Needle Stick Benefit in conjunction with Trauma Cover, you will be limited to a maximum of \$2 million across all ING policies.

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured up to a maximum of \$3 million lump sum or the equivalent instalment amount across all ING policies.

One benefit payable at a time

Only one Extra Care Cover benefit payment for a life insured will be paid within any 12 month period. Paying one of the Extra Care benefits will not reduce the other Extra Care benefits or any other cover under the policy.

When we will not pay

We will not pay any benefits under Extra Care Cover if as a result of the life insured's intentional act or omission, the life insured dies, becomes **terminally ill** or accidentally contracts HIV during the first 13 months from:

- the cover start date
- the date we increase this cover at the request of the policy owner (not including any indexation increases). The exclusion applies only to the amount of the increase to the cover
- the date we agree to reinstate the cover after it has been cancelled.

We will not pay any benefits under this cover for anything we have specifically excluded from this cover, as shown on the Policy Schedule.

When Extra Care Cover ends

Extra Care Cover for the life insured will end and our liability to pay any benefit under Extra Care Cover will cease automatically on the earlier of:

- the date we pay (or commence paying) the full Extra Care Cover lump sum (or instalment) amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule
- the policy anniversary when the life insured is age 65.

What is OneCare Super?

ING Custodians Pty Limited (INGC) is the issuer of the OneCare Super PDS. INGC is responsible for the contents of this PDS.

OneCare Super is a superannuation product issued by the Trustee of the ING MasterFund (MasterFund), which allows you to arrange insurance cover as a way of securing retirement benefits. This section contains important information about OneCare Super and the MasterFund. You should also read the following sections which provide information about the insurance provided to the Trustee by ING Life.

What is OneCare?	2
What is Life Cover?	6
What is Total and Permanent Disability Cover?	8
What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
What is Income Secure Cover?	21
What is Extra Care Cover?	39
What are the risks?	46
What are the costs?	47
How do I apply?	49
How do I make a claim?	51
What else do I need to know?	53

When you choose OneCare Super, you apply to become a member of the MasterFund and you nominate the insurance benefits you require. If your application for insurance is accepted, you become a member of the MasterFund and an insurance policy is issued to the Trustee.

You can choose Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover as part of OneCare Super. Conditions apply to the insurance benefits we provide to the Trustee and these conditions are explained in the sections on Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover.

As a member of the MasterFund, you make (or have made on your behalf) superannuation contributions, from which the Trustee pays the premium for the insurance cover provided under the OneCare Super policy.

Unlike some superannuation products, OneCare Super is not an investment product. When you purchase OneCare Super you will not have an accumulation balance as part of your OneCare Super interest in the MasterFund. This will be the case, regardless of whether contributions or transfers were used to purchase cover on your behalf. The amount of your contribution will equally match the premium paid by the Trustee to ING Life.

Any amounts paid to us when you apply are held in trust by ING Life while your application is assessed. If your application is declined these amounts will be refunded to you.

MasterFund

The MasterFund is a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 (SIS). SIS provides members with protection and provides standards in the management of superannuation funds. Trustees must adhere to these standards. Non-compliance with these standards results in penalties levied on the trustees. As the MasterFund is offered to the public, the Trustee must be an approved trustee authorised by the Australian Prudential Regulation Authority (APRA).

The MasterFund is governed by a Trust Deed that contains details of all the rules of operation and the benefits payable from the MasterFund.

A copy of the Trust Deed may be obtained by contacting Customer Services on 133 667.

How to pay the premiums through the ING MasterFund

Option 1 – Eligibility to contribute to the MasterFund

Membership of the MasterFund is open to all persons who are eligible to contribute to superannuation or have contributions made on their behalf. When you choose OneCare Super, contributions will be made to the MasterFund which are then used by the Trustee to meet the cost of the insurance taken out on your life.

Please refer to 'Who can make contributions to the ING MasterFund' below.

Option 2 – Transfers from an ING superannuation product

Internal transfers may be allowed from superannuation interests you hold from the following products which all sit within the ING MasterFund:

- OneAnswer Personal Super
- ANZ OneAnswer Personal Super
- OptiMix Superannuation
- Integra Super
- ANZ Super Advantage
- ANZ Superannuation Savings Account
- ANZ Personal Super Bond
- Personal Retirement Plan
- Corporate Super.

Members will be required to complete a transfer authority which directs the trustee of the ING MasterFund to transfer money out of the nominated account as and when due on a yearly basis. This direction will be a standing order and will apply to the first and all subsequent transfers, until such time as the member withdraws it (and nominates some other method of payment or cancels the policy).

Who can make contributions to the ING MasterFund

If you are under age 65:

- you, your **spouse*** or employer may make contributions for your benefit at any time.

If you are at least age 65 but not yet age 70:

- you, your **spouse*** or employer may make contributions for your benefit so long as you are **gainfully employed** for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made
- your employer may make compulsory employer contributions, e.g. Superannuation Guarantee (SG) or Award at any time.

If you are at least age 70 but not yet age 75:

- you may make contributions for your benefit so long as you are **gainfully employed** for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made
- your employer may make compulsory contributions at any time.

If you are at least age 75:

- your employer may make compulsory contributions at any time.#

* Please refer to 'Spouse contributions' below for the conditions which apply to these contributions.

SG contributions are not compulsory over age 70.

'Gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. The concept of 'gain or reward' envisages receipt of remuneration such as salary or wages, **business income**, commissions, fees or gratuities, in return for personal exertion from the above mentioned activities.

Government co-contribution

If you have made a personal (after-tax) non-concessional contribution to the MasterFund or any other complying superannuation fund, you may qualify for a government co-contribution. Your entitlement is capped under law and will be assessed by the Australian Taxation Office (ATO) upon completion of your income tax return.

As a stand alone insurance risk product under the MasterFund, OneCare Super is not able to accept the government co-contribution. You may wish to have the ATO direct your government co-contribution to an alternate superannuation interest.

Speak to your **financial adviser** or a qualified taxation specialist to see if you are eligible for the government co-contribution.

Salary sacrificing (concessional contribution)

Salary sacrifice is an arrangement whereby your employer makes a contribution to a superannuation fund instead of making an equivalent gross payment as salary. The salary sacrificed contributions may then benefit from the concessional tax treatment that applies to superannuation contributions.

The concessional rate of tax on superannuation means that employees on higher personal tax rates may benefit from tax savings by receiving part of their remuneration as superannuation.

This can be particularly useful for employees on higher marginal tax rates.

Spouse contribution

The contribution must be made from after-tax monies and will be treated as a non-concessional contribution.

In this case, the term '**spouse**' includes a person, although not legally married to you, who lives with you on a bona fide domestic basis as your wife or husband. It does not include a same sex partner. You should also note that even legally married spouses must live together, or these contributions cannot be made.

Death Benefit

If you die, any insurance benefits under the OneCare Super policy are paid to the Trustee. You can choose who the Trustee pays benefits to in the event of your death while a member of the MasterFund. There are two options available and it is important that you read the following information so that you choose the best option for you. You can use the OneCare Application Form to notify us of your nomination(s).

You can nominate one or more beneficiary(ies) to receive your Death Benefit in the event of your death. All beneficiaries must be:

- a dependant and/or
- your estate (we call this your 'legal personal representative'^).

Your nomination will only apply to the Death Benefit payable under OneCare Super. If you have another ING superannuation interest issued through the MasterFund, you must complete a separate nomination form in relation to amounts payable under that product.

Under superannuation law (which includes the Trust Deed), you can not nominate persons as beneficiaries who do not fall into one of the above categories.

^ A legal personal representative is the person who looks after the estate of a deceased person. This may be:

- the executor of the will
- the administrator of the estate if the person dies without making a valid will (known as intestacy).

Who can be a dependant

A dependant includes:

- your **spouse** (including a de facto **spouse** who lives with you on a bona fide domestic basis as your husband or wife, and your widow or widower or surviving de facto **spouse**)
- your children (including an adopted child, a step-child or an ex-nuptial child)
- any other person who is financially dependant on you at the time of your death and
- any other person with whom you have an 'interdependency' relationship (see below).

Interdependency relationship

Two persons (whether or not related by family) have an 'interdependency relationship' if:

- they have a close personal relationship
- they live together
- one or each of them provides the other with financial support and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship also includes two persons (whether or not related by family):

- who have a close personal relationship and
- who do not meet the other three criteria listed in the paragraph above because either or both of them have a physical, intellectual or psychiatric disability.

