



Insurance

Product Disclosure Statements

Life Insurance Plan

Trauma Recovery Insurance Plan

Total and Permanent Disability Insurance Plan

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Senior Professionals Plan

Business Expenses Insurance Plan

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Products in these Product Disclosure Statements are available from 21 August 2006.

About the Global AXA Group

AXA is one of the largest financial services groups in the world with an enviable track record in meeting the superannuation, investment and insurance needs of millions of clients worldwide. AXA operates in over 60 countries with total Group assets under management, administration and advice in excess of approximately A\$1,711 billion¹. The Group prides itself on growth, service and advice.

AXA is 51 per cent majority shareholder of AXA Asia Pacific Holdings Limited (AAPH) ABN 78 069 123 011. AAPH owns 100 per cent of The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649.

¹ As at 31 December 2005.

The product issuer and issuer of each of the Product Disclosure Statements contained in this booklet is The National Mutual Life Association of Australasia Limited.

Insurance overview

Insurance

Information contained in this booklet

This booklet provides a summary of some of the important terms and conditions of the insurance products available from AXA.

There are sections specific to each product, as well as sections with information that apply to all products.

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

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

Definitions in this document

In this PDS and the relevant Application form, any references to 'us', 'we', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L. The NMLA is the issuer of this PDS and financial products described in this PDS.

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

Talk to your financial adviser

It is important to note that the products contained in this booklet are not investment policies designed to provide a cash value except when paying a claim. We recommend you discuss your needs with your financial adviser.

Which AXA insurance products are covered in this document?

Each product offered by AXA is a separate contract of insurance. You can combine the products you buy with a range of optional benefits.

The types of products available are:

Life Insurance

Life Insurance pays a lump sum upon death or terminal illness. Life Insurance is also available as part of AXA's Superannuation Fund – please refer to the Insurance Superannuation PDS for more details.

Trauma Recovery Insurance

Trauma Recovery Insurance provides a lump sum in the event you suffer one of a comprehensive list of trauma events, including cancer, heart attack, stroke, coronary by-pass surgery and angioplasty.

Total and Permanent Disability Insurance

Total and Permanent Disability Insurance provides a lump sum if you become totally and permanently disabled.

Income Insurance

Income Insurance provides you with a replacement income if you are unable to work due to sickness or injury. Three versions are available, including:

- Income Insurance Plus;
- Income Insurance, and
- Income Insurance Senior Professionals

Business Expenses Insurance plan

Business Expenses Insurance protects your business if you are totally disabled and unable to work due to sickness or injury, by covering the monthly expenses of the business.

How these AXA insurance products can fit into your financial plan

Like a road map, a financial plan can help you decide where you want to go, and how to get there. It can also help you avoid danger and roadblocks to your achievements along the way.

Your financial plan can help you:

- 1 identify your financial goals and what you'd like your money to do or buy – your financial destinations
- 2 understand your current financial position – your starting point
- 3 choose the best way to reach your financial destinations – how you will get there, and
- 4 avoid situations that may prevent you getting there – your spare tyre, in case you need it. One simple and effective way to avoid situations that may prevent you getting there is with insurance.

Insurance overview

Insurance

How AXA insurance works

AXA provides five different types of insurance. The table below explains how each of these can help you cope financially, with events that can affect your financial future.

Please note: the following information is a guide only; we recommend you discuss your needs with your financial adviser.

Type of insurance	Insures against which event?	The benefit	You might use the benefit to...
Life Insurance	Death. Life Insurance can help your dependants cope financially, after you die.	A lump sum payment	<ul style="list-style-type: none"> ▪ pay off the mortgage or any other debts that may affect your family's financial future ▪ reimburse funeral costs ▪ pay for child care or home help to aid the remaining spouse ▪ provide a reserve that can be used as income should the remaining spouse decide not to work
Income Insurance	The inability to work due to sickness or injury. It can help you meet your critical living expenses if you have to stop work due to sickness or injury.	An income stream of up to 75% of your income, up to a maximum specified period	<ul style="list-style-type: none"> ▪ pay for food, and other day-to-day expenses ▪ pay for rent or home maintenance costs ▪ help you meet mortgage or other debt repayments ▪ pay for any transport costs you may have
Trauma Recovery Insurance	Traumatic medical conditions (including cancer, heart attack, stroke, coronary by-pass surgery and angioplasty). It can help you cope financially with the effects that a trauma will have on your life. It can remove the financial stress and pay for changes you may need to make to your lifestyle.	A lump sum payment	<ul style="list-style-type: none"> ▪ pay for recovery costs including rehabilitation ▪ pay for changes to your lifestyle, for example, refit your home ▪ enable your partner to reduce their working hours to look after you, or alternatively to get a carer ▪ pay off debts ▪ provide a reserve to use as an income
Total and Permanent Disability Insurance	A total and permanent disability that stops you from ever working again. It can help you cope financially with a total and permanent disability.	A lump sum payment	<ul style="list-style-type: none"> ▪ pay for disability related costs including rehabilitation ▪ pay for changes to your lifestyle, for example, refit your home ▪ enable your partner to reduce their working hours to look after you, or alternatively get a carer or pay off debts ▪ provide an income for you and your dependants
Business Expenses Insurance	The inability to work due to sickness or injury. Business Expenses Insurance can help your business cope financially with your inability to earn the business an income because of sickness or injury.	A regular payment during the agreed period	<ul style="list-style-type: none"> ▪ pay for rent electricity, water, gas ▪ pay for employees' salaries (not your replacement) ▪ make regular business loan repayments

Different levels of insurance for different life stages

Your insurance needs will vary at different life stages, because circumstances change.

- Financial goals shift
- Income fluctuates with different jobs
- Your lifestyle evolves
- Your level of savings will change
- Your level of debt will change
- You may have children
- Children will grow up, becoming more financially independent

As your circumstances change you should review the insurance products and level of cover you need. We recommend you discuss your changing insurance needs with your financial planner.

Common questions to help you understand your changing insurance needs

What are my current financial goals?

Knowing this helps you decide what you need to protect and how to protect it.

What is my current financial position and do I have debts?

Knowing this helps you understand what risks you can retain yourself, and those that you cannot afford to happen. It will help you understand how you will cope if an event occurs that affects your ability to earn and save money.

What risks are more likely to threaten me and my financial goals?

Knowing this will help you decide which insurance you need.

How much money will I need should one of these risks occur?

Knowing this will help you establish the level of cover you need for each insurance product you buy.

Do I have insurance through my superannuation?

Some superannuation funds automatically provide you with some level of insurance. Many people find that the level of cover provided by superannuation is not enough to meet their needs.

Who currently depends on my income?

Knowing this will help you establish the right type and level of cover you need.

Combining different insurance products

You can buy multiple insurance products to cover different events. The combinations you choose depend on many factors, including your financial position and the risks you believe you face.

When you combine insurance products contained within this PDS, you will only pay one plan fee.

Common combinations include:

Life Insurance + Income Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death, and ▪ you and your family in the event of you stopping work because of sickness or injury.
Life Insurance + Income Insurance + Total and Permanent Disability Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death ▪ you and your family in the events of you stopping work because of sickness or injury, and ▪ you and your family in the event of you suffering a total and permanent disability that prevents you from ever working again.
Life Insurance + Income Insurance + Trauma Recovery Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death ▪ you and your family in the event of you stopping work because of sickness or injury, and ▪ you and your family in the event of you experiencing a medical trauma (heart attack, stroke and certain cancers).
Life Insurance + Income + Trauma Recovery Insurance + Total and Permanent Disability Insurance	To cover you and your family against some of the most common events that can threaten your financial future.

Life Insurance Plan – a snapshot

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 50.

Life Insurance can help your dependants cope financially, after you die.

Life insurance pays a lump sum in the event of your death, which can be used to:

- pay off the mortgage or any other debts that may affect your family's financial future
- reimburse funeral costs
- pay for child care or home help to aid the remaining spouse
- provide a reserve to use as income should the remaining spouse choose not to work

Life Insurance Plan benefits

Our Life Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Death Benefit	Provides a benefit in the event of your death. For full conditions see page 5.
Terminal Illness Benefit	We will make an advance payment of the death benefit if you are terminally ill and have less than 12 months to live. For full conditions see page 5.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 5.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 5.
Upgrade of Benefits	Future improvements to your Life Insurance plan may, at our discretion, be passed on to you. For full conditions see page 5.
Financial Plan Benefit	We will pay a reimbursement of up to \$2,000 to a financial adviser who has provided a financial plan for you or your dependants within six months of a claim being admitted for death or terminal illness. For full conditions see page 5.
Advancement of funeral expenses	We will provide an advanced payment of the Death Benefit, of up to \$10 000, to cover funeral expenses. For full conditions see page 5.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

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

Total and Permanent Disablement (TPD) is available as an optional benefit in most cases.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	11 to 70 next birthday	99
Level	11 to 65 next birthday	99*

* Level premiums will alter to stepped premiums after age 70.

Benefits

Under the Plan we will pay you or your beneficiaries a lump sum amount if you:

- die, or
- are terminally ill with 12 months or less to live.

Death Benefit

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

The following lists the additional benefits of the Life Insurance Plan at no extra cost:

- Terminal Illness Benefit
- Financial Plan Benefit
- 24 Hour Worldwide Cover Benefit
- Indexation Benefit
- Upgrade of Benefits
- Advancement of Funeral Expenses

Terminal Illness Benefit

If you are diagnosed with a terminal illness and given 12 months or less to live, AXA will make an advance payment. The maximum amount payable from all plans held with us is the lesser of:

- \$2,000,000, or
- the benefit amount.

Any additional Death Benefit will be payable on death.

Terminal Illness

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

Financial Plan Benefit

We will pay a reimbursement benefit of up to \$2,000, to a financial adviser who has provided a financial plan for you or your dependants within six months of a claim being admitted for death or terminal illness.

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

24 hour worldwide cover

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

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI).

We will not increase the Benefit:

- after the person insured's 65th birthday, or
- by less than 5 per cent in any year, or
- by any amount which would cause the Benefit to exceed \$3,000,000 inclusive of the total benefit amounts under any other life insurance plans held with us for which you are covered.

Upgrade of Benefits

If we make any future improvements to this Life Insurance Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Advancement of funeral expenses

The advanced payment of funeral expenses will provide a payment of up to \$10,000 for funeral expenses on the receipt of the death certificate, or other proof of death that is acceptable to AXA. If we pay you an Advanced Payment, then the Life Insurance benefit will be reduced by the same amount. The Advance Payment is not an admission of liability to pay the full Life Insurance benefit.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Optional benefits

Further protection, at an additional cost, is available through the options listed below. Pages 6 to 10 explain these options in detail.



- 1 Can only be purchased where the Total and Permanent Disability Insurance Option has also been purchased.
- 2 Can only be purchased where the Trauma Option has also been purchased.
- 3 Can only be purchased where the Total and Permanent Disability Insurance Option and the Trauma Recovery Insurance Option have not been purchased.

Total and Permanent Disability (TPD) Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99 [†]
Level	16 to 60 next birthday	99* [†]

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 65 only the 'Future Care' definition applies.

The option benefit amount is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss, or
 - B are unable to work, or
 - C are unable to perform domestic work, or
 - D require future care.
- A 'specific loss' refers to the total and permanent loss of the use of:
- both hands
 - both feet
 - one hand and one foot
 - the entire sight in both eyes
 - one hand and the entire sight in one eye, or
 - one foot and the entire sight in one eye.

or

B 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow your own occupation.
- (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow any occupation for which you could be reasonably suited to by education, training or experience.

or

C is 'unable to perform domestic work':

- you are totally unable to perform your usual unpaid domestic work for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:
- unlikely ever to be able to perform all of your usual unpaid domestic work
 - diagnosed by a registered medical practitioner as having a permanent disability
 - permanently confined to home, and
 - receiving regular medical attention from a registered medical practitioner.

or

D requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

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

On the first renewal date after you turn age 65, the total and permanent disablement definitions outlined above in paragraphs A, B and C no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph D, continues to apply until you turn 99.