Nominating a beneficiary

You can nominate, cancel or change your nominated beneficiaries by completing the Nomination of Beneficiaries Form. You will need to comply with the legal requirements detailed below.

Your nomination may be or become defective if certain events occur such as marriage or divorce (refer to 'Defective nominations' below for more examples). You should revise your nomination if any of these events occur. It is very important that you keep your nomination up to date in line with your personal circumstances so that it continues to reflect your wishes.

Your Annual Statement provides details of any nominations you have made.

1. Binding nomination

If you provide us with a binding nomination that satisfies all legal requirements, the Trustee must pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided:

- the nominated beneficiary(ies) is a dependant(s) or is your legal personal representative at the time of your death
- your binding nomination is current when you die, i.e. the form containing the nomination has been confirmed or amended within three years after the day it was first signed, or last confirmed or amended by you and
- your binding nomination is in writing and two persons aged 18 or over who are not nominated beneficiaries have witnessed you signing your nomination.

Your nomination must not be defective (refer to 'Defective nominations').

2. Non-binding nomination

You can also provide us with a non-binding nomination which does not have to be confirmed or updated every three years. If you provide us with a non-binding nomination, the Trustee will pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided:

- the nominated beneficiary(ies) is a dependant(s) or is your legal personal representative at the time of your death
- you have not married, entered a de facto or like relationship with a person of either sex or permanently separated from your **spouse** or partner since making your nomination and
- your non-binding nomination has not been revoked and is not defective for any reason.

It is important to note that a non-binding nomination will not override a valid binding nomination. If you have already made a binding nomination, you must revoke it first before making a non-binding nomination.

Defective nominations (either binding or non-binding)

Your nomination will be defective if:

- it is unclear to the Trustee (e.g. because it is illegible or because the nominated proportions do not total 100%) or
- you did not sign or date the form
- the Trustee receives information before paying the benefit that, when you made the nomination, you did not understand the consequences of making it
- the nomination has not been confirmed or amended within three years after the day it was first signed, last confirmed or amended by you.

Your nomination may become partially defective after you make it if a nominated beneficiary dies or ceases to be a dependant while you are still living. You should revise your nomination if any of these events occur.

3. No nomination, defective nomination or cancelled nomination

If you don't make a valid nomination, you cancel your existing nomination or your nomination is defective, the Trustee will pay your Death Benefit to your legal personal representative unless your estate is insolvent or a legal personal representative is not appointed within six months or such longer time period the Trustee may allow.

If the above does not apply, the Trustee will pay your Death Benefit to your **spouse** or partner of the opposite sex (equally, if more than one).

If neither of the above apply, the Trustee will pay your Death Benefit to one or more of your dependants (as determined by the Trustee).

This means that if you do not have either a valid binding or valid non-binding nomination, you should consider making a will or altering your will to cover your Death Benefit.

Death benefits paid as an allocated pension

Death benefits paid from the MasterFund are generally paid as a lump sum. However, there may be circumstances where the payment of benefits as an allocated pension may be more advantageous for beneficiaries. In such circumstances, and where requested by either the member or beneficiaries, the Trustee can pay benefits as an allocated pension to dependants.

In some circumstances, you may nominate your child to receive a pension. The rules around when pensions can be paid to a child, including when a child must cash out a pension into a lump sum, are complex and you should speak to your **financial adviser**.

Terminal Illness Benefit

If a Terminal Illness Benefit is payable, any Life Cover amount insured under the OneCare Super policy up to a maximum of \$3 million will be paid by ING Life to the Trustee. This also applies to the Extra Care Terminal Illness Benefit.

The Trustee may only release the benefit to you as a member of the MasterFund if you meet a condition of release (refer to 'When your benefits can be paid' below). If the Trustee is unable to release your benefit, then the benefit will be held in the MasterFund on your behalf until you meet a condition of release.

Total and Permanent Disability Benefits

If the OneCare Super policy includes TPD Cover, then under superannuation laws the Trustee may only release a TPD Benefit where a condition of release has been met. A condition of release includes where the member has ceased to be **gainfully employed** because of ill health (whether physical or mental) and the Trustee is reasonably satisfied that the member is unlikely, because of ill health, to engage in **gainful employment** for which the member is reasonably qualified by education, training or experience. If the Trustee is unable to release your benefit, then the benefit will be held in the MasterFund on your behalf until you meet a condition of release.

Income Secure Benefits

If the OneCare Super policy includes Income Secure Cover, then under superannuation laws the Trustee may only release an Income Secure Benefit where a qualifying condition of release has been met.

When your benefits can be paid

If any benefits have been paid to the Trustee under the terms of the OneCare Super policy, the Trustee may pay part or all of your benefits to you when certain conditions of release are met.

Conditions of release include:

- permanent retirement on or after you reach your preservation age (for details on preservation ages refer to page 45)
- reaching age 60 and ceasing a gainful employment relationship (including self-employment)
- reaching age 65 whether you have retired or not
- your inability to continue working due to permanent incapacity
- severe financial hardship (there are approved guidelines that the Trustee must follow to determine severe financial hardship)
- specified compassionate grounds (there are strict guidelines for release on compassionate grounds and the Australian Prudential Regulation Authority and the Trustee must approve the release)
- if you are considered terminally ill under SIS regulations
- a temporary condition of release applies when the member has temporarily become **totally** or **partially disabled** due to **illness** or **injury**.

Preservation ages

When you were born	Your preservation age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
After 30 June 1964	60

Taxation

The information contained in the link below will assist you in understanding the tax treatment of OneCare Super.

The information contained in the link below is general information only and is based on our interpretation of the taxation laws and rulings that were current at the time of going to print and are reliant upon the continuance of that legislation, practice and their interpretation. Individual circumstances do differ and the law may change. Members should seek professional tax advice on their own taxation position and the structure of their intended policy.

Please refer to

www.ing.com.au/public/pdfs/M3229_oc_taxguide.pdf

Tax File Number (TFN)

You are not required by taxation or superannuation laws to provide your TFN to the Trustee. However, if you apply for OneCare Super and do not provide your TFN, the Trustee will not be able to accept your application for membership of the ING MasterFund.

The Trustee is required to tell you the following details before you provide your TFN. Your TFN is confidential, and you should know the following before you decide to provide it:

- The Trustee is authorised to collect your TFN under taxation and superannuation laws.
- If you do provide your TFN, the Trustee will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation lump sum you may be entitled to, and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the superannuation surcharge and lost member reporting.
- If you do provide your TFN, the Trustee may provide it to another superannuation fund (fund) or a Retirement Savings Account (RSA) provider where the fund or RSA provider is to receive your transferred benefits in the future.
- The Trustee will not pass your TFN to any other fund if you advise in writing that you do not want it passed on.
- Your TFN will be treated as confidential.

The purposes for which the Trustee can use your TFN and the consequences of not providing it may change in the future as a result of changes to the law.

What are the risks?

It is important to be aware of the risks and possible limitations of OneCare.

Insurance risks

There are a number of insurance risks you should be aware of:

- The insurance cover you select under OneCare may not provide the appropriate cover for your needs. Your **financial adviser** can help you decide on the insurance that is most appropriate for your specific needs and circumstances.
- The maximum amount of the insurance cover you select may not be sufficient to provide adequate insurance cover for the life insured in the event of **illness or injury**.
- Applications for cover and future increases may not be available to the life insured due to health reasons. Existing policies should not be cancelled or allowed to lapse until the new cover is accepted and current.
- If you or the life insured do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision whether to accept the risk of the insurance and if so, on what terms, we may avoid the contract (or avoid cover in respect of any cover provided for the life insured) within three years of entering into it, provided we would not have entered that contract on any terms had full disclosure been made.
- If your, or the life insured's, non-disclosure is fraudulent, we may avoid the contract or cover in respect of the life insured at any time.
- If we do not receive the premiums within 30 days of the due date, we will cancel or terminate the policy by writing to you and will not assess any claim which arises after the due date.
- If the life insured has not fully disclosed all known circumstances, then we may elect not to pay a claim arising out of, or in relation to, those known circumstances.
- All covers are conditional upon the life insured disclosing all matters known to them that are relevant to our decision to issue a policy and/or cover. If the life insured does not comply with this condition, then we may cancel that policy and/or cover and not pay any claim.

Repayment of benefits

If, for any reason, it is determined that a benefit paid to you was not actually payable under the terms of the policy, that benefit must be repaid to us.

OneCare Super

You will need to satisfy a condition of release to access a benefit through OneCare Super. Please refer to 'When your benefits can be paid' on page 44 for conditions of release.

What are the costs?

Premiums

The amount you pay for a OneCare policy is called the premium. The premium includes a Policy Fee for each life insured on the policy.

Premium type

When you apply for cover, you choose either of the following premium types:

- stepped premium; where your premium is recalculated each policy anniversary based on the life insured's age and Policy Fee at that time
- level premium; where your premium for a particular level of cover only changes if we change premium rates and/or the Policy Fee.

The level premium option is not available for Child Cover or Extra Care Cover.

Premium factors

The premium is affected by the product choices you make and a range of other factors.

Premium rates are not guaranteed. We will not increase premium rates for an individual policy within a defined risk group unless, on actuarial advice, all premium rates for all policies in that defined risk group are increased.

If we change premium rates, the premium for your policy will only change from your next policy anniversary. However, if you alter your policy during the year, we will recalculate your premium based on the rates applicable at the time you request the alteration.

Your cover may increase each year by the indexation factor. This increase will apply on the anniversary date on or after 1 May each year. Your premium will be calculated based on the increased cover, and payment of the premium indicates acceptance of the increase in cover due to indexation.

The minimum annual premium is \$300 across all covers for each life insured, inclusive of the Policy Fee. For increases (except for indexation increases), the minimum annual premium is \$150 for each life insured.

Your **financial adviser** will prepare a personalised Product Illustration (quotation) for you.

Policy Fee

The Policy Fee applies across all covers for each life insured covered under each policy. The Policy Fee will be adjusted at 1 May each year by the indexation factor.

There is no Policy Fee for any insured child under Child Cover.

Premium discounts

You may be entitled to a discount on the premium for your policy, depending on:

- the combination of covers for each life insured
- the number of lives insured under a policy or a number of linked OneCare policies if they form part of an allowable group
- the amount insured.

An allowable group for discount purposes is where there is a clear 'family' group relationship (e.g. husband and wife) or clear 'employment related' group relationship (e.g. close business partner).

You can not have a mix of 'family' and 'employment related' groups together for discount purposes.

Payment of premiums

The following table shows the methods you may use to pay your premiums and any additional charges that may apply.

Payment method					
Payment frequency	Cheque	Credit card	Direct debit	Transfer Authority	Frequency loading
Yearly	Yes	Yes	Yes	Yes	–
Half yearly	Yes	Yes	Yes	No	3%
Monthly	No	Yes	Yes	No	5%

To keep the policy in force, you must pay the yearly premium (and any fees, duties and charges which may apply) by the policy anniversary date. If paying by instalments, the instalment premium must be paid by the instalment date. If it is not paid, we will cancel the policy, and cover will cease after we give you 30 days written notice.

If you wish to pay your premiums by direct debit, please refer to 'Direct Debit Request service agreement' on page 53.

Government charges

Stamp duty, tax, excise or other government charges may apply to the policy. We reserve the right to recoup these charges through the premium for the policy, and increase the premium to cover any increase in these charges.

Any transfer of ownership of this policy by assignment may be subject to stamp duty, in which case we may charge a fee to cover the amount of the duty.

Your OneCare policy is input taxed for GST purposes, which means that no GST is payable on policy premiums.

Financial adviser commission

If you purchase your OneCare or OneCare Super policy through a **financial adviser**, we may pay your **financial adviser** a commission for selling you this product. This payment is already incorporated into your premium.

Please note, your **financial adviser** may also charge a fee for service directly to you.

In addition to any payment for selling your policy, we may make payments to financial services dealer groups based on commercial arrangements. We may also make payments to dealer groups, or to **financial advisers**, to enable them to provide educational or marketing support. These payments are made by us.

ING Australia Limited maintains an Alternative Form of Remuneration Register (Register) in accordance with IFSA Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry. The Register outlines the alternative forms of remuneration which are paid and received from givers and receivers of such remuneration. If you would like to view the Register please contact Customer Services on 133 667.

Your **financial adviser** is required to provide you with a Statement of Advice detailing the payments they will get from selling you insurance.

Processing your application

While we are considering your application, any monies you pay us by cheque, credit card or direct debit are required to be held in a trust account until we can accept your application or otherwise. Any policy payments or deductions required by law are similarly processed using a holding account.

We will retain any interest that is payable by our bank on these accounts to meet our administrative costs, bank fees and bank administrative costs incurred in operating these accounts.

If you add to your cover at a later stage, we may be required to hold any additional money in this account.

Confirming transactions

When we process your transactions we will generally confirm them by issuing you with a letter of confirmation or a Policy Schedule.

You can request confirmation of your transactions and any other additional information about your OneCare policy in the following ways:

- Call us on 133 667 between 8.30am and 6.00pm (Sydney time), Monday to Friday, and have your query answered over the phone.
- Call us and ask for a written confirmation of the transactions you have made to be sent to you.
- Email us at customer@ing.com.au

How do I apply?

Financial advice

Before you apply, we recommend you seek advice from a **financial adviser**. They will help you complete the Application Form and will give you a personalised product illustration (quotation) showing the covers and the premiums payable for the insurance you choose.

When we receive your application, we will assess it for risks and the terms under which we can provide the insurance. Our decision to issue insurance is based on the information you provide to us. If we accept your application and your policy premium has been paid, we will provide you with written confirmation that you have cover and send you a Policy Schedule, Policy Terms and a Welcome Kit. After we issue your policy you have a cooling-off period where you may change your mind. Please refer to 'Cooling-off period' on page 50 for details.

When completing your Application Form, please ensure that you fully understand and comply with your duty of disclosure as set out below.

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 reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you 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 his/her business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

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

An insurer who is entitled to avoid a Contract of Life Insurance may, within three years of entering into it, 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.

Your duty of disclosure continues until the Contract of Life Insurance has been accepted by the insurer and confirmation is issued in writing.

About the application

By completing the Application Form, the policy owner(s) and life insured(s)*:

i) confirm that:

- each of them has received, read and understood the Product Disclosure Statement dated 1 May 2008
- each of them has read and understood the questions in the Application Form
- the signatures in the Application Form are the true signatures of each of them.

ii) acknowledge that:

- the duty of disclosure to ING Life Limited ABN 33 009 657 176 (ING Life) and the obligation on the policy owner and life insured to disclose any matter material to the decision of ING Life whether to issue a policy and what terms and conditions to offer and that this duty of disclosure continues until ING Life has issued the policy
- each statement in relation to this policy is true and complete, including statements made to ING Life, to any other person in relation to this policy and in the Application Form (even if part or all of the Application Form has been completed by someone other than the policy owner or the life insured)
- ING Life will rely on statements made in the Application Form, to other persons in relation to this insurance and the life insured's Personal Statement in deciding whether to issue a policy and what terms and premium to offer.

iii) authorise:

- any **medical practitioner** or other professional to disclose any information that they may possess about the life insured to ING Life in relation to this insurance or any claim made under it
- ING Life to approach any person named in the Application Form to verify any aspect of it, to disclose to ING Life any information that they may possess about the policy owner or the life insured.

* If you are applying for OneCare Super, only the signature of the life insured is required.

Life Cover, TPD Cover, Income Secure Cover or Extra Care Cover through OneCare Super

By completing the Application Form, the life insured confirms to ING Custodians Pty Limited ABN 12 008 508 496 (INGC), the Trustee of the ING MasterFund (MasterFund), that they:

- are applying to join the MasterFund
- agree to be bound by the rules of the MasterFund and have read the information on pages 41-45

- understand that payments to and from the MasterFund may only be made in accordance with the rules governing the MasterFund and are subject to superannuation law
- acknowledge that the Application Form and any statement made by the life insured will be relied upon by ING Life and the Trustee of the MasterFund and declare that they have not withheld any material information in connection with the Application Form
- understand that the Trustee will be free from all liability until the Application Form has been accepted and the Policy Schedule is issued.

Cooling-off period

The policy or individual covers under the policy may be cancelled within 28 days from the date we issue the Policy Schedule, confirming our acceptance of your application.