A 7.5 per cent discount will apply to the base premium of the Total and Permanent Disability Option when the Trauma Recovery Insurance Option is also purchased.

Any payment under the option reduces the benefit amount for death, terminal illness or trauma under the Plan by the option benefit amount. This may mean the end of your cover if the benefit amount under your Plan and Total and Permanent Disability Insurance Option are the same.

To protect your family against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65 with a minimum of 5 per cent.

We will not increase the Benefit by less than 5 per cent in any year and by any amount which would cause the Benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any other total and permanent disability insurance plans or options held with us for which you are covered.

Your Total and Permanent Disability Insurance Option can also be tailored to include:

- Business Solutions Option – TPD
- Life Buy-Back Option – TPD

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	25 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases in the benefit amount under your total and permanent disablement insurance without the need for medical underwriting. Medical evidence will be required if your Application for increase is greater than \$2,000,000 or 25 per cent of the option amount in any plan year.

When you exercise this option and apply for future increases to the benefit amount in line with the increased value of your business, we will require financial and supporting evidence of the increases in the value of your business. The conditions that apply for increases are explained in detail in the Plan Document.

The Indexation of Cover Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists
- the start of any period for which you have not paid premiums under the plan, or
- you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum increase to the total and permanent disablement insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$2,500,000 less the total benefit amounts under any total and permanent disablement plans or options held with us.

Life Buy-Back Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* Cover cannot extend beyond the expiry date of the TPD Option

Upon one year from acceptance of the total and permanent disablement claim, the Plan Owner has 60 days to take out life insurance cover for an amount up to the total and permanent disablement claim amount paid out by us.

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

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Trauma Recovery Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99 [†]
Level	16 to 60 next birthday	99* [†]

* Level premiums will alter to stepped premiums from age 65.

[†] On the first renewal date after age 70 only the 'Loss of Capacity for Independent Living' trauma event applies.

Under this option, we will pay you a lump sum if you suffer from one of the listed Trauma Events during the term of the plan.

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

A Trauma Event is one of the following:

- Cancer*
- Coronary artery surgery*
- Angioplasty
- Heart attack*
- Stroke*
- Alzheimer's disease and other dementias
- Aplastic anaemia
- Benign brain tumour
- Blindness
- Cardiac arrest
- Cardiomyopathy
- Chronic kidney failure
- Chronic liver disease
- Coma
- Deafness
- Diplegia
- Encephalitis
- Heart valve surgery
- Hemiplegia
- Loss of capacity for independent living
- Loss of limbs
- Loss of limbs and sight
- Loss of speech
- Lung disease
- Major head injury
- Major organ transplant
- Medical condition requiring life support
- Medically acquired HIV
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy

- Parkinson's disease
- Occupationally acquired HIV
- Paraplegia
- Pneumonectomy
- Primary pulmonary hypertension
- Quadriplegia
- Severe burns
- Surgery of the aorta, and
- Triple Vessel Angioplasty

* these conditions are subject to a 90 day qualifying period.

The definitions for the Trauma Events above are listed from page 17.

Any payment under this option reduces the benefit amount under the plan including TPD to which it is attached. This may mean the end of your cover if the benefit amount under your Plan and Trauma Recovery Insurance Option are the same.

To protect your family against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65 with a minimum of 5 per cent.

We will not increase the benefit amount by less than 5 per cent in any year and by any amount which would cause the benefit amount to exceed \$1,500,000 inclusive of the total benefit amounts under any other Trauma Insurance plans or options held with us for which you are covered.

Your Trauma Recovery Insurance Option can also be tailored to include:

- Business Solutions Option – Trauma
- Life Buy-Back Option – Trauma
- Children's Trauma Option
- Comprehensive Cancer Option

Business Solutions Option – Trauma

The features of the Business Solutions Option for Trauma Recovery Insurance are the same as Business Solutions Option for Life Insurance (see page 9). However, for the duration of this option, the maximum increase to the Trauma Insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$1,500,000 less the total benefit amounts under any trauma plans held with us.

Life Buy-Back Option – Trauma

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* Cover cannot extend beyond the expiry date of the Trauma Option

Upon your survival of one year from acceptance of the trauma claim, the Plan Owner has 60 days to take out life insurance cover for an amount up to the trauma claim amount paid out by us.

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

Children's Trauma Option

The person insured under this option is not eligible for any other options.

You can elect to cover up to five of your children under your Trauma Recovery Insurance Option. Children aged between 2 and under 21 will be covered for a benefit amount of \$50,000.

Children aged between 2 and under 15 will be covered against the following Trauma Events:

Trauma Events subject to a 90 day qualifying period:

- Aplastic Anaemia – refer to the definition on page 18.
- Cancer – refer to the definition on page 17.
- Major Organ Transplant – refer to the definition on page 18.
- Subacute Sclerosing Panencephalitis – refer to the definition on page 18.
- Viral Encephalitis – refer to the definition on page 18.

Trauma Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 19.
- Hemiplegia – refer to the definition on page 19.
- Loss of Limbs – refer to the definition on page 19.
- Loss of Limbs and Sight – refer to the definition on page 19.
- Major Head Injury – refer to the definition on page 20.
- Paraplegia – refer to the definition on page 21.
- Quadriplegia – refer to the definition on page 21.
- Severe Burns – refer to the definition on page 21.

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

After age 15 all events covered under Trauma Recovery Insurance Option will apply. (See pages 17 to 21 for events covered under Trauma Recovery Insurance Option.)

This option stops applying as soon as one of the following happens:

- We pay the full benefit under this option because the nominated child suffers a trauma event listed above
- The nominated child turns 21 and we offer a new Life Insurance Plan with the Trauma Option

attached (or similar plan at that time) in their name, or

- The nominated child dies.

This option also stops applying as soon as one of the following happens:

- We pay the full benefit under the plan
- The option ends as shown in your plan's insurance schedule, or
- The person insured dies.

Comprehensive Cancer Option

This option gives you more comprehensive cancer cover.

If you suffer one of the cancers listed below under the Comprehensive Cancer Trauma Event, we will pay you the greater of:

- 10 per cent of the trauma recovery benefit, or
- \$10,000.

Comprehensive Cancer includes:

- Prostate tumours classified as T1 (all categories) under the TNM classification system or of an equivalent classification
- Malignant melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination;
- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis. There is no requirement for the breast to be removed.
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as TNM stage Tis or FIGO Stage 0.
- Carcinoma in situ of the cervix that is at TNM stage Tis or CIN 3 grading.

Carcinoma in situ means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.

The trauma recovery benefit amount will be reduced by any amount paid under this option.

The Comprehensive Cancer Option is subject to a 90 day qualifying period.

Business Solutions Option – Life

Availability of cover

The features of the Business Solutions Option for life are the same as Business Solutions Option for total and permanent disablement insurance (see page 7). However for the duration of this option, the maximum increase to the life insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$15,000,000 less the total benefit amounts under any life plans or options held with us.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Future Insurability Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 40 next birthday	45*

* Or when the last option is exercised, which ever is earlier

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

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

The maximum amount of additional life insurance you can purchase in total for all increases is the lesser of five times the initial life insurance benefit at the commencement of the plan and \$1,000,000. Should you not exercise the full amount as stated in your insurance schedule at each increase date, the remaining amount for that increase date will be forfeited.

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

Accidental Death Benefit

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

'Accidental death' means death caused by accidental bodily injury. Death must occur within 90 days of the date of the accident.

Premium Waiver Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* Or when your plan ends, whichever is earlier

Under this option, if you become totally and permanently disabled, you will not have to pay any further premium for the plan (including any options) that are attached to the plan. For the purpose of this option only, you are totally and permanently disabled if you:

- A suffer a specific loss
- B are unable to work (any occupation version only)
- C are unable to perform domestic work, or
- D require future care.

For full details of these definitions, please refer to the Total and Permanent Disability (any occupation definition) on page 6.

The premium will only be waived once you have been assessed as totally and permanently disabled. The premium waived will be the annual premium inclusive of age related premium increases and CPI, but does not include:

- any premium increases for the plan or any options attached to the plan that are effective after the commencement date of any premium being waived, or
- any premium for options exercised after the commencement date of any premium being waived.

We will not waive any premium if your total and permanent disability is caused directly or indirectly by:

- you performing an act or omission with the intention or likely outcome of causing harm to you, or
- war or any act of war (whether war is declared or not), civil commotion, or similar events.

This option is not available with the Trauma Recovery Insurance Option or the Total and Permanent Disability Insurance Option.

Exclusions

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

Death

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

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

Total and Permanent Disablement

We will not pay you a benefit if your total and permanent disablement is directly or indirectly attributable to, or consequential upon:

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

Trauma

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

- intentional self-injury or intentionally-contracted infection or any such attempt

Trauma Insurance – 90 day qualifying period

For the Trauma Events listed on pages 17 and 18 under the heading 'Conditions Subject to a 90 Day Qualifying Period', we will not pay if the person insured develops evidence of, or attends a medical practitioner for that condition within 90 days of either of the following:

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

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

The 90 day qualifying period as set out above also applies to the Trauma Event listed in the Comprehensive Cancer Option.

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

Statutory Fund

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

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you are paid a benefit under this plan which reduces the sum insured to nil
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

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

Interim accidental death cover

To provide you with some protection while we are assessing your Application, we provide interim cover to you in the event of your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premium for this cover. Conditions apply. For details see page 56 of this Product Disclosure Statement.

Nomination of beneficiaries

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

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

Trauma Recovery Insurance Plan – a snapshot

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 50.

Trauma Recovery Insurance can help you cope financially with the effects that a Trauma Event can have on your life.

Trauma includes conditions like cancer, heart attack, stroke, coronary by-pass surgery and angioplasty.

Trauma Recovery Insurance pays a lump sum, which you can use to:

- pay for expensive recovery costs including rehabilitation
- pay for changes to your lifestyle, for example, refit your home;
- enable your partner to reduce their working hours to look after you, or alternatively to get a carer;
- pay off your mortgage, or
- use the lump sum to provide an ongoing income.

Trauma Recovery Insurance benefits

Our Trauma Recovery Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Trauma Events	<p>Provides a benefit if you suffer from one of the following trauma events:</p> <ul style="list-style-type: none"> ▪ Cancer ▪ Angioplasty ▪ Coronary artery surgery ▪ Heart attack ▪ Stroke ▪ Alzheimer's disease and other dementias ▪ Aplastic anaemia ▪ Benign brain tumour ▪ Blindness ▪ Cardiac arrest ▪ Cardiomyopathy ▪ Chronic kidney failure ▪ Chronic liver disease ▪ Coma ▪ Deafness ▪ Diplegia ▪ Encephalitis ▪ Heart valve surgery ▪ Hemiplegia ▪ Loss of capacity for independent living ▪ Loss of limbs ▪ Loss of limbs and sight ▪ Loss of speech ▪ Lung disease ▪ Major head injury ▪ Major organ transplant ▪ Medical condition requiring life support ▪ Medically acquired HIV ▪ Motor neurone disease ▪ Multiple sclerosis ▪ Muscular dystrophy ▪ Occupationally acquired HIV ▪ Paraplegia ▪ Parkinson's disease ▪ Pneumonectomy ▪ Primary pulmonary hypertension ▪ Quadriplegia ▪ Severe burns ▪ Surgery of the aorta ▪ Triple Vessel Angioplasty <p>For full conditions see pages 17 to 21.</p>
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 13.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 13.
Upgrade of Benefits	Future improvements to your specific plan may, at our discretion, be passed on to you. For full conditions see page 13.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

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

The Trauma Recovery Insurance Plan pays a lump sum on the first occurrence of you suffering one of the listed trauma events and surviving 14 days.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99†
Level	16 to 60 next birthday	99*†

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 70 only the 'Loss of Capacity for Independent Living' trauma event applies.

Benefits

We will pay a lump sum if you suffer from one of the listed Trauma Events during the term of the plan.

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

Cancer*	Coma
Coronary artery surgery*	Diplegia
Angioplasty	Deafness
Heart Attack*	Encephalitis
Stroke*	Heart Valve Surgery
Alzheimer's disease and other dementias	Hemiplegia
Aplastic anaemia	Loss of Capacity for Independent Living
Benign brain tumour	Loss of limbs
Blindness	Loss of limbs and sight
Cardiac arrest	Loss of speech
Cardiomyopathy	Lung disease
Chronic kidney failure	Major head injury
Chronic liver disease	Major organ transplant

* A 90 day qualifying period applies to these conditions.

Medical condition requiring life support	Parkinson's disease
Medically acquired HIV	Pneumonectomy
Motor neurone disease	Primary pulmonary hypertension
Multiple sclerosis	Quadriplegia
Muscular dystrophy	Severe Burns
Occupationally acquired HIV	Surgery of the aorta
Paraplegia	Triple Vessel Angioplasty

The following lists the additional benefits of the Trauma Recovery Insurance Plan:

- 24 hour worldwide cover
- Indexation Benefit
- Upgrade of Benefits

24 hour worldwide cover

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

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI).

We will not increase the Benefit:

- after the person insured's 65th birthday, or
- by less than 5 per cent in any year, or
- by any amount which would cause the Benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any other trauma recovery insurance plans held with us for which you are covered.

Upgrade of Benefits

If we make any future improvements to this Trauma Recovery Insurance Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

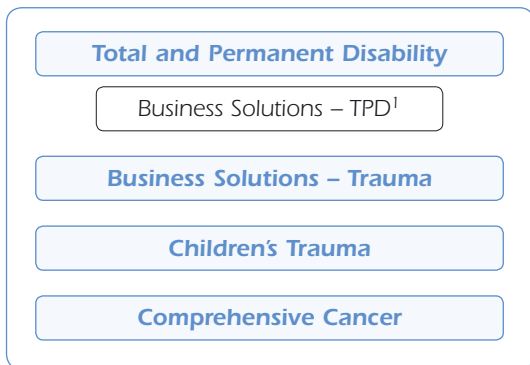
If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

Optional benefits

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



¹ only available if you purchase the Total and Permanent Disability Insurance Option

Total and Permanent Disability Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99†
Level	16 to 60 next birthday	99*†

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 65 only the 'Future Care' definition applies.

The option benefit amount is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss, or
- B are unable to work, or
- C are unable to perform domestic work, or
- D require future care.

A 'specific loss' refers to the total and permanent loss of the use of:

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

or

B 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow your own occupation.
- (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow any occupation for which you could be reasonably suited to by education, training or experience.

or

C is 'unable to perform domestic work':

you are totally unable to perform your usual unpaid domestic work for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:

- unlikely ever to be able to perform all of your usual unpaid domestic work
- diagnosed by a registered medical practitioner as having a permanent disability
- permanently confined to home, and
- receiving regular medical attention from a registered medical practitioner.

or

D requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

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

On the first renewal date after age 65, the total and permanent disablement definitions outlined above in paragraphs A, B and C no longer apply. However,

provided you continue to pay your premium, future care, outlined in paragraph D, continues to apply until you turn 99.

A 7.5 per cent discount will apply to the base premium of the Total and Permanent Disability Option when taken with the Trauma Recovery Insurance Plan.

Any payment under the option reduces the amount of the benefit amount for Trauma Recovery under the plan by the option benefit amount. This may mean the end of your cover if the benefit amount under your Plan and Total and Permanent Disability Insurance Option are the same.

To protect your family against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65 with a minimum of 5 per cent.

We will not increase the Benefit by less than 5 per cent in any year and by any amount which would cause the Benefit to exceed \$1,500,000 inclusive of the total sums insured under any other Total and Permanent Disability Insurance Plans or options held with us for which you are covered.

Your Total and Permanent Disability Insurance Option can also be tailored to include:

- Business Solutions Option – TPD

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	25 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases in the benefit amount under your Total and Permanent Disablement Insurance without the need for medical underwriting. Medical evidence will be required if your Application for increase is greater than \$2,000,000 or 25 per cent of the option amount in any plan year.

When you exercise this option and apply for future increases to the benefit amount in line with the increased value of your business, we will require financial and supporting evidence of the increases in the value of your business. The conditions that apply for increases are explained in detail in the Plan Document.

The Indexation of Cover Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists
- the start of any period for which you have not paid premiums under the plan, or
- you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum increase to the Total and Permanent Disablement Insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$2,500,000 less the total benefit amounts under any total and permanent disablement plans or options held with us.

Business Solutions Option – Trauma

The features of the Business Solutions Option for trauma are the same as Business Solutions Option for total and permanent disablement insurance, on this page. However for the duration of this Option, the maximum increase to the trauma recovery insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$1,500,000 less the total benefit amounts under any trauma recovery plans or options held with us.

Children's Trauma Option

The person insured under this option is not eligible for any other options.

You can elect to cover up to five of your children under your Trauma Recovery Insurance Plan. Children aged between 2 and under 21 will be covered for a benefit amount of \$50,000.

Children aged between 2 and under 15 will be covered against the following Trauma Events:

Events subject to a 90 day qualifying period:

- Aplastic Anaemia – refer to the definition on page 18.
- Cancer – refer to the definition on page 17.
- Major Organ Transplant – refer to the definition on page 18.
- Subacute Sclerosing Panencephalitis – refer to the definition on page 18.
- Viral Encephalitis – refer to the definition on page 18.

Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 19.
- Hemiplegia – refer to the definition on page 19.
- Loss of Limbs – refer to the definition on page 19.

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- Loss of Limbs and Sight – refer to the definition on page 19.
- Major Head Injury – refer to the definition on page 20.
- Paraplegia – refer to the definition on page 21.
- Quadriplegia – refer to the definition on page 21.
- Severe Burns – refer to the definition on page 21.

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

After age 15 all events covered under Trauma Recovery Insurance Plan will apply. (See pages 16 to 20 for events covered under the Trauma Recovery Insurance Plan.)

Please note where a partial Trauma Event payment is made, the benefit amount will be reduced by any amount paid.

This option stops applying as soon as one of the following happens:

- We pay the full benefit under this option because the nominated child suffers a trauma event listed above
- The nominated child turns 21 and we offer a new Life Insurance Plan with the Trauma Option attached (or similar plan at that time) in their name, or
- The nominated child dies.

This option also stops applying as soon as one of the following happens:

- We pay the full benefit under the plan
- The option ends as shown in your plan's insurance schedule, or
- The person insured dies.

Comprehensive Cancer Option

This option gives you more comprehensive cancer cover.

If you suffer one of the cancers listed below under the Comprehensive Cancer trauma event, we will pay you the greater of:

- 10 per cent of the trauma recovery benefit, or
- \$10,000.

Comprehensive Cancer includes:

- Prostate tumours classified as T1 (all categories) under the TNM classification system or of an equivalent classification
- Malignant melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination;

- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis. There is no requirement for the breast to be removed.
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as TNM stage Tis or FIGO Stage 0.
- Carcinoma in situ of the cervix that is at TNM stage Tis or CIN 3 grading.

Carcinoma in situ means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.

The trauma recovery benefit amount will be reduced by any amount paid under this option.

The Comprehensive Cancer Option is subject to a 90 day qualifying period.

Exclusions

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

Total and Permanent Disablement

We will not pay you a benefit if your total and permanent disablement is directly or indirectly attributable to, or consequential upon:

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

Trauma

We will not pay a trauma benefit if your condition is directly or indirectly attributable to or consequential upon intentional self-injury or intentionally-contracted infection or any such attempt.

Trauma Insurance – 90 day qualifying period

For the Trauma Events listed on pages 17 and 18 under the heading 'Conditions Subject to a 90 Day Qualifying Period', we will not pay if the person insured develops evidence of, or attends a medical practitioner for that condition within 90 days of either of the following:

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

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

The 90 day qualifying period as set out above also applies to the Trauma Event listed in the Comprehensive Cancer Option.

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

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

Statutory Fund

Trauma Recovery Insurance Plans are written in a sub-fund of our No.1 Statutory Fund.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you are paid a benefit under the plan which reduces the sum insured to nil
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

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

Interim Trauma Insurance

To provide you with some protection while we are assessing your Application, we provide interim insurance cover to you for certain accidental Trauma Events. Conditions apply. For details see page 57 of this Product Disclosure Statement.

Definitions

The lists on pages 8 and 13 explain which events are applicable to each plan. For events covered under the Children's Trauma Option refer to pages 9 and 15 to 16.

Trauma Events subject to a 90 day qualifying period

Cancer

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

The following are excluded:

- tumours classified as carcinoma in situ unless requiring surgery that results in the removal of the entire breast and the surgery is considered medically necessary to halt the spread of the diagnosed condition
- malignant melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination;
- other skin cancers unless there has been evidence of metastases
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification
- lymphocytic leukaemia less than Rai stage I
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period.

Coronary Artery Bypass Surgery

Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include

- angioplasty
- intra-arterial procedures
- laser techniques, or
- other non-surgical techniques.

Heart Attack

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

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack, and

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- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

If the above criteria are not met, we will pay a claim based on satisfactory evidence that the life insured has unequivocally been diagnosed as having suffered a heart attack resulting in:

- a permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event, or
- new pathological Q waves.

Chest pain that does not meet the above diagnostic requirements is excluded.

Stroke

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

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

Excluded:

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

Aplastic Anaemia

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

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- bone marrow transplantation, or
- immunosuppressive agents.

Major Organ Transplant

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

Major organ transplant means the receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas or small bowel.

Subacute Sclerosing Panencephalitis

(This Trauma Event only applies to the Children's Trauma Option)

The certain diagnosis of subacute sclerosing panencephalitis.

Viral Encephalitis

(This Trauma Event only applies to the Children's Trauma Option)

Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Viral encephalitis as a result of HIV infection is excluded.

Trauma events not subject to a 90 day qualifying period

Alzheimer's Disease and other Dementias

Alzheimer's Disease and other Dementias means an unequivocal diagnosis of dementia including Alzheimer's Disease by a Consultant Neurologist where there is permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect the insured or others.

Angioplasty

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

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

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

Aplastic Anaemia

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- bone marrow transplantation, or
- immunosuppressive agents.

Benign Brain Tumour

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

Blindness

Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 10 degrees or less of arc irrespective of corrected visual acuity.

Cardiac Arrest

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

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

Cardiomyopathy

Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment and resulting in permanent incapacity to work.

Chronic Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Chronic Liver Disease

Chronic Liver Disease means end stage liver failure resulting in:

- permanent jaundice, and
- ascites or encephalopathy.

Coma

Coma means the failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting continuously with the

use of a life support system for a period of at least 3 days. Coma directly resulting from alcohol or drug abuse is excluded.

Deafness

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

Diplegia

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

Encephalitis

Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

Heart Valve Surgery

The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Hemiplegia

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

Loss of Capacity for Independent Living

Loss of capacity for independent living means that as a result of an injury or sickness, the person insured is permanently unable to perform at least two of the 'activities of daily living' without assistance.

Loss of Limbs

The total and permanent loss of:

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

Loss of Limbs and Sight

The total and permanent loss of:

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

Loss of Speech

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

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Lung Disease

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

Major Head Injury

Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25 per cent impairment of whole body function.

Medical Condition Requiring Life Support

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

Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

In the case of a medical condition requiring life support, we will only pay 10 per cent of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for a medical condition requiring life support.

Medically Acquired HIV Infection

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

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

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

‘Cure’ means any treatment which renders the HIV inactive or non infectious.

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

Motor Neurone Disease

Motor Neurone Disease means unequivocal diagnosis of Motor Neurone Disease by a consultant Neurologist and confirmed by neurological investigations.