This is known as the 'cooling-off period'. You may cancel your policy or individual covers under the policy during the cooling-off period by notifying us in writing and returning the Policy Schedule. If you do this, we will cancel the policy or the individual covers and refund any money you have paid (except any amounts of taxation or government charges which we are unable to recover). You cannot exercise your right to cancel the policy at any time after you have made a claim for benefits under the policy.

Premium payment under OneCare Super

For OneCare Super, if you have not met a condition of release (refer to 'When your benefits can be paid' on page 44) and you choose to cancel your membership, money you have paid cannot be paid directly to you. In accordance with superannuation laws, this money, less any eligible adjustments, can only be transferred to another eligible superannuation fund. If we do not receive advice from you, the Trustee will rollover any refund of premium into an Eligible Rollover Fund (ERF) nominated by the Trustee. The Trustee's nominated ERF is:

Australian Eligible Rollover Fund
Locked Bag 5429
Parramatta NSW 2124

How do I make a claim?

We understand that when you need to make a claim it can be a very difficult and emotional time. It may not always be straight forward and we would like to help make things easier.

If you are unsure whether you are eligible to make a claim, or need assistance at any time during the claims process, please phone our Claims Helpline on 1300 555 250.

Advising us of a claim

Contact your **financial adviser** or call our Claims Helpline on 1300 555 250 as soon as possible to advise of any event which may lead to a claim. If we do not receive notice within a reasonable time, we may reduce or refuse to pay the benefit to the extent our assessment of the claim is prejudiced.

Within 24 hours of receiving your call we will send you the appropriate claim form, a covering letter detailing our specific requirements and a brochure which will guide you through the claims process and answer some of your questions.

If your claim is accepted, you will be paid in Australian dollars.

What do I need to know about taxation?

This information contained in the link below will assist you in understanding the tax treatment of OneCare.

The information contained in the link below is general information only and is based on our interpretation of the taxation laws and rulings that were current at the time of going to print and are reliant upon the continuance of that legislation, practice and their interpretation. Individual circumstances do differ and the law may change. You should seek professional tax advice on their own taxation position and the structure of their intended policy.

For more information, please visit
www.ing.com.au/public/pdfs/M3229_oc_taxguide.pdf

What else do I need to know?

Changing policy owner

You may transfer the ownership of the policy to another person, subject to relevant law, including superannuation law, by completing a Memorandum of Transfer and registering the transfer with us.

If there is more than one policy owner of a policy, we will regard them as joint owners or 'joint tenants'.

If you choose OneCare Super, the trustee of the MasterFund as owner of the policy will not transfer ownership to another person, superannuation fund or entity.

When the policy ends

A OneCare policy will end on the earlier of:

- the date we receive notification from you to cancel the policy
- the date we cancel the policy in accordance with our legal rights
- the date we cancel the policy because you have not paid the premium when due
- the ending of all covers for all lives insured under the policy (the circumstances in which each cover will end are set out in each cover section in this PDS)
- the date of the death of the last life insured under the policy.

Statutory funds

The premium will be placed in our Statutory Fund No.1 and any claims will be paid from this fund.

The only exception to this is if the policy is written through OneCare Super, in which case the premiums will be placed in our Statutory Fund No. 3 and any claims will be paid from that fund.

As there is no investment component in OneCare, your policy does not have any surrender value.

Customer concerns

If you, the life insured or a beneficiary have any concerns or a complaint about any of these covers, please refer them to us. We pride ourselves on our customer service and we will endeavour to solve your concerns quickly and fairly. Customer concerns should be directed to:

The Complaints Resolution Manager
ING Life Limited
GPO Box 5306
Sydney NSW 2001
Phone 133 667
Fax 02 9234 8095

In the unlikely event that any concerns are not resolved to your satisfaction, you may contact the Financial Industry Complaints Service Limited (FICS). FICS is independent and industry sponsored and has been set up to advise and assist customers. If unresolved, at Case Manager level, the Panel of FICS can make a determination that is binding on us.

Concerns to FICS can be directed to:

The Manager
Financial Industry Complaints Service Limited
PO Box 579
Collins Street West
Melbourne VIC 8007

Toll free 1300 780 808

Fax 03 9621 2291

If you choose OneCare Super in ING MasterFund you may be able to use the services of the Superannuation Complaints Tribunal (SCT). Concerns can be directed to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001

Phone 1300 780 808

Fax 03 8635 5588

The SCT is an independent body established by the Federal Government that can assist with the resolution of certain types of complaints with superannuation funds and life insurance companies.

Financial Services Guide

A Financial Services Guide (FSG) is an important document that outlines the type of products and services that each of ING's licensed entities is authorised to provide under their Australian Financial Services Licence.

Please visit www.ing.com.au for a copy of the FSG.

Direct Debit Request service agreement

Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request
- keep information relating to your Direct Debit Request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the direct debit request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due.

When you consider that a debit has been initiated incorrectly, you should contact ING directly. We will then investigate your query.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding.

If we can not resolve this matter, you can still refer it to your financial institution, which may lodge a claim on your behalf.

Privacy

We are committed to ensuring the confidentiality and security of your personal information. The Privacy Policy details how we manage your personal information and is available on request or may be downloaded from

www.ing.com.au/public/pdfs/L0235_gb_privpoli.pdf

If you have any further questions about privacy, please contact us at:

ING Privacy Officer
GPO Box 75
Sydney NSW 2001

Phone 02 9234 8111

Fax 02 9299 3979

Email privacy@ing.com.au

Dictionary

The Dictionary provides the definitions of terms used within this book.

For easy reference, they have been divided into:

- Key terms
- Trauma conditions
- Baby Care Option conditions
- Total and permanent disability definitions

Once your application has been accepted you will receive a Welcome Kit including the Policy Terms. Please note that the Policy Terms and Policy Schedule are the conditions under which any claims will be assessed and paid.

Key terms

Accidental death means a visible and external event, which was unexpected and unintended, and which caused the injury and death of the person insured.

Exclusions – events which are not ‘accidents.’

For the purposes of this policy, the following situations are not accidents, and any claims arising from these situations are excluded:

- Where one of the contributing causes of injury and death was any of the following conditions:
 - sickness
 - disease
 - allergy
 - any gradual onset of a physical or mental infirmity.
- Where the injury and death, which was unintended and unexpected, and was the result of an intentional act.
- Where the life insured was injured and died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.

Accredited mortgage provider means an ADI (as defined in the Banking Act 1959) or other reputable financial services business, program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australia.

Activities of daily living are:

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

Business expenses means the normal day-to-day running expenses of the life insured’s business. These include but are not limited to:

- accounting and audit fees
- bank charges
- office cleaning costs
- electricity, property/water rates
- equipment hire and motor vehicle leases
- business related insurance premiums (not including premiums for this policy)
- interest payments
- office leasing fees
- office rent or mortgage payments (interest only, not principal)
- salaries and superannuation contributions for employees not directly involved in the generation of revenue
- payroll tax on the above salaries
- regular advertising costs
- telephone costs
- subscriptions/fees/dues to professional associations
- net cost of a locum (a person from outside your business who is a direct replacement for the life insured in their business), less any business earnings generated by the locum
- any other expenses agreed by us.

The following **business expenses** cannot be included:

- the life insured’s personal remuneration, salary, fees or drawings
- cost of goods or merchandise, mortgage principal, cost of implements of the life insured’s profession
- premiums payable on this policy
- salaries and superannuation contributions for employees directly involved in the generation of income
- depreciation.

Business income is the gross income generated by the business before expenses and tax.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months and at the end of that six month period, they are likely to require ongoing continuous care and supervision by another adult person.

Disabled means **totally disabled** or **partially disabled**, except in the context of the Premium Waiver Disability Option (see page 19), where **disabled** means that, as a result of **illness** or **injury**, the life insured:

- has been unable to engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was engaged in paid employment prior to disablement) or

- has been under the care of a **medical practitioner** and has been unable to perform **normal domestic duties**, leave their **home** unaided, or engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not engaged in paid employment prior to disablement).

Financial adviser means authorised representative of an Australian Financial Services Licensee.

Following the advice of a medical practitioner means the life insured is following the advice of the treating **medical practitioner** including recommended courses of treatment and rehabilitation.

Fracture means any **fracture** that requires a pin, traction, plaster cast or other immobilising structure.

Gainfully employed means the life insured is employed or self-employed for salary, reward or profit in any business, profession or occupation and working more than 30 hours per week.

This definition does not apply to OneCare Super for the purposes of making contributions or meeting a condition of release.

Home means the principal place of residence.