Multiple Sclerosis

Multiple Sclerosis means unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25 per cent impairment of whole person function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$25,000, once only upon unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist without requiring the person insured to have at least a 25 per cent impairment of whole person function that is permanent.

In the event that we make an advance early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we paid pay you for Multiple Sclerosis.

Muscular Dystrophy

Muscular Dystrophy means unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist where there is associated neurological deficit with at least a 25 per cent impairment of whole person function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$25,000, once only upon unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist without requiring the person insured to have at least a 25 per cent impairment of whole person function that is permanent.

In the event that we make an early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we pay you for Muscular Dystrophy.

Occupationally Acquired HIV Infection

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

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

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

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

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non-infectious.

Paraplegia

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

Parkinson's Disease

Parkinson's Disease means an unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist and the condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25 per cent impairment of whole body function.

Pneumonectomy

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

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

Quadriplegia

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

Severe Burns

Severe burns means third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

Surgery of the Aorta

Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

Triple Vessel Angioplasty

Triple Vessel Angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating at least 50 per cent obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

Activities of Daily Living

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

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

25 per cent impairment

Where the Trauma Event definition refers to a 25 per cent impairment of whole body function, we will place reliance on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.

Total and Permanent Disability Insurance Plan – a snapshot

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 49.

Total and Permanent Disability Insurance can help you cope financially with a total and permanent disability.

Total and Permanent Disability Insurance pays a lump sum, that you can use to:

- pay for disability related costs including rehabilitation
- pay for changes to your lifestyle, for example, to refit your home
- enable your partner to reduce their working hours to look after you, or alternatively get a carer
- pay off your mortgage or any other debts you may have, and
- to provide a reserve to use as an income replacement.

Total and Permanent Disability Insurance benefits

Our Total and Permanent Disability Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Total and Permanent Disablement	Provides a benefit if you become totally and permanently disabled. For full conditions see page 23.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 23.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 23.
Upgrade of Benefits	Future improvements to your Total and Permanent Disability Insurance Plan may, at our discretion, be passed on to you. For full conditions see page 24.

Total and Permanent Disability Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

The Total and Permanent Disability (TPD) Insurance Plan pays a lump sum if you become totally and permanently disabled.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99 [†]
Level	16 to 60 next birthday	99* [†]

* Level premiums will alter to stepped premiums from age 65.

[†] On the first renewal date after age 65 only the Future Care definition applies.

Benefits

Under the Plan we will pay you an amount if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version

You are totally and permanently disabled if you:

- A Suffer a specific loss, or
 - B Are unable to work, or
 - C Are unable to perform domestic work, or
 - D Require future care.
- A 'specific loss' refers to the total and permanent loss of the use of:
- both hands
 - both feet
 - one hand and one foot
 - the entire sight in both eyes
 - one hand and the entire sight in one eye, or
 - one foot and the entire sight in one eye.

or

- B 'unable to work' depends on which version of the plan you hold:
- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow your own occupation.
 - (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of six months because

of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely to ever be able to follow any occupation for which you could be reasonably suited to by education, training or experience.

or

C is 'unable to perform domestic work':

you are totally unable to perform your usual unpaid domestic work for a continuous period of six months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:

- unlikely ever to be able to perform all of your usual unpaid domestic work
- diagnosed by a registered medical practitioner as having a permanent disability
- permanently confined to home, and
- receiving regular medical attention from a registered medical practitioner.

or

D requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

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

On the first renewal date after age 65, the total and permanent disablement definitions outlined above in paragraphs A, B and C no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph D, continues to apply until you turn 99.

24 hour worldwide cover

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

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI).

Total and Permanent Disability Insurance Plan – the detail

Product Disclosure Statement (PDS)

We will not increase the Benefit:

- after the person insured's 65th birthday
- by less than 5 per cent in any year, and
- by any amount which would cause the Benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any other total and permanent disablement insurance plans held with us for which you are covered.

Upgrade of Benefits

If we make any future improvements to this Total and Permanent Disability Insurance Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Optional benefits

Further protection, at an additional cost, is available through:

Business Solutions – TPD

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	25 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases in the benefit amount under your Total and Permanent Disablement Insurance Plan without the need for medical underwriting. Medical evidence will be required if your Application for increase is greater than \$2,000,000 or 25 per cent of the option amount in any plan year.

When you exercise this option and apply for future increases to the benefit amount in line with the increased value of your business, we will require financial and supporting evidence of the increases in the value of your business. The conditions that

apply for increases are explained in detail in the Plan Document.

The Indexation of Cover Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists, and
- the start of any period for which you have not paid premiums under the plan and you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum increase to the total and permanent disablement insurance benefit is the lesser of:

- four times the original benefit amount, or
- \$2,500,000 less the total benefit amounts under any total and permanent disablement plans or options held with us.

Exclusions

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

Total and Permanent Disablement

We will not pay you a benefit if your total and permanent disablement is directly or indirectly attributable to, or consequential upon:

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

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

Statutory Fund

The Total and Permanent Disability Plan is written in a sub-fund of our No. 1 Statutory Fund.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you are paid a benefit under this plan which reduces the benefit amount to nil
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

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

Income Insurance – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for each of the Income Insurance Plans (Income Insurance Plus, Income Insurance and Income Insurance Senior Professionals) and should be considered in conjunction with the individual part of the PDS for each Plan.

Income Insurance can provide you with a replacement income stream of up to 75% of your income, if you are unable to work due to sickness or injury.

Income Insurance is designed to help pay for day-to-day living expenses such as food, utility bills, rent or home maintenance costs, mortgage or other debt repayments, while you are not earning an income due to sickness or injury.

Income Insurance benefits

AXA has three types of Income Insurance:

- Income Insurance Plus
- Income Insurance
- Income Insurance Senior Professionals

AXA's Income Insurance Plans provide you with the following benefits.

Benefit	Benefit description	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Senior Professionals
Total Disability Benefit	Provides a benefit if you are unable to work due to sickness or injury. For full conditions see:	Yes p29	Yes p37	Yes p43
Partial Disability Benefit	Pays a benefit if you can only work in a reduced capacity due to sickness or injury, after a specified period of total disablement. For full conditions see:	Yes p29	Yes p38	No
Attempted return to work during the waiting period	Allows you to return to work for up to 5 days during the waiting period, without the waiting period starting again. For full conditions see:	Yes p29	Yes p37	No
Specific injuries and sickness	Pays you a benefit for a specified period of time, if you suffer a specific injury or sickness, even if you are able to work. For full conditions see:	Yes p30	No	Yes (Injuries only) p44
Nursing Care Benefit	Pays you a benefit if you require the continuous full-time care of a registered nurse during the waiting period. For full conditions see:	Yes p30	No	No
Rehabilitation Expenses Benefit	A benefit that reimburses you for the costs of rehabilitation programme expenses and equipment costs. For full conditions see:	Yes p30	Yes p38	No
Rehabilitation Programme Benefit	Provides you with an additional benefit if you are participating in an approved rehabilitation programme. For full conditions see:	Yes p31	No	No
Death Benefit	A benefit that pays you three times your benefit amount upon death. For full conditions see:	Yes p31	No	No
Recurrent disability	A benefit that allows you to recommence an earlier claim, if you suffer a relapse within 6 or 12 months*, without the waiting period applying again. For full conditions see: * Depends on your benefit period	Yes p31	Yes p38	No
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see:	Yes p31	Yes p38	Yes p44

Income Insurance benefits (continued)

Benefit	Benefit description	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Senior Professionals
Unemployment Premium Waiver Benefit	If you become involuntarily unemployed we will pay your premium for up to three months. For full conditions see:	Yes p31	No	No
Elective or cosmetic surgery	We will pay you the Total Disability Benefit if you are totally disabled due to elective or cosmetic surgery. For full conditions see:	Yes p31	No	No
Waiver of premium	This benefit waives your premiums for this plan, or any other plans that are listed on your insurance schedule where you are the life insured, when you are being paid a benefit. For full conditions see:	Yes p31	Yes p38	Yes p44
Unemployment and leave without pay continuation Benefit	Your cover remains if you are unemployed or on leave without pay. Your benefit entitlements may change. For full conditions see:	Yes p31	Yes p37	No
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see:	Yes p31	Yes p39	No
Family Member's Accommodation Benefit	We will reimburse accommodation expenses if an immediate family member has to stay more than 100kms away from home to be with you because of your total disablement. For full conditions see:	Yes p31	No	No
Family Carer's Income Benefit	We will pay a benefit if an immediate family member ceases employment because of your total disability. For full conditions see:	Yes p32	No	No
Home Coming Costs Benefit	We will pay your transportation costs if you are more than 100kms away from home and have to return to your place of residence because you are totally disabled. For full conditions see:	Yes p32	No	No
Special Care Benefit	Pays you a benefit if you require the continuous full-time care of a registered nurse when being paid total disability benefits. For full conditions see:	Yes p32	No	No
Upgrade of Benefits	Future improvements to your specific Income Insurance plan may, at our discretion, be passed on to you. For full conditions see:	Yes p32	Yes p39	Yes p44
Right to take out an Income Insurance Senior Professionals Plan	If you are classified as a 'MP', 'AA', 'A' occupation, you may be entitled to take out an Income Insurance Senior Professionals Plan. For full conditions see:	Yes p32	No	No

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 50.

The Plan

The Income Insurance Plus Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability Benefit is up to 75 per cent of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the Plan.

The Plan is an Agreed Value plan unless you select the Indemnity Option.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 55 next birthday	60
Stepped or Level	18 to 60 next birthday	65

Benefits

The Benefits available under the Income Insurance Plus Plan are listed opposite. For details on these benefits, please refer to pages 28 to 32 of this Product Disclosure Statement.

The exclusions which apply are listed on page 34.

General information including the amount of cover, waiting periods and benefit periods available are outlined on pages 34 and 35.

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

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks

The following lists the benefits of the Income Insurance Plus Plan:

- Total Disability Benefit
- Attempted return to work during the waiting period
- Partial Disability Benefit
- Specific Injuries or Sicknesses Benefit
- Nursing Care Benefit
- Rehabilitation Expenses Benefit
- Rehabilitation Programme Benefit
- Death Benefit
- Recurrent disability
- 24 hour worldwide cover
- Unemployment Premium Waiver Benefit
- Elective/Cosmetic surgery
- Waiver of premium
- Leave Without Pay and Unemployment Continuation Benefit
- Indexation Benefit
- Family Member's Accommodation Benefit
- Family Carer's Income Benefit
- Home Coming Costs Benefit
- Upgrade of Benefits
- Special Care Benefit, and
- Right to take out an Income Insurance Senior Professionals Plan (occupations 'MP', 'AA' and 'A' only).

Total Disability Benefit

If we certify you as totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- not capable of doing the important duties of your regular occupation, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

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

For occupations we classify as 'D', the following also applies:

After the first two years of a claim, you are totally disabled if, because of injury or sickness, you are :

- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

Attempted return to work during the waiting period

If you return to paid work during the Waiting Period and then the total disability recurs for the same, or related reasons, the Waiting Period will be extended

by the number of days you returned to work. Where you return to work for more than five consecutive days, the Waiting period starts again.

Partial Disability Benefit

Occupations classified as 'MP', 'AA' and 'A':

If immediately after a period of at least 7 out of 12 consecutive days of total disability you can only return to work in a reduced capacity, earning less than your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 34.

Occupations classified as 'B', 'C' and 'D':

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

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently.

Please refer to the Indemnity Option on page 34.

Specific injuries or sicknesses

If you suffer one of the specific injuries or sicknesses set out below, we will pay you the benefit for the period of time shown, regardless of whether or not you are able to work. However, we will not pay for longer than your benefit period. There is no waiting period.

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

For the definitions of the 'Trauma Events' set out in the table below, refer to pages 17 to 21.

Total and Permanent loss of use of:	
▪ Both arms and both legs due to spinal cord injury or disease – quadriplegia	60 months
▪ Both legs due to spinal cord injury or disease – paraplegia	60 months
▪ Both hands or both feet	24 months
▪ Entire sight in both eyes	24 months
▪ One hand and one foot	24 months
▪ One hand and the entire sight in one eye	24 months
▪ One foot and the entire sight in one eye	24 months
▪ One arm or one leg	18 months
▪ One hand, one foot or entire sight in one eye	12 months
▪ Thumb and index finger from same hand	6 months

Fracture (requiring a pin, traction, a plaster cast or other immobilising structure) of the person insured's:

▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

Trauma events

Severe Burns*	
Cancer*	
Chronic Kidney Failure*	
Coronary Artery Bypass Surgery*	6 months
Heart Attack*	
Heart Valve Surgery*	
Major Organ Transplant*	
Stroke*	

* 6 months is payable if you have a Waiting Period of 90 days or less. If you have a Waiting period of more than 90 days no benefit is payable for these trauma events.

Nursing Care Benefit

If you are totally disabled and certified by a doctor to require the full-time and continuous care of a registered nurse during the waiting period, we will pay 1/365th of 12 times of the Total Disability Benefit during the waiting period for each day of such care to a maximum of 90 days. This benefit is not payable if a benefit has been paid for specific injuries or sicknesses.

Rehabilitation Expenses Benefit

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

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

Rehabilitation Programme Benefit

If you are totally disabled for at least the length of the waiting period and you take part in a rehabilitation programme, we will pay an additional 50 per cent of the Total Disability Benefit after the waiting period – for up to 12 months – while you are totally disabled and participating in the programme. We must approve the programme first and your doctor must certify the programme is necessary for your rehabilitation.

Death Benefit

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

Recurrent disability

If, following a disability claim for which we were paying you, you return to full-time work and are disabled again within 12 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

However where the Benefit period is 2 years or 5 years, the disability must recur within six months since we last paid you. No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

24 hour worldwide cover

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

Unemployment Premium Waiver Benefit

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

Elective or cosmetic surgery

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

Waiver of premium

If you are being paid a benefit under this plan or plans from the Insurance Product Disclosure Statement (superannuation and non-superannuation versions) you don't have to pay the premium for this plan and other plans listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions). Certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Unemployment and leave without pay continuation Benefit

If you become unemployed or take leave without pay, you can continue your plan providing you continue to pay your premiums. However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Indexation Benefit

Every year, up to age 65, we will increase your total disability benefit by the greater of three per cent or the increase in the Consumer Price Index (CPI), without the need for medical evidence. However, we will not do this while you are receiving benefits, or not required to pay premiums, or if you decline the increase.

Family Member's Accommodation Benefit

If an immediate family member has to stay more than 100 kms away from home, or has to be with you when you are totally disabled and confined to bed more than 100 kms from home, we will reimburse the immediate family member for accommodation expenses up to \$100 per day, for up to 90 days. We will require receipts for any accommodation claimed.

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

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

Family Carer's Income Benefit

We will pay the Family Carer's Income Benefit if you have been receiving Total Disability Benefits for 30 days and an immediate family member ceases employment because of your total disability.

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

- the Total Disability Benefit
- the amount the family carer would have earned if you had not been totally disabled, or
- \$2,000 a month.

Home Coming Costs Benefit

We will pay your transportation costs home if you are totally disabled more than 100 kms from home for more than 30 days, continue to be totally disabled and wish to return home to your place of residence.

We will pay the lesser of:

- a single standard economy airfare to your nearest airport or, if necessary, a medical facility in Australia by the most direct route, and
- three times the Total Disability Benefit.

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

Special Care Benefit

If you have been paid total disability benefits and continue to be totally disabled, are confined to bed and totally dependent on the care of a registered nurse or a personal care attendant, as agreed by our doctor, we will pay you a benefit. The amount we pay is your monthly benefit or \$4,500, whichever is lower, for up to six months.

This benefit cannot be paid if the Family Member's Accommodation Benefit is being paid or has been paid. This benefit is paid in addition to your Total Disability Benefit.

Upgrade of Benefits

If we make any future improvements to this Income Insurance Plus Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the

improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Right to take out an Income Insurance Senior Professionals Plan

If you are classified as a 'MP', 'AA' or 'A' occupation and we end your plan because you turn 65, you have the right to apply for an Income Insurance Senior Professionals Plan, provided that plan is available at the time you apply. When applying, you do not have to give us any medical evidence, or evidence about your pursuits, pastimes or place of residence. Under the Income Insurance Senior Professionals Plan, you may be covered for income insurance until you turn 75.

The level of cover available under the Income Insurance Senior Professionals Plan may be more limited than that available under this plan.

Also the level of cover cannot exceed the maximum allowable, which is the lesser of:

- 2/3 of the amount you are insured for, or
- The maximum monthly benefit we allow for new plans at that time.

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

Optional benefits

Further protection is available through the options listed below. Pages 33 to 34 explain these options in detail.

Increasing Claim

Accident Lump Sum

Occupationally Acquired HIV,
Hepatitis B & C

Cover Boost

Accelerated Accident

Indemnity

Optional benefits at an **extra** cost are:

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

An Indemnity Option is also available at a **reduced** cost.

Increasing Claim Option

This option ensures your cover keeps pace with inflation while you are on a claim. If you become disabled, your benefits will increase each year (on your plan renewal date), in line with the CPI.

Accident Lump Sum Option

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

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

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

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option

This option is available only to medical doctors, dentists and surgeons.

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

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

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

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

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

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

- 60 times your Total Disability Benefit, or
- \$500,000.

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

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

Cover Boost Option

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

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

You cannot increase the benefit if:

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

Accelerated Accident Option

This option is only available if you have a 14 or 30 day waiting period.

If, during the Waiting Period, an accidental bodily injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount. For each day you are totally disabled, we will pay you 1/365th of 12 times of the total disability benefit. This option is not payable if benefits are being paid for Nursing Care or Specific Injuries or Sicknesses.

Indemnity Option

This option allows you to insure up to 75 per cent of your gross income (less any business expenses incurred but before tax). However, it is important to note that when making a claim, your benefit will be subject to the lesser of the benefit amount or the average monthly income over the 2 years we have not been paying a benefit under the plan. Where you choose this option you will pay a reduced premium.

Additionally, how we calculate the Partial Disability Benefit will also change. If, immediately after the specified period of total disability you can only return to work in a reduced capacity, earning less than 75 per cent of your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay for each month is the lower of:

- A – B, or
- C – B.

Where:

A equals 75 per cent of the pre-disability income.

B is the income during the month in which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Exclusions

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

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

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

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

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

General information

The Benefit

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

Agreed Value

If you make a claim for total disability, the Total Disability Benefit is what you will be paid, plus any CPI increases for inflation you are entitled to, even if your income drops after you take out the plan except if you have the Indemnity Option.

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

Indemnity

Where the Indemnity Option is selected the Total Disability Benefit is the lesser of the benefit you are insured for or 75 per cent of your average monthly income over the two years immediately prior to the claim.

Offsets

Additionally, we may reduce your Total Disability or Partial Disability Benefit if any amounts are received under legislation (other than social security) or any other disability income, sickness or accident plan that was not disclosed to us in your Application, for the injury or sickness you are claiming for under the plan.

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

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

Amount of benefit insured

You may insure up to 75 per cent of your monthly income subject to the maximum monthly benefit limit applicable at the time you applied for the plan. Income means either:

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

Income does not include investment or interest income.

Waiting period

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

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

If we classify your occupation as 'MP', 'AA', 'A', 'B' or 'C', you can choose a waiting period of 30, 60, 90, 180, 365 or 730 days.

A 14 day waiting period is also available to occupations we classify as 'B' or 'C'.

If we classify your occupation as 'D', you can choose a waiting period of 30, 60, 90 or 180 days.

Benefit period

The benefit period is the maximum period for which benefits are payable for any one claim. If we classify your occupation as 'MP', 'AA', 'A', 'B' or 'C' you can choose a benefit period of two years or five years, to age 60 or to age 65.

If we classify your occupation as 'D' you can choose two years or five years.

Not all waiting periods are available with all benefit periods.

Guaranteed renewable

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

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you permanently retire from the workforce
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim
- you die.

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

Interim insurance cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury or sickness. Conditions apply. For details see page 58 of this Product Disclosure Statement.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 50.

The Plan

The Income Insurance Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability Benefit is up to 75 per cent of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

If we classify your occupation as 'BY', 'CY' and 'DY' you are only entitled to an indemnity version of the Income Insurance Plan. See the indemnity option on page 40.

If we classify your occupation as 'MP', 'AA', 'A', 'B', 'C' or 'D' your plan is an Agreed Value plan unless you select the Indemnity Option.

If you are a farmer and we classify your occupation as 'F', the Total Disability Benefit is up to 30 per cent of your gross farming income (to a maximum of \$3,500 per month). You are only entitled to an indemnity version of the Income Insurance Plan.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 55 next birthday	60
Stepped or Level	18 to 60 next birthday	65

Benefits

The benefits available under the Income Insurance Plan are listed opposite. The exclusions which apply are listed on page 40.

The Income Insurance Plan is available to all occupation groups which we classify as 'MP', 'AA', 'A', 'B', 'BY', 'C', 'CY', 'D', 'DY', and 'F'.

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group BY	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to 'B' occupations
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk
Occupation Group CY	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to 'C' occupations
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks
Occupation Group DY	Predominantly manual labour, physically strenuous work with an extra risk to 'D' occupations
Occupation Group F	Farmers who own and work full-time on their own properties or full-time share farmers. They must have been well-established in this manner for at least 3 years

Occupations we classify as 'BY', 'CY' or 'DY' will only be eligible for the Reviewable Income Insurance Plan. We may offer renewal on existing or revised terms, or we may decline to offer renewal (refer to page 42).

The following summarises the benefits of the Income Insurance Plan:

- Total Disability Benefit
- Attempted return to work during the waiting period
- Partial Disability Benefit
- Rehabilitation Expenses Benefit
- Recurrent disability

- 24 hour worldwide cover
- Waiver of premium
- Unemployment and Leave Without Pay Continuation Benefit[†]
- Indexation Benefit, and
- Upgrade of Benefits.

[†] Not available to 'F' occupations.

Total Disability Benefit

If we certify you as totally disabled we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- A For the first two years of a claim you are:
- not capable of doing the important duties of your regular occupation, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

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

However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

If we classify your occupation as 'BY', 'CY' or 'DY' and you become totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- not capable of doing the important duties of your regular occupation, and

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

'Important duties' means one or more duties which are important and essential in producing income.

However, if immediately preceding a claim you have been unemployed or on unpaid leave you will not be entitled to a benefit.

If we classify your occupation as 'F' and you become totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- A For the first two years of a claim you are:
- not capable of doing normal farming duties, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

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

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

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

Attempted return to work during the waiting period

If you return to paid work during the waiting period and then the total disability recurs for the same, or related reasons, the waiting period will be extended by the number of days you returned to work. Where you return to work for more than five consecutive days, the waiting period starts again.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

Partial Disability Benefit

Occupations classified as 'MP', 'AA' and 'A':

If immediately after a period of at least 7 out of 12 consecutive days of total disability you can only return to work in a reduced capacity, earning less than your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay is worked out by applying the formula:
$$\frac{(A - B)}{A} \times C$$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 40.

Occupations classified as 'B', 'C', 'D', 'BY', 'CY', or 'DY':

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

The amount we pay is worked out by applying the formula:
$$\frac{(A - B)}{A} \times C$$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option or if we have classified your occupation as 'BY', 'CY' or 'DY' the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 40.