Illness means an **illness** or disease which first manifests itself during the period of the policy.

Immediate family member means:

- a **spouse**
- a son, daughter, father, mother, father-in-law or mother-in-law
- a person in a bona fide domestic living arrangement and is financially interdependent. The policy owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

The **indexation factor** is determined from the percentage increase in the Consumer Price Index (CPI) (weighted average of eight Capital Cities combined) as published by the Australian Bureau of Statistics or its successor for the 12 month period ending at 31 December each year. The **indexation factor** will apply from 1 May following the calculation of the indexation factor. If the CPI is not published we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.

Injury means a bodily **injury** which occurs during the period of the policy.

Involuntarily unemployed/involuntary unemployment means that the life insured becomes **unemployed** through no fault of their own. An example may be that despite the life insured's willingness to work, their role is made redundant due to a workplace restructure.

Loss of independent existence means the life insured is totally and irreversibly unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified **medical practitioner** in Australia or another country approved by us who is not the life insured or the policy owner, or the **spouse**, business partner or other **immediate family member** of the life insured or the policy owner.

Mental disorder is defined as any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Volume IV, published by the American Psychiatric Association (APA) (or such replacement or successor publication, or if none, then such a comparable publication as selected by us) which is current at the start of the period of **total disability**. Such mental disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders, or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

For the purposes of this policy, mental disorders do not include dementia (except where the dementia is related to any substance abuse or dependency), Alzheimer's disease or head injuries.

Monthly earnings means either:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income
- if the life insured is independently employed, your monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration.

Needle stick injury means that through accidental injury with a needle stick or other sharp instrument used in the life insured's occupation, an infection with Human Immunodeficiency Virus (HIV) is acquired. The sero-conversion of the HIV infection must occur within six months of the accident.

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

We must have open access to all blood samples and be able to obtain results of independent testing of such blood samples.

There will be no cover and no benefit payable if 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. Cure means any Australian government approved treatment, which renders HIV non-infectious.

HIV infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

Normal domestic duties mean the tasks performed by a life insured whose sole occupation is to maintain their family **home**.

These tasks are unassisted:

- cleaning of the **home**
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food
- taking care of dependent children (where applicable).

Normal domestic duties do not include duties performed outside the life insured's **home** for salary, reward or profit.

Occupation categories group together occupations with similar risk levels.

Your **financial adviser** will have a copy of the **occupational categories** ING uses when assessing applications.

On claim means that we are paying a benefit with respect to the life insured under the policy.

Partially disabled/partial disability

If the life insured's occupation category shown in the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, **partially disabled** means that due to **illness** or **injury** the life insured is either:

- unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**
- able to perform all of the duties necessary to produce income of their **regular occupation**, but due to the **illness** or **injury** is not able to work at the same capacity that they were able to work at before the **illness** or **injury** (including when no work is available) and has **monthly earnings** less than their **pre-claim earnings**, and
- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

If the life insured's occupation category shown in the Policy Schedule is H or HH, **partially disabled** means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that disability is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
 - able to perform all of the duties necessary to produce income from their **regular occupation**, but is not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings** and
- after three years from the date of that disability is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
 - able to perform all of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings** and

- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

If the life insured's occupation category shown in the Policy Schedule is R, **partially disabled** means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that disability is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
 - able to perform each and every duty necessary to produce income from their **regular occupation**, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings** and
- after three years from the date of that disability is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
 - able to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings** and
- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

Pre-claim business income

If the guaranteed monthly amount insured applies, **pre-claim business income** means the highest average of monthly **business income** for any period of 12 consecutive months between immediately prior to the life insured becoming **totally disabled** and two years prior to the cover start date.

If the indemnity monthly amount insured applies, **pre-claim business income** means the highest average of the monthly **business income** in the 12 months immediately prior to the life insured becoming **totally disabled**.

Pre-claim earnings means:

- for guaranteed benefit payments, the highest average of **monthly earnings** for 12 consecutive months between two years before the cover commencement date and the start of the waiting period
- for indemnity benefit payments, the highest average of the **monthly earnings** for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled**. If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the **pre-claim earnings** will be the highest average of the **monthly earnings** for any period of 12 consecutive months in the two years immediately before the leave commenced.

Pre-claim earnings will be increased by the **indexation factor** after each 12 month period the life insured remains on claim.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Recurring claims

If you lodge another claim which arises from the same or a related cause as a previous claim, we will treat this subsequent claim as a continuation of the first claim and we will waive the waiting period with the following conditions:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed term (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expenses Cover
 - if the **illness** or **injury** recurs within six months of the date the life insured was last on claim, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.
- For benefit periods for fixed term (e.g. two years, six years) for Income Secure Special Risk
 - if the **illness** or **injury** recurs within 12 months of the date the life insured was last on claim, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.
- For benefit periods for age based (e.g. to age 55, to age 60, to age 65, to age 70)
 - if the **illness** or **injury** recurs within 12 months of the date the life insured was last on claim, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

Living Expense Cover

If the **illness** or **injury** recurs within 12 months of the date the life insured was last on claim, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

New claims are considered to be:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed term (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expenses Cover
 - if a claim recurs after six months from the date the life insured was last on claim, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least six continuous months in order for us to consider the claim as a separate claim.
- For benefit periods for fixed term (e.g. two years, six years) for Income Secure Special Risk
 - if a claims recurs after six months from the date the life insured was last on claim, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least six continuous months in order for us to consider the claim as a separate claim.
- For benefit periods for age based (e.g. to age 55, to age 60, to age 65, to age 70)
 - if such a claim recurs after 12 months from the date the life insured was last on claim, then it will be considered to be a separate claim and a new waiting period will apply.

Living Expense Cover

If a claim recurs after 12 months from the date the life insured was last on claim, then it will be considered to be a separate claim and a new waiting period will apply.

Regular occupation means the occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury** (if the life insured's occupation is limited to a recognised specialty within the scope of a degree or licence, that specialty is the life insured's occupation).

If the life insured is **totally** or **partially disabled** while **unemployed** or on maternity, paternity or sabbatical leave, their **regular occupation** is the last occupation they performed before one of these events occurred. After 12 months of any of these events occurring, the life insured's **regular occupation** is any occupation that they are reasonably capable of performing with regard to their education, training or experience.

Significantly disabled means that as a result of **illness** or **injury** the life insured:

- is totally unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:
 - bathing and/or showering
 - dressing and undressing
 - eating and drinking
 - using a toilet to maintain personal hygiene

– getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair, or with assistance of a walking aid.

Certification by a **medical practitioner** approved by us is required.

or

- is suffering from a total deterioration or loss of intellectual capacity that requires the life insured to be under continuous care and supervision by another adult.

Certification by a **medical practitioner** approved by us is required.

Spouse means a **spouse**, de facto **spouse** or person living in a bona fide domestic arrangement where one or each of them provides the other with financial support, domestic support and personal care.

Terminal illness/terminally ill means:

- for Extra Care Cover; the life insured must survive without life support for eight days after an appropriate specialist physician approved by us diagnoses that the illness is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us
- for all other covers; an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Totally disabled/total disability

If the life insured's occupation category shown in the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, **totally disabled** means that due to **illness** or **injury** the life insured:

- is unable to perform one or more of the duties necessary to produce income from their **regular occupation** as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and
- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

If the life insured's occupation category shown in the Policy Schedule is H or HH, **totally disabled** means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that disability, is unable to perform one or more of the duties necessary to produce income from their **regular occupation** as confirmed by a **medical practitioner**
- after three years from the date of that disability, is unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation they are reasonably capable of performing having regard to their education, training or experience, as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and

- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

If the life insured's occupation category shown in the Policy Schedule is R, **totally disabled** means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that disability, is unable to perform each and every duty necessary to produce income from their **regular occupation**, as confirmed by a **medical practitioner**
- after three years from the date of that disability, is unable to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation they are reasonably capable of performing having regard to their education, training or experience, as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and
- is **following the advice of a medical practitioner** in relation to their **illness** or **injury** for which they are claiming.

Unemployed means that the life insured is not actively engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

Trauma conditions

Adult insulin dependent diabetes mellitus means the diagnosis of insulin dependent diabetes mellitus (IDDM) by an appropriate consultant physician after the age of 30.

Advanced dementia including Alzheimer's disease means the unequivocal diagnosis of dementia, including Alzheimer's disease, made by an appropriate **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia which is failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision.