Occupations classified as 'F':

If you have been totally disabled throughout the waiting period and you immediately return to work in a reduced capacity (ie performing less than 75 per cent of your normal farming duties or working in another occupation earning less than 75 per cent of your pre-disability income), we will pay you 25 per cent of the Total Disability Benefit. This partial disability benefit is payable for a maximum period of one year.

'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Rehabilitation Expenses Benefit

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

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

Recurrent disability

If, following a disability claim for which we were paying you, you return to full-time work and are disabled again within 12 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

However where the Benefit period is two years or five years, the disability must recur within six months since we last paid you. No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

24 hour worldwide cover

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

Waiver of premium

If you are being paid a benefit under this plan or plans from the Insurance Product Disclosure Statement (superannuation and non-superannuation versions) you don't have to pay the premium for this plan and other plans listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Unemployment and leave without pay continuation Benefit

This benefit is not available to occupations we classify as 'F'.

If you become unemployed or take leave without pay, you can continue your plan providing you continue to pay your premiums.

Occupations classified as 'MP', 'AA', 'A', 'B', 'C' or 'D':

If immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Occupations classified as 'BY', 'CY' or 'DY' only:

If immediately preceding a claim you have been unemployed or on unpaid leave you will not be entitled to a benefit under the plan. You can continue your plan.

Indexation Benefit

Every year, up to age 65, we will increase your Total Disability Benefit by the greater of 3 per cent or the increase in the Consumer Price Index (CPI), without the need for medical evidence. However, we will not do this while you are receiving benefits, or not required to pay premiums, or if you decline the increase.

Upgrade of Benefits

If we make any future improvements to this Income Insurance Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Optional benefits



Further protection is available through the options listed below.

Optional benefits at an **extra** cost are:

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

An Indemnity Option is also available at a **reduced** cost.

Increasing Claim Option

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

This option ensures your cover keeps pace with inflation while you are on a claim. If you become disabled, your benefits will increase each year (on your plan renewal date), in line with the CPI.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

Accident Lump Sum Option

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

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

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

Cover Boost Option

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

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

You cannot increase the benefit if:

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

Accelerated Accident Option

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

This option is only available if you have a 14 or 30 day waiting period. If, during the waiting period, an accidental bodily injury causes you to be totally

disabled for more than three days in a row, we will pay you a daily amount. For each day you are totally disabled, we will pay you 1/365th of 12 times of the total disability benefit.

Indemnity Option

This option must be selected if we classify your occupation as 'BY', 'CY', 'DY' or 'F'.

This option allows you to insure up to 75 per cent of your gross income (less any business expenses incurred but before tax). However, it is important to note that when making a claim, your benefit will be subject to the lesser of the benefit amount or the average monthly income over the two years we have not been paying a benefit under the plan. Where you choose this option you will pay a reduced premium.

Additionally, how we calculate the Partial Disability Benefit will also change. If, immediately after a specified period of total disability you can only return to work in a reduced capacity, earning less than 75 per cent of your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period and we will pay you for partial disability for a maximum of two years only.

The amount we pay for each month is the lower of:

- A – B, or
- C – B.

Where:

- A equals 75 per cent of the pre-disability income.
 - B is the income during the month in which you are partially disabled. If income is a loss, then B will equal zero.
 - C is the total disability benefit, as varied in any way.
- 'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Exclusions

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

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

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

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

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

General information

The Benefit

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

Agreed value

If you make a claim for total disability, the Total Disability Benefit is what you will be paid, plus any CPI increases for inflation you are entitled to, even if your income drops after you take out the plan except if you have the Indemnity Option.

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

Indemnity

Where the Indemnity Option is selected the Total Disability Benefit is the lesser of the benefit you are insured for or 75 per cent of your average monthly income over the two years immediately prior to the claim.

Offsets

Additionally, we may reduce your Total Disability or Partial Disability Benefit if any amounts are received under legislation (other than social security) or any other disability income, sickness or accident plan that was not disclosed to us in your Application, for the injury or sickness you are claiming for under the plan.

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

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

disability insurance indemnifying you against business expenses.

Amount of benefit insured

You may insure up to 75 per cent of your monthly income (less any business expenses incurred but before tax) subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

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

Income means either:

- if you own part or all of a business or practice, income is money generated by the business due to your own activity, after all expenses in earning that income have been deducted
- if you are employed, your income is your total package, including commissions, regular bonuses, superannuation and fringe benefits. Income does not include investment or interest income.

However, if we classify your occupation as 'F' you may insure up to 30 per cent of your gross farm income (to a maximum of \$3,500 per month). You are only entitled to an indemnity version of this plan.

Waiting period

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

Depending on your occupation category, you can choose a waiting period of 30, 60, 90, 180, 365 or 730 days. A 14 day waiting period is also available to occupations we classify as 'B' or 'C'.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

If we classify your occupation as 'BY' or 'CY', you can choose a waiting period of 14 or 30 days.

If we classify your occupation as 'DY' you can choose a waiting period of 30 days only.

If we classify your occupation as 'F' you can choose a waiting period of 14, 30, 60, 90 or 180 days.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

Benefit period

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

If we classify your occupation as 'D' you can choose a benefit period of two years or five years.

If we classify your occupation as 'BY', 'CY' or 'DY' you can choose a benefit period of one year or two years.

Not all waiting periods are available with all benefit periods.

Renewability of plans

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

If your plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan) you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

If we classify your occupation as 'BY', 'CY' or 'DY' the plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal on existing or varied terms, or we may decline to offer renewal.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you permanently retire from the workforce
- on the expiry date of the plan
- if your plan is not renewed by us on the annual renewal date (for occupations we classify as 'BY', 'CY' or 'DY' only)
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

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

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

Cessation of farming

Only applicable to occupations we classify as 'F'.

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

1 Replacement Plan

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

2 Terminate Plan

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

Interim Insurance Cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury or sickness. Conditions apply. For details see page 58 of this Product Disclosure Statement.

Income Insurance Senior Professionals Plan – the detail

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 52.

The Plan

The Income Insurance Senior Professionals Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 50 per cent of your pre-disability income (net of business expenses but before tax) at the time of making a claim, up to a maximum of \$6,000.

Under this plan pre-disability income is defined as your average monthly income over the last two years we have not been paying you a benefit under the plan.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	60 to 69 next birthday	75

Benefits

The benefits available under the Income Insurance Senior Professionals Plan are listed below.

The exclusions that apply are detailed on page 44. General information including the amount of cover, waiting periods and benefit periods available are outlined on page 45.

The Plan is available to white collar occupation groups which we classify as 'MP', 'AA', and 'A' (see Table below). Your financial adviser can assist you with your appropriate category.

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.

The following lists the benefits of the Income Insurance Senior Professionals Plan:

- Total Disability Benefit
- Specific Injury Benefit
- Upgrade of Benefits
- 24 hour worldwide cover, and
- Waiver of premium.

All plans are yearly renewable – refer to page 45.

Total Disability Benefit

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

'Important duties' means one or more duties which are important and essential in producing income.

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

Benefit amount

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

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

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

Benefit payment

We pay a proportion of the monthly benefit fortnightly in arrears.

Income Insurance Senior Professionals Plan – the detail

Product Disclosure Statement (PDS)

Specific Injury Benefit

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

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
▪ One or more toes	2 months
▪ One or more fingers	1.5 months
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

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

Upgrade of Benefits

If we make any future improvements to this Income Insurance Senior Professionals Plan, without any increase in our standard premium rates, we may, at our discretion, pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

24 hour worldwide cover

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

Waiver of Premium

If you are being paid a benefit under this plan or plans from the Insurance Product Disclosure Statement (superannuation and non-superannuation versions) you don't have to pay the premium for this plan and other plans listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Exclusions

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

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

Also, your plan does not cover injury or sickness caused by:

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

General information

Amount of cover

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

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

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

Waiting periods

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

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

Benefit periods

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

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

Renewability of plan

This plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal or revised terms or we may decline to offer renewal.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you permanently retire from the workforce
- if we give you notice on any renewal date that your plan is to end
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

Interim insurance cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. Conditions apply. For details see page 58 of this Product Disclosure Statement.

Business Expenses Insurance Plan – a snapshot

Product Disclosure Statement (PDS)



This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 50.

Business Expenses Insurance can provide your business with a basic income if something stops you from earning your business an income, such as injury or sickness.

This insurance can help your business pay critical day-to-day expenses. You can use this money to:

- pay for your business' rent electricity, water, gas;
- pay for employees' salaries (not your replacement though);
- make regular business loan repayments.

Business Expenses Insurance benefits

Our Business Expenses Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Total Disability Benefit	Provides a benefit if you are unable to work due to sickness or injury. For full conditions see page 47.
Attempted return to work during the waiting period	Allows you to return to work for up to 5 days during the waiting period, without the waiting period starting again. For full conditions see page 47.
Recurrent disability	A benefit that allows you to recommence an earlier claim, if you suffer a relapse within 6 months, without the waiting period applying again. For full conditions see page 47.
Death Benefit	A benefit that pays you three times your benefit amount upon death. For full conditions see page 47.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 47.
Waiver of premium	This benefit waives your premiums for this plan, or any other plans that are listed on your insurance schedule where you are the life insured, when you are being paid a benefit. For full conditions see page 48.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 48.
Upgrade of Benefits	Future improvements to your Business Expenses Insurance plan may, at our discretion, be passed on to you. For full conditions see page 48.

Business Expenses Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

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

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 60 next birthday	65

Benefits

The Benefit

The Benefits available under the Business Expenses Insurance Plan are listed below. For details on these benefits, please refer to pages 47 and 48 of this Product Disclosure Statement. The exclusions which apply are listed on page 48.

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

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks

The following lists the benefits of the Business Expenses Insurance Plan:

- Total Disability Benefit
- Attempted Return to Work During the Waiting Period

- Recurrent disability
- 24 hour worldwide cover
- Waiver of premium
- Indexation Benefit, and
- Upgrade of Benefits.

Total Disability Benefit

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

'Important duties' means one or more duties which are important and essential in producing income.

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

Attempted return to work during the waiting period

If you return to paid work during the Waiting Period and then the total disability recurs for the same, or related reasons, the Waiting Period will be extended by the number of days you returned to work. Where you return to work for more than five consecutive days, the Waiting period starts again.

Death Benefit

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

Recurrent disability

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

24 hour worldwide cover

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

Business Expenses Insurance Plan – the detail

Product Disclosure Statement (PDS)

Waiver of premium

If you are being paid a benefit under this plan or plans from the Insurance Product Disclosure Statement (superannuation and non-superannuation versions) you don't have to pay the premium for this plan and other plans listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Indexation Benefit

Every year, up to age 65, we will increase your Total Disability Benefit by the greater of three per cent or the increase in the Consumer Price Index (CPI) without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase.

Upgrade of Benefits

If we make any future improvements to this Business Expenses Insurance Plan, without any increase in our standard premium rates, we may, at our discretion, choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Exclusions

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

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

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

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

General information

The Benefit

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

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

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

Amount of benefit insured

You may insure up to 100 per cent of allowable average monthly expenses that the business will continue to incur if you become totally disabled. Typical expenses of this nature include rent, electricity, water, gas, employees' salaries (but not your replacement) and regular business loan repayments. Typical expenses do not include the salaries or wages of employees who contribute directly to your earnings or the earnings of your business.

Waiting period

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

Depending on your occupation category, you can choose a waiting period of 30, 60 or 90 days. A 14 day waiting period is available to occupations we classify as 'B' or 'C'.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

Benefit period

The benefit period is the maximum period for which benefits are payable for any one claim and is 12 months.

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

Guaranteed renewable

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

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 50.

When your plan will end

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

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 52)
- you permanently retire from the workforce
- on the expiry date of the plan
- if you stop working for three consecutive months for a reason other than total disability
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

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

Additional information

Insurance

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

Applying for cover

You can apply for one, or a combination of products, that are contained in this brochure.

How to apply for cover

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

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

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

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

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

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

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

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could be

reasonably expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance.

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

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

Non-disclosure

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

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

If we allow you to replace an existing contract of insurance* held with AXA or AC&L with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by the insurer, then you are not required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, the insurer will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach to our duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

* Life Insurance, Trauma Insurance and Total and Permanent Disablement Insurance only

Requests for additional information

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

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

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

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

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

Completing an Application form

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

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

- all relevant Application form questions have been answered
- the Personal Statement and (where applicable) Supplementary Personal Statement have been completed
- the Medical Authority forms have been signed and completed
- any alterations have been initialled;
- the Application has been signed and dated by you and the person insured, and
- an instalment premium (not required for fortnightly or monthly frequencies) or a completed Direct Debit Authority (for direct debit payment methods) has been included with your application.

Where to send your Application

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

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8291

Privacy

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

Our use and disclosure of the personal information you provide us in order to assess your Application is outlined on page 55 of this brochure.

Existing injuries or sickness

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

Information about your plan

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

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

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

Cooling-off period

After you sign up for your plan and receive your Plan Document, you have 14 days to check the plan meets your needs – this is known as the ‘cooling-off period’.

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

Alterations

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

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

Additional information

Insurance

Premiums and charges

Premiums

Minimum premium

The minimum annual premium is \$200. This includes the plan fee and other charges. In certain circumstances only one plan fee may be payable. Refer to 'Plan fee waiver on additional plans' below for details.

Premium tables

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

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

Payment of premiums

For the plan to remain current, you must pay the premium, including any charges, when they are due.

We may end the plan if the premium is more than 30 days late. However, we will give you a further 28 days written notice before we end it for this reason.

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

[†] Please refer to page 53 of this Product Disclosure Statement for full details of the Direct Debit Request Service Agreement.

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

Premium structure

There are two premium structures available to you:

Stepped premiums

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

However, you may choose to activate the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your benefit amount reduces, rather than your premiums increasing to maintain the same benefit amount. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums, excluding charges, remain the same for a given level of cover throughout the term of the plan.

The plan term is specifically defined at commencement.

For our Life Insurance Plan, Trauma Recovery Insurance Plan and Total and Permanent Disability Insurance Plan, premiums will only change if:

- you request a change in your benefit amount
- you choose to have your benefit amount automatically increased to keep pace with inflation (refer to the 'Indexation Benefit' that applies to the type of cover you have selected), or
- we review the premium rates for all plans of this type.

For our Income Insurance Plus Plan, Income Insurance Plan and Business Expenses Insurance Plan and Senior Professional Insurance Plan, premiums will only change if:

- you request a change in your Total Disability Benefit
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (refer to the 'Indexation Benefit' that applies to the type of cover you have selected);
- we review the premium rates for all plans of this type, or
- we review your occupation category.

Plan fee waiver on additional plans

Subject to an agreement with us, if you have other plan(s) from this Product Disclosure Statement, from the Risk Protection Package or an AC&L plan, we may waive the plan fee on the second and subsequent plan(s). We will do this in instances where your spouse or other family member living at the same address have a plan with us, or your business partner has a plan with us.

We will determine which plan fee is waived.

The Plan fee waiver provides you with the following benefits:

- one plan fee, and
- reduced minimum premiums for linked plans.

Please be aware all plans must be paid at the same time, by the same person and from the same account.

What are the charges?

All of the charges that apply to our plans are fully described in this section. We undertake not to apply any new charges, other than government taxes and charges, without your specific consent.

Plan fee

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

Payment frequency	Plan fee per payment
Fortnightly	\$2.50
Monthly	\$5.00
Quarterly	\$15.00
Half-yearly	\$30.00
Yearly	\$57.00

Instalment fee

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

Government stamp duty

A government stamp duty is imposed on all of the plans outlined in this document.

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

State governments may change the rate of stamp duty from time to time.

Variations

We reserve the right to vary charges as described below:

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

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

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

Direct debit request service agreement

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

Our responsibilities

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

Your responsibilities

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

Changing your payment details

- you may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 132 987 or your financial adviser.

Can we help?

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

How to pay via BPAY

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

Additional information

Insurance

Taxation

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Life Insurance Plan, Total and Permanent Disability Insurance Plan and Trauma Recovery Insurance Plan

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disablement or major trauma are generally free of income tax in the hands of the plan owner.

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

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

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

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

Income Insurance Plus Plan, Income Insurance Plan, Senior Professional Insurance Plan and Business Expenses Insurance Plan

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

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

Goods and Services Tax (GST)

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

Applying for Benefits

How to apply for benefits under your plan

To apply for benefits you can contact your financial adviser, or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

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

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

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

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

Completing a claim form

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

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

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

Should you require assistance in completing a claim form, please contact our Customer Service Centre on 132 987.

Assessing your application for benefits

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

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the Plan Document you received at the time your cover commenced. Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information in order to assess your claim. This may include such things as information about your health, financial

and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information relating to the type of cover you have and it is important that you completed the Application form and Personal Statement accurately as this may impact your eligibility for benefits. Please read the sections on page 50 outlining 'Your duty of disclosure'.

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

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

Benefit payments

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

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

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

Enquiries and privacy

Enquiries

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

Complaint resolution

If you have a complaint, please advise our Customer Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan.

The Service Centre address is:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

If you are not satisfied with our handling of your complaint, the Financial Industry Complaints Service is available to you. The Financial Industry Complaints Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs. The Complaints Service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Industry Complaints Service
PO Box 579
Collins Street West
MELBOURNE VIC 8007

Privacy – use and disclosure of personal information

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

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

You are entitled to request reasonable access to information we have about you. Our policy on privacy is available from www.axa.com.au or by calling us on 132 987. If you have any complaints or questions about the privacy of your personal information, please contact our Privacy Officer by writing to:

Group Privacy Officer
AXA Australia
PO Box 14330
MELBOURNE VIC 8001

If your complaint is not resolved by us to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner
GPO Box 5128
SYDNEY NSW 2001

Interim Accidental Death Cover Certificate

This Certificate applies to the Life Insurance Plan. This Certificate is not applicable where an existing contract of insurance held with AXA or AC&L is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

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

What amount is payable on accidental death?

The amount proposed for death cover on the Person to be Insured up to a maximum benefit of \$1,000,000 under this and all similar certificates or any other maximum sum fixed by law.

What type of plans are covered?

Plans providing a sum insured on death.

What do we mean by accidental death?

Death which:

- A is the result of accidental bodily injury, and
- B occurs within 90 days of sustaining such injury; and
- C is independent of any other cause.

When we won't pay?

Suicide, whether sane or insane.

Death as a result of or associated with:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat
- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter)
- (iii) taking intoxicating liquor or drugs, or
- (iv) an accident which occurred before the date shown below.

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA Australia's Customer Service Centre.

Duration of interim cover

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

- A The date on which you are notified by AXA Australia of the assessment decision in relation to the Application.
- B If you withdraw the Application – the date of the withdrawal.
- C 45 days after this cover starts.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 50 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

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

Signature of financial adviser

Date

Interim Accidental Trauma Recovery Cover Certificate

This Certificate applies to the Trauma Recovery Insurance Plan. This Certificate is not applicable where an existing contract of insurance held with AXA or AC&L is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

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

What amount is payable on accidental trauma?

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

What type of plans are covered?

Plans providing a trauma recovery benefit amount.

What will we pay?

We will pay if the person to be insured suffers one of the following Trauma Events solely as a result of accidental bodily injury:

- Blindness
- Coma
- Diplegia
- Hemiplegia
- Loss of Capacity for Independent Living
- Major Head Injury
- Paraplegia
- Quadraplegia
- Severe burns

Full definition of the Trauma Events above can be found on pages 17 to 21.

When we won't pay?

Suicide, whether sane or insane.

We will not pay if the Trauma Event was caused by:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat

- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter)

- (iii) taking intoxicating liquor or drugs, or

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

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA Australia's Customer Service Centre.

Duration of interim cover

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

- A the date on which you are notified by AXA Australia of the assessment decision in relation to the Application
- B if you withdraw the Application – the date of the withdrawal, or
- C 45 days after this cover starts.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 50 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

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

Signature of financial adviser

Date

Interim Income Insurance Cover Certificate

This Certificate applies to all Income Insurance plans and Business Expenses plans.

Details (please print)

Insured/Proposer

Person to be insured

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

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

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

What cover is provided?

The amount of cover provided is the lower of:

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

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

When will we pay?

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

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

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

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly

or monthly frequencies only), are received at AXA Australia's Customer Service Centre.

Duration of interim cover

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

- A the date on which you are notified by AXA Australia of the assessment decision in relation to the Application
- B if you withdraw the proposal – the date of the withdrawal, or
- C 45 days after this cover starts.

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

Exclusions

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

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

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 50 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

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

Signature of financial adviser

Date

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Application form

Page	Items to be completed
3	Application details
3	<input type="checkbox"/> Plan summary
4	<input type="checkbox"/> Products and options
7	Personal statement
7	<input type="checkbox"/> Personal details
8	<input type="checkbox"/> Your health details
11	<input type="checkbox"/> Family history/sports and pastimes details
13	<input type="checkbox"/> Health questionnaires
17	<input type="checkbox"/> Occupation details
18	<input type="checkbox"/> Income details
19	<input type="checkbox"/> Business expenses details
20	<input type="checkbox"/> Nomination of beneficiaries
21	Authorities
21	<input type="checkbox"/> Medical and financial authorities
23	<input type="checkbox"/> Payment authorities
24	<input type="checkbox"/> Declaration, consent and signatures
25	Administration
26	Financial adviser checklist
27	AXA administration

AC&L



Important information for applicants

Please read these instructions carefully before starting this Application

Before you start

Before you sign this Application form, you should be aware that your adviser or AXA is obliged to have provided you with the Product Disclosure Statement(s) for the product(s) you are applying for.

The Product Disclosure Statement(s) contain important information to help you to understand the product and to decide whether it is appropriate to your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

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 you know, or could reasonably be expected to know, that 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 renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

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

Non-disclosure or misrepresentation

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

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

If we allow you to replace an existing contract of insurance* held with AXA or AC&L with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by the insurer, then you are not required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, the insurer will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach to our duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

* Life Insurance, Trauma Insurance and Total and Permanent Disablement Insurance only

Definitions in this Application

'Person to be insured' is the person whose life, health or income is to be insured under this Application. Most of the questions in this Application are about the Person to be insured.

'Adviser' refers to the financial adviser who is guiding you to complete this Application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person.

'You' either refers to the Plan owner under the plan or the proposed Person to be insured, where indicated.

'We' refers to the underwriter, The National Mutual Life Association of Australasia Limited, trading as AXA and AC&L. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

How to apply

- 1 Please read the Product Disclosure Statement(s) for the product(s) you want to apply for.
- 2 Ask your financial adviser to assist you with the details in this form.
- 3 Use a black pen to complete this Application form.
- 4 Send your completed Application form to your financial adviser:

Financial adviser contact details

Plan summary

► Before you complete this application:

- If you are applying for a new plan, please read the current Product Disclosure Statement(s) for the product(s) you are applying for.
- If you are altering an existing plan, please refer to your Plan Document for terms and conditions of your plan instead.

Please use a black pen to fill in this application.

Plan details

Date this Application signed

 / /

Plan/Application number

Plan owner type (tick one):

 Individual Business application AXA Workplace Rewards

Application type (tick one):

 Campaign New plan Conversion take-up Add cover Increase sum insured

 Replace existing plan – Existing plan number
 Re-submitted Application Continuation option Other (provide details in Adviser notes)

Is this plan fee to be waived?

 No Yes – to which plan number?

Full name of Plan Owner of linked plan

Person to be insured

Is the person to be insured also the: Plan owner Payer of insurance premium

Title

Family name (please print)

Given name(s)

Previous name (if applicable)

Marital status

Date of birth

Current age

Country of birth

Sex Male Female
 / /

Occupation title and the industry that the Person to be insured works in?