Angioplasty means the undergoing of **angioplasty** (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Aortic surgery means the undergoing of surgery that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Aplastic anaemia means the acquired bone marrow failure that:

- results in anaemia, neutropenia and thrombocytopenia and
- requires treatment with one or more of the following:
 - marrow stimulating agents
 - bone marrow transplant
 - peripheral blood stem cell transplantation
 - blood product transfusions or
 - immunosuppressive agents.

Benign brain tumour means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a **medical practitioner** who is a consultant neurologist. The tumour must result in permanent neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness** or **injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Burns of limited extent means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting or
- 50% of the face, requiring surgical debridement and/or grafting.

Cancer means the presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease

characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered:

- tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis.

'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

***Carcinoma in situ of the breast** is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- prostatic cancers which are histologically described as TNM Classification T1a or T1b or lesser classification or another equivalent or unless they are characterised by a Gleeson score of 7 or greater, unless the entire prostate is removed. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment
- **chronic lymphocytic leukaemia** less than Rai Stage 1.

Carcinoma in situ of the breast means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the breast (ICD = D05), where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.

Carcinoma in situ of the cervix uteri means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the cervix uteri (must be at or above CIN 3 grading or FIGO stage 0 or TNM Classification of Tis) where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the corpus uteri means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the corpus uteri with a TNM Classification of Tis or FIGO Stage 0 where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the fallopian tube means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the fallopian tube with a TNM Classification of Tis or FIGO Stage 0 where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the ovary means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the ovary with a TNM Classification of Tis or FIGO Stage 0 where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the penis means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the penis with a TNM Classification of Tis where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the prostate means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the prostate with a TNM Classification of Tis where the **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the testicle means the life insured is confirmed by biopsy to have localised pre-invasive cancer in one or both testicles with a TNM Classification of Tis where the **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues, and one or both of the testicles are removed by radical orchidectomy. The removal must be considered to be the appropriate and necessary treatment and is performed specifically to arrest the spread of malignancy. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the vagina means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the vagina with a TNM Classification of Tis or FIGO stage 0 where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the vulva means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the vulva or perineum with a TNM Classification of Tis or FIGO stage 0 where **cancer** cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Cardiomyopathy means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic kidney failure means end stage renal disease which requires permanent dialysis or renal transplantation.

Chronic liver disease means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Chronic lung disease means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist **medical practitioner**.

Chronic lymphocytic leukaemia means the presence of **Chronic**

Lymphocytic Leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 72 hours and resulting in a neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Coronary artery by-pass surgery means the undergoing of **coronary artery by-pass surgery** that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Deafness means the total, irreversible and irreparable loss of hearing, in both ears, whether aided or unaided.

Diagnosed dementia including Alzheimer's disease means the unequivocal diagnosis of dementia, including Alzheimer's disease, made by an appropriate **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination (MMSE) score of 28 or less is required. The MMSE must be performed again four weeks later, and again the score must be less than 28 to qualify for this condition.

Diagnosed multiple sclerosis means the diagnosis of **multiple sclerosis** made by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation, e.g. cerebrospinal fluid examination, evoked visual responses, evoked auditory responses and Magnetic Resonance Imaging (MRI) evidence of lesions of the central nervous system.

Diagnosed muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist, and confirmed by neurological investigation.

Diplegia means the total and permanent loss of function of both sides of the body. **Diplegia** facialis is excluded.

Encephalitis means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Heart attack means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis will be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes and
- diagnostic elevation of cardiac enzymes CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6 µg/L

If the above is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

Heart valve surgery means the undergoing of surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Hemiplegia means the total and permanent loss of function of one side of the body.

Hydrocephalus means excessive cerebrospinal fluid within the brain resulting from **injury**, infection or tumour, which causes increased intra-cranial pressure requiring surgical intervention of a shunt.

Intensive care means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised **intensive care** unit of an acute care hospital.

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

Loss of independent existence means a condition whereby the life insured is totally and irreversibly unable to perform at least two **activities of daily living** without the assistance of another adult person.

Loss of limbs and/or sight means the total and permanent loss of the use of:

- two limbs (where limb is defined as the whole hand or the whole foot)
- the sight in both eyes or
- one limb and the sight in one eye.

Loss of single limb means the total and permanent loss of the use of one limb as a result of **illness** or **injury** (where 'limb' is defined as the whole hand or the whole foot).

Loss of speech means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain.

Loss of speech related to any psychological cause is excluded.

Major head trauma means cerebral **injury** resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Major organ transplant means the undergoing of organ transplant from human donor to the life insured of one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- bone marrow.

This treatment must be deemed the most appropriate treatment and medically necessary. The transplantation of all other organs or of any other tissue is excluded.

Major organ transplant waiting list means the life insured has been placed on an Australian waiting list, approved by us, for an organ transplant (from a human donor) that is listed in the definition of the **major organ transplant** trauma condition and that is considered medically necessary and untreatable by any means other than organ transplant, as confirmed by a specialist physician.

Medically acquired HIV means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

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

Notification and proof of the incident will be required in the form of a statement from the appropriate Statutory Health Authority, confirming that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if any medical cure is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any Australian Government approved treatment, which renders HIV inactive and noninfectious.

HIV infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

Melanoma means the presence of one or more malignant melanomas. The **melanoma** can be less than 1.5mm maximum Breslow thickness and also less than Clark Level 3 depth of invasion, as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Meningitis and/or meningococcal disease means meningitis or meningococcal septicaemia causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Motor neurone disease means the unequivocal diagnosis of a progressive form of debilitating **motor neurone disease** as confirmed by a **medical practitioner** who is a consultant neurologist.

Multiple sclerosis means a disease characterised by demyelination of nervous tissue, more than one episode of well defined neurological deficit with persisting neurological abnormalities and which results in:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The disease must be diagnosed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation, e.g. cerebrospinal fluid examination, evoked visual responses, evoked auditory responses and Magnetic Resonance Imaging (MRI) evidence of lesions of the central nervous system.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

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

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

Open heart surgery means the undergoing of **open heart surgery** that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Paralysis of a single limb means the total and permanent loss of the use of one arm or one leg as a result of spinal cord **injury**.

Paraplegia means the total and permanent loss of the use of both arms or both legs.

Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic **Parkinson's disease** as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of Parkinsonism, including secondary Parkinsonism due to medication, are excluded.

Partial blindness means the permanent loss of sight in one eye, whether aided or unaided, such that visual acuity is 6/60 or less in that eye, or such that the visual field is reduced to 20 degrees or less of arc.

Partial deafness means the total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Pneumonectomy means the undergoing of surgery to remove the life insured's entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Primary pulmonary hypertension means **primary pulmonary hypertension** associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Prostate cancer means the presence of **prostate cancer** that is histologically described as TNM classification T1a or T1b (or an equivalent classification) and does not require the removal of the prostate.

Quadriplegia means the total and permanent loss of the use of both arms and both legs.

Severe burns means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to :

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

Severe diabetes means that a **medical practitioner** who is a specialist physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure.

Neuropathy includes:

- irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea or
- polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Severe endometriosis means the life insured has the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions.

Mild and moderate endometriosis and adenomyosis are excluded.

Severe osteoporosis means the life insured:

- before the age of 50, suffers at least two vertebral body fractures or a **fracture** of the neck or femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis means a definite diagnosis of **severe rheumatoid arthritis** by a consultant rheumatologist. The diagnosis must confirm all of the following:

- morning stiffness of the joints
- swelling and pain in the joints of at least three joint groups, involving the corresponding joints in both sides of the body. One of these groups must be joints on the fingers or toes, the knuckles of the hand or the wrist
- small nodular swelling beneath the skin
- a positive rheumatoid factor test
- x-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis and
- diffuse osteoporosis with severe hand and spinal deformity.

Stroke means a cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours. There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a **stroke** has occurred and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Systemic lupus erythematosus (SLE) with lupus nephritis means the unequivocal diagnosis of SLE according to internationally accepted criteria. Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'.

The requirements for a doctor to make a diagnosis of systemic lupus erythematosus in the clinical setting are the presence of any four or more of the 11 criteria listed in the table below.

In addition to the diagnosis of systemic lupus erythematosus, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of Lupus Nephritis and be associated with persisting proteinuria (more than 2+).

Criteria	Definition
1. Malar rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds.
2. Discoid rash	Erythematous, raised patches with adherent kerotic scaling and follicular plugging, atrophic scarring may occur in older lesions.
3. Photosensitivity	Skin rash as a result of unusual reaction to sunlight, evidenced by patient history or physician's report.
4. Oral ulcers	Oral or nasopharyngeal ulceration reported by physician.
5. Arthritis	Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion.
6. Serositis	Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a physician or evidence of pleural effusion or Pericarditis – documented by ECG or rub or evidence of pericardial effusion.
7. Renal disorder	Persistent proteinuria greater than 0.5 grams per day or greater than 2+ if quantification not performed. or Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed.
8. Neurological disorder	Seizures – in the absence of offending drugs or known metabolic derangements, e.g. uraemia, ketoacidosis, or electrolyte imbalance.
9. Hematologic disorder	Hemolytic anaemia – with reticulocytosis or Leucopenia – less than 3,500/mm ³ on two or more occasions. or Thrombocytopenia – less than 100,000/mm ³ in the absence of offending drugs.

Criteria	Definition
10. Immunologic disorder	Positive LE cell preparation or Anti-DNA: antibody to native DNA in abnormal titre or Anti-Sm: presence of antibody to Sm (Smooth Muscle) nuclear antigen or False positive serologic test for syphilis known to be positive for at least six months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test.
11. Antinuclear antibody	An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with 'drug-induced lupus' syndrome.

Systemic sclerosis means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- total and irreversible inability to perform at least one 'activity of daily living' without the assistance of another adult person.

Terminal illness means an **illness** that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Triple vessel angioplasty means the undergoing of **angioplasty** (with or without an insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence to correct the narrowing or blockage of three or more coronary arteries.

Baby Care Option conditions

Absence of hand or foot means a complete congenital absence of one hand from the wrist, or one foot from the ankle.

Cleft lip and/or palate means a congenital fissure of the palate or lip, which requires surgery to correct.

Congenital blindness means a congenital, permanent loss of sight in both eyes whether aided or unaided.

Congenital deafness means a congenital, total and permanent loss of hearing in both ears whether aided or unaided.

Developmental dysplasia of the hip means a deformity requiring an open reduction or pelvic osteotomy to correct the dysplasia.

Down's Syndrome means a specific genetic impairment caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

Disseminated Intravascular Coagulation (DIC) means due to pregnancy an over-activation of the coagulation and fibrinolytic system occurs, resulting in thrombosis, consumption of platelets and coagulation factors causing life threatening haemorrhage from multiple sites.

Eclampsia means the occurrence of grand mal seizures during pregnancy for which no other recognised cause can be identified and the foetus is delivered regardless of the gestational age.

Ectopic pregnancy means a fertilised ovum has implanted outside the uterine cavity resulting in the rupturing or haemorrhaging of a fallopian tube, which results in a laparotomy or laparoscopic surgery removing the involved fallopian tube.

Hydatidiform mole is the development of multiple fluid filled cysts in the uterus after the degeneration of the placenta which results in the death of the embryo as confirmed by a **medical practitioner**.

Infant death means the death of a live born infant between the ages of 30 days and two years, who is the life insured's natural, adopted or step-child, where the life insured is the primary care giver of the child.

Infantile hydrocephalus means a condition characterised by an enlargement of the cerebrospinal fluid (CSF) spaces, which requires surgery to correct the condition.

Neonatal death means the life insured gives birth to a child of at least 20 weeks gestation that does not survive 30 days of life.

Oesophageal atresia means a condition which affects the gastrointestinal tract characterised by the oesophagus ending in a blind pouch. This must be confirmed by a **medical practitioner**.

Spina bifida myelomeningocele means a defective closure of the spinal column resulting in a neural tube deficit with a resultant meningocele or meningocele and associated neurological deficit confirmed by a **medical practitioner**. Spina bifida occulta is excluded.

Stillbirth means the foetal death in utero after at least 20 weeks gestation and confirmed by a death certificate. Elective pregnancy termination is specifically excluded.

Tetralogy of fallot means an anatomical defect with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

Trache-oesophageal fistula (TEF) means a condition characterised by an abnormal joining of the trachea and oesophagus confirmed by a **medical practitioner**.

Transposition of great vessels means a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be based on an echocardiogram, and invasive surgery must be performed to correct the condition.

Total and permanent disability definitions

Any Occupation definition

As a result of **illness** or **injury**, the life insured:

- has been absent from and unable to work for three consecutive months and
- at the end of the period of three months, is **disabled** to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by education, training or experience

or

- suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and
- is **disabled** to such an extent that, as a result, they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by education, training or experience

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Own Occupation definition

Own Occupation means the occupation in which the life insured was engaged immediately prior to the date of disability.

If the life insured has not been working in any capacity for less than 12 months immediately prior to the date of disability then the **Own Occupation** definition will apply, and **Own Occupation** means that occupation in which the life insured was engaged immediately prior to ceasing work.

If the life insured has not been working in any capacity for more than 12 months prior to the date of disability then the **Any Occupation** definition will replace the **Own Occupation** definition.

As a result of **illness** or **injury**, the life insured:

- has been absent from and unable to engage in their own occupation for three consecutive months and
- at the end of the period of three months, is **disabled** to such an extent that they are unlikely ever again to be able to engage in their Own Occupation

or

- suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and
- is **disabled** to such an extent that, as a result they are unlikely ever again to be able to engage in their Own Occupation

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Home-maker definition

As result of **illness** or **injury**, and where wholly engaged in full-time unpaid domestic duties in their own residence, the life insured:

- is under the regular care of a **medical practitioner** and is unable, for a period of three consecutive months, to perform **normal domestic duties**, leave **home** unaided, or be engaged in any occupation and
- at the end of the period of three months, is **disabled** to such an extent that they require ongoing medical care and is unlikely ever again to be able to perform any **normal domestic duties** or be engaged in any occupation for which they are reasonably suited by their education, training or experience

or

- suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and
- is **disabled** to such an extent that, as a result they are unlikely ever again to be able to perform any **normal domestic duties** or be engaged in any occupation for which they are reasonably suited by education, training or experience

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Non-working definition

As a result of **illness** or **injury**, the life insured:

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Interim Cover certificates

Interim Cover certificate for OneCare

ING Life Limited ABN 33 009 657 176 (ING Life) can provide the policy owner with Interim Cover on the life/lives insured at no cost. It is subject to:

- the terms and conditions which apply to the cover(s) being applied for as set out in the OneCare Policy Terms
- the descriptions in the OneCare Product Disclosure Statement (PDS)
- the additional terms and conditions set out in this Interim Cover Certificate.

Terms used in this certificate

Application Form means an application form completed in respect of a OneCare policy as described in the OneCare PDS dated 1 May 2008.

Life insured means the person(s) nominated in the application as the life to be insured.

Policy owner(s) means the person(s) nominated in the application as the policy owner(s).

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, which is issued to the Trustee of the ING MasterFund, we provide the Interim Cover to the life insured while we assess the application for insurance and the application for membership of the MasterFund. Any benefits payable under this Interim Cover do not form part of the life insured's superannuation entitlements held in the MasterFund.

Eligibility for Interim Cover

Interim Cover is only available if the life insured is:

- for Life Cover – aged between 15 and 75 years
- for TPD Cover – aged between 15 and 60 years
- for Trauma Cover – aged between 15 and 65 years
- for Income Secure Cover or Business Expense Cover – aged between 19 and 60 years, and **gainfully employed** or self-employed, performing his/her normal duties and in receipt of salary, reward or profit (at work)
- for Living Expense Cover - aged between 19 and 60 years
- for Child Cover – aged between 2 and 15 years
- for Extra Care Cover (Extra Care Accidental Death Benefit only) – aged between 15 and 60 years.

Interim Cover does not apply if the cover applied for in the Application Form:

- is to replace existing insurance which is still in force, whether with ING Life or another insurer or
- would normally be declined or deferred under ING Life's current underwriting rules.

Commencement of Interim Cover

Interim Cover will only commence when ING Life or an authorised adviser receives a fully completed, signed and dated OneCare Application Form which includes either a cheque, completed Direct Debit Request or credit card authorisation for the payment of the first premium.

Interim Cover Benefit

Life Cover

If you have applied for Life Cover for a life insured, and that life insured dies during the term of this Interim Cover, we will pay the Interim Cover Benefit for Life Cover.

TPD Cover

If you have applied for TPD Cover for a life insured, and that life insured becomes totally and permanently disabled during the term of the Interim Cover and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for TPD Cover.

The definition of TPD will be that applied for in the application and as outlined in the OneCare Product Disclosure Statement, except for the **Own Occupation** definition where the **Any Occupation** definition will apply.

If the life insured does not meet the survival period conditions set out in the PDS and:

- has applied for Life Cover with optional TPD Cover, we will pay the Death Benefit under Life Cover
- has applied for stand alone TPD Cover or Trauma Cover with optional TPD Cover, we will pay a Limited Death Benefit of \$10,000.

Trauma Cover

If you have applied for Trauma Comprehensive or Trauma Premier for a life insured, and that life insured suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover, and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for Trauma Cover.

The trauma conditions are:

- **blindness**
- **coma**
- **deafness**
- **diplegia**
- **hemiplegia**
- **intensive care**
- **loss of limbs and/or sight**
- **major head trauma**
- **paraplegia**
- **quadriplegia**
- **severe burns.**

If the life insured does not meet the survival period conditions set out in the PDS and:

- has applied for Trauma Cover as an option to Life Cover, we will pay the Death Benefit under Life Cover
- has applied for stand alone Trauma Cover or Trauma Cover with optional TPD Cover, we will pay the Limited Death Benefit of \$10,000.

The certification of a trauma condition is required by a medical practitioner and must be agreed to by ING Life's medical adviser.

Income Secure Cover, Business Expense Cover and Living Expense Cover

If you have applied for these covers for a life insured, and that life insured is **totally disabled** (or in the case of Living Expense Cover **significantly disabled**) we will pay a monthly Interim Cover Benefit from the end of the waiting period applied for in the application, for the lesser of:

- the period of **total disability** or **significantly disabled** (as applicable)
- six months.

The definition of **totally disabled** for Income Secure Cover and Business Expense Cover, and **significantly disabled** for Living Expense Cover, and the terms which apply to the benefits we pay are as outlined in the OneCare Product Disclosure Statement.

We will not pay any other built-in benefits, built-in features or extra cost options under Interim Cover.

Child Cover

If you have applied for Child Cover for an insured child, and that insured child dies or suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover, we will pay the Interim Cover Benefit for Child Cover.

The trauma conditions are:

- **blindness**
- **brain damage**
- **deafness**
- **diplegia**
- **hemiplegia**
- **loss of limbs and/or sight**
- **major head trauma**
- **paraplegia**
- **quadriplegia**
- **severe burns.**

The certification of a trauma condition is required by a medical practitioner and must be agreed to by ING Life's medical adviser.

Extra Care Cover

If you have applied for Extra Care Cover for a life insured, and that life insured has an **accidental death** during the term of this Interim Cover, we will pay the Interim Cover Benefit for Extra Care Cover. Extra Care Terminal Illness Benefit and Extra Care Needle Stick Benefit are not provided under Interim Cover.

Interim Cover Benefit

For each type of cover, the Interim Cover Benefit we will pay will be the lesser of:

- the amount insured applied for
- the maximum amount payable under Interim Cover for each type of cover as specified below:
 - Life Cover – \$1 million lump sum*
 - TPD Cover – \$500,000 lump sum*
 - Trauma Cover – \$500,000 lump sum*
 - Income Secure Cover – \$5,000 per month†
 - Business Expense Cover – \$5,000 per month†
 - Living Expense Cover – \$2,000 per month
 - Child Cover – \$150,000 lump sum
 - Extra Care Cover – Accidental Death Benefit only – \$500,000 lump sum*
- the difference between the benefit amount applied for and any existing insurance with ING Life which is to be replaced
- the reduced amount insured that would be offered where under its current underwriting rules, ING Life would offer a lower sum insured to that applied for in the Application Form
- the reduced amount insured the loaded premium would purchase when compared to the standard premium, where under its current underwriting rules ING Life would apply or has offered to accept the application with a premium loading.

* We will pay this amount or the **equivalent instalment amount** calculated by ING Life based on the nominated term of the instalment.

† A maximum of \$30,000 will be payable in total benefits for Income Secure Cover and Business Expense Cover.

Where under its current underwriting rules ING Life would offer cover subject to special terms and conditions, such special terms and conditions will apply to the interim cover.

If cover was applied for a life insured across multiple policies and we pay less than the amount insured applied for, the amount we will pay each policy owner is a share of the total amount paid in proportion to the amounts applied for.

Interim Cover claims

If you claim before an underwriting decision has been made on the life insured, our claims assessment will not proceed until an underwriting assessment is complete.

If the underwriting decision appropriate for the calendar day preceding the injury or illness for which the Interim Claim is made, would have been to deny or exclude that injury or illness, then the claim will be denied.

Exclusions on Interim Cover

No benefit will be payable in respect of Interim Cover if the Interim Cover event results directly or indirectly from:

- anything happening to the life insured in war (this exclusion does not apply to the Death Benefit or Extra Care Accidental Death Benefit)
- an intentional or deliberate self-inflicted act
- the life insured engaging in any sport, pastime or occupation which would not normally be covered under ING Life's current underwriting rules or accepted only with a loading
- any condition that the life insured knew about before the commencement of the Interim Cover
- any condition for which the life insured consulted a qualified **medical practitioner** before the date of the Application Form
- for Income Secure Cover, Business Expense Cover and Living Expense Cover only - the life insured falling pregnant, being pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured spends more than three months **totally disabled** from the date the pregnancy ends and continues to be disabled, we will pay benefits from the end of that three month period, or the end of the waiting period if greater.

Duration of Interim Cover

Interim Cover, in respect of the cover applied for, will automatically cease on the earlier of:

- the date ING Life accepts, declines or defers the application in respect of the life insured
- the date the policy owner(s) withdraws the application
- the date ING Life cancels this Interim Cover at its complete discretion by written notice to the policy owner
- 21 days from the date ING Life offers varied terms of acceptance of the application, such as a premium loading or an exclusion, requiring acceptance by the policy owner
- the expiration of 90 days from the commencement of the Interim Cover
- the date the life insured ceased to be at work for Income Secure Cover and Business Expense Cover

- the life insured attaining the cover expiry age specified below:
 - Life Cover – 75 years
 - TPD Cover – 60 years
 - Trauma Cover – 65 years
 - Income Secure Cover and Business Expense Cover – 60 years
 - Living Expense Cover – 60 years
 - Child Cover – 15 years
 - Extra Care Cover – 60 years.

Conditions of Interim Cover

You have no entitlement to claim under this Interim Cover if this original document is not produced to ING Life Limited at the time of claim.

Definitions

Activities of daily living are:

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

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of injury such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage as a result of an **injury**, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Coma means total failure of cerebral function, as a result of **injury**, characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 72 hours and resulting in a neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Deafness means as a result of **injury**, the total, irreversible and irreparable loss of hearing in both ears, whether aided or unaided.

Diplegia means the total and permanent loss of function of both sides of the body as a result of **injury**. Diplegia Facialis is excluded.

Hemiplegia means the total and permanent loss of function of one side of the body as a result of **injury**.

Immediate family member means:

- a **spouse**
- a son, daughter, father, mother, father-in-law or mother-in-law
- a person in a bona fide domestic living arrangement and is financially interdependent. The policy owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

Injury means a bodily **injury** which occurs during the period of the cover.

Intensive care means as a result of an accident, the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

We will not pay where the accident is as a result of drug or alcohol intake, or other self-inflicted means.

Loss of limbs and/or sight means as a result of **injury**, the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot)
- the sight in both eyes or
- one limb and the sight in one eye.

Major head trauma means as a result of **injury**, cerebral injury resulting in permanent neurological deficit as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association Publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified **medical practitioner** in Australia, or in another country, as approved by us. A medical practitioner cannot be the life insured or the policy owner, or a **spouse**, partner, business partner or other **immediate family member** of the life insured or the policy owner.

Paraplegia means the total and permanent loss of use of both arms or both legs as a result of **injury**.

Quadriplegia means the total and permanent loss of use of both arms and both legs as a result of **injury**.

Severe burns means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of both hands or feet, requiring surgical debridement and/or grafting
- the whole of the face, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

Spouse means a **spouse**, de facto spouse or person living in a bona fide domestic arrangement where one or each of them provides the other with financial support, domestic support and personal care.



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