Insurable income in last 12 months

 \$

(Personal exertion income after expenses but before income tax)

Residential address of Person to be insured

Street number and name

Town/Suburb

State

Postcode

Country

Home phone

Business phone

Mobile phone

 () ()

Email address

The Person to be insured will need to complete the Signatures section on page 24 later.

Plan owner(s)

► Only complete this section if Plan owner is different to the Person to be insured

 Plan owner is payer of insurance premium (only if not being paid by Person to be insured)

Title	Family name	Given names	Date of birth
			/ /
			/ /
			/ /

Only provide company details and an ABN if the Plan owner is to be a company or a trustee:

Company/Trustee name

Company ABN (Australian Business Number)

 - - -

The Plan owner(s) will need to complete the Signatures section on page 24 later.

Address for correspondence

► Only complete this section if different to the residential address of Person to be insured above

Street number and name

Town/Suburb

State

Postcode

Country

Products and options

Please tick this box if you would like us to obtain information from the Life Office Report you have attached. If so, please go to Payment methods on page 6.

1 Life Insurance Plans

Life Insurance Plan

Sum insured

\$

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 70. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Options: Trauma Option

\$

Life Buy-Back (Trauma)

Children's Trauma – No. of children
(Please complete a separate Children's Trauma Option Personal Statement for each child)

Business Solutions Option (Trauma)

\$

Comprehensive Cancer Option

Total and Permanent Disability Option (TPD)

\$

Occupation category Any occupation Own occupation

Life Buy-Back (TPD)

Business Solutions Option (TPD)

\$

Future Insurability Option

\$

Business Solutions Option (Life)

\$

Premium Waiver Option

2 Total and Permanent Disability Insurance Plan

Total and Permanent Disability Insurance Plan

Sum insured

\$

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 65. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Occupation category Any occupation Own occupation

Options: Business Solutions Option (TPD)

\$

Products and options (continued)

3 Trauma Recovery Insurance Plan

Sum insured

Trauma Recovery Insurance Plan

\$

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 65. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Options: Children's Trauma Option – No. of children
 (Please complete a separate Children's Trauma Option Personal Statement for each child)

Total and Permanent Disability Option (TPD)

\$

Occupation category Any occupation Own occupation

Business Solutions Option (TPD)

\$

Business Solutions Option (Trauma)

\$

Comprehensive Cancer Option

4 Income Insurance Plans

Benefit period: To age OR Years

Monthly benefit: \$ \$ (show split if required)

Waiting period: days days (show split if required)

Sum insured

Income Insurance Plus Plan

Premium structure: Stepped Level
 Occupation category

Options: Indemnity
 Accelerated Accident Option
 Accident Lump Sum Option
 Cover Boost Option
 Increasing Claim Option
 Occupationally Acquired HIV, Hepatitis B & C Option

\$

Income Insurance Plan

Premium structure: Stepped Level
 Occupation category

Options: Indemnity
 Accelerated Accident Option
 Accident Lump Sum Option
 Cover Boost Option
 Increasing Claim Option

\$

Income Insurance Senior Professionals Plan

Occupation category

\$

Products and options (continued)**5 Business Expenses Insurance Plan** **Business Expenses Insurance Plan**Premium structure: Stepped Level

Benefit period:

1 year

Monthly benefit:

\$

\$

(show split if required)

Waiting period:

days

days

(show split if required)

The Total instalment and total yearly premiums fields MUST be completed for all applications.**Total instalment and yearly premiums**

Including Yearly Plan Fee (if applicable)

Total yearly premium

\$

Total instalment premium

\$

A **deposit premium** is required. The deposit premium can be paid by cheque* or credit card. If we do not receive the deposit premium for monthly or fortnightly payment frequencies, we will deduct a deposit of one month's premium from your bank account or credit card on commencement of the policy. For quarterly, half-yearly or yearly credit card deductions, the deposit premium may be deducted provided the credit card authority submitted with the application authorises this deduction.

Payment method

Select one payment method and frequency:

 Direct payment by cheque* or credit card (only available for yearly payments)

OR

 Direct debit from bank account or credit card: Fortnightly – initial full month's deposit required Monthly Quarterly Half-yearly Yearly

(Optional) Choose a date for bank account lodgment from 1st to 28th only

/ /

Please remember to complete a payment authority for your financial institution on page 23 later.

* Cheques should be made payable to AXA Australia

Personal details

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

You refers to the Person to be insured (unless otherwise indicated).

Contact details for Person to be insured

We may need to contact you between 8am to 7pm regarding the details of your Application.

IMPORTANT: Please see page 2 for details of your Duty of Disclosure.

Daytime phone number ()	Hours you can be contacted _____
After hours phone number ()	Hours you can be contacted _____
Mobile phone number _____	Hours you can be contacted _____

Residence and travel details

Q1 Are you a permanent resident of Australia or New Zealand? No Yes

If no, please provide details including the type of visa you hold:

Q2 Including annual holidays are you likely to live, travel or work overseas? No Yes

If yes, please provide details including where, when and for how long:

Insurance details

Q3 Are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**, including this one? Note: this includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes If yes – please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

Q4 Has **any company** refused or applied loadings, restrictions or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, income insurance, business expenses, lump sum disablement or disability insurance? No Yes

If yes, please provide details:

Q5 For any type of trauma, lump sum disablement, disability/income insurance, sickness, accident, unemployment, armed forces pension or allowance, worker's compensation, common law or third party benefit:

(a) Have you ever made a claim? No Yes

(b) Are you currently receiving benefits? No Yes

(c) Are you entitled to receive benefits? No Yes

If yes, please provide details including dates, reasons, amounts and company claimed on:

Your health details

'You' refers to the Person to be insured.

Doctor details

Q6 Provide below the details of your current General Practitioner (GP)/medical centre and the details of your last consultation.

Name of GP/medical centre

Street number and name

Town/Suburb

State

Postcode

Phone number

Facsimile

How long have you been his/her patient?

 years

Date of last consultation	Reason	Result
/ /		

Personal habits

Q7 Do you smoke or have you ever been a smoker?

No ► Go to Q8

Yes What do you or did you smoke?

Cigarettes Pipes Cigars Other If other, please specify

If you have stopped, when? month year

On average, how many do you or did you smoke daily?

Q8 How many standard drinks containing alcohol do you consume per week on average? standard glasses per week
[standard drink = 1 nip spirits, 100ml wine, 10oz/285ml beer]

Q9 Have you ever been advised to reduce your tobacco or alcohol consumption? No Yes

If yes, please advise previous amount, duration, reason for reduction or cessation:

Q10 Do you or have you ever used recreational drugs or non-prescription drugs? No Yes

If yes, please give details:

Your health details (continued)

Q11 (a) What is your: Height Weight

(b) Has your weight varied in the last 12 months? No Yes

If yes, please give details including amount of weight gain or loss and the reason:

Q12 At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following (even if you have not seen a doctor):

- (a) No Yes Arthritis, bone fracture, joint injury, eg **hip, ankle, knee, elbow, wrist, shoulder**, or experienced symptoms of muscle or joint disorder, gout, tendinitis or tenosynovitis
- (b) No Yes Heart condition, rheumatic fever, chest pain, high blood pressure, raised cholesterol, vein or circulatory disorder
- (c) No Yes Cancer, tumour of any kind, cyst, growth or breast lump
- (d) No Yes Anaemia, leukaemia, haemophilia or any other blood disorder
- (e) No Yes **Asthma**, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea
- (f) No Yes Disorder of the kidney, bladder or prostate, urinary complaint or kidney stone
- (g) No Yes **Back or neck disorder, spinal condition, sciatica, whiplash**
- (h) No Yes **Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder**
- (i) No Yes **Chronic fatigue**, fibromyalgia, fibrositis, myalgia, **chronic pain syndrome**
- (j) No Yes Diabetes or thyroid disorder
- (k) No Yes Indigestion, gastric or duodenal ulcer, hernia
- (l) No Yes Bowel disorder, irritable bowel syndrome
- (m) No Yes Gall bladder or liver disorder, Hepatitis (please advise type, eg A, B, C or other)
- (n) No Yes **Epilepsy**, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting
- (o) No Yes Disorder of the ears, eyes or speech
- (p) No Yes Psoriasis, eczema, dermatitis or other skin condition
- (q) No Yes Sexually transmitted disease
- (r) No Yes Any other illness, injury, operation or disability

Females only

- (s) No Yes Are you currently pregnant? If yes, please advise expected date of delivery / /
- (t) No Yes Have you ever had any complications with pregnancy or childbirth?
- (u) No Yes Have you ever had an abnormal pap smear, breast ultrasound or mammogram?

If you answered 'YES' to any of the items in Q12, please provide details in the table below, EXCEPT for any condition in bold text above for which you should complete the relevant section of Q21 instead. If you answered 'NO' to all items, go to Q13.

Item No. eg (f)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery %
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%

Your health details (continued)

To be completed by the Person to be insured.

Q13 In addition to the conditions you have already mentioned in this application. (There is no need to repeat information you have already told us.)

(a) No Yes Have you ever been admitted to hospital?

(b) Have you in the last five years (not including colds or flu):

(i) No Yes Had any blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg genetic test, x-ray, medical test?

(ii) No Yes Used or are you currently using any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition?

(iii) No Yes Had any sickness, symptom or injury that prevented you from performing any of the duties of your usual occupation for more than three consecutive days?

If you answered Yes to any of the items above, please provide details in the table below.

Item No. eg b(i)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery %
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%

Q14 In addition to the conditions you have already mentioned in this application, have you consulted any other doctors, medical centres or health professionals (eg Chiropractors, Physiotherapists, Naturopaths, Osteopaths, Podiatrists, Herbalists etc) in the last two years?

No Yes – please provide names, dates, addresses, reasons and results of any consultations:

Q15 (a) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection? No Yes
For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.

(b) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes

Note – HIV risk situations include but are not limited to:

- sex with or as a prostitute;
- sex with an intravenous drug user;
- contact with someone else’s blood (for example, through injection or scratch with a used needle);
- anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

Q16 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future? No Yes

If yes, please provide name of doctor, date of consultation if known and condition:

--

Family history/sports and pastimes details

Q17 Has either one of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? No Yes

If yes, please provide details in the table below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)

Q18 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- (a) No Yes **Aviation (other than a fare paying passenger on a licensed public service)**
- (b) No Yes **Motor racing (including car, bike and boat)**
- (c) No Yes **Underwater diving**
- (d) No Yes Football
- (e) No Yes Motor bike riding, including trail bike riding
- (f) No Yes Any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)

If you answered 'YES' to items (d), (e) or (f), please provide details of each activity in the table below. For any activity in bold text above please complete the relevant section of Q19 below. If you answered 'NO' to all items above, go to page 17.

Item No. eg (f)	Activity or sport	Location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional? <input type="checkbox"/> Amateur <input type="checkbox"/> Professional

Q19 Detailed sports and pastimes questionnaires

► Only complete the relevant sections of this question if you answered 'yes' to Question 18 a, b, or c above.

(a) Aviation questionnaire

- 1 Do you hold a Department of Transport licence to fly aircraft? No Yes – please state type and period held:
- 2 Do you intend to change the scope of your present licence? No Yes – please provide details:
- 3 Have you ever had an accident or been charged with violating civil aviation regulations? No Yes – please provide details:

The Detailed sports and pastime questionnaires continue on the next page ►

Sports and pastimes details (continued)

Q19 Detailed sports and pastimes questionnaires (continued) ►

(a) Aviation questionnaire (continued)

- 4 Do you always use recognised Department of Transport airfields? No Yes – please provide details:
- 5 Please provide details of the type(s) of aviation you are involved in (eg commercial, private, agricultural, aero club, helicopter, ultralight aircraft)
- 6 Please provide details of the number of annual hours flown:
- (i) in total as a pilot
- (ii) in the last 12 months
- (iii) expected each year in the future
- 7 Do you intend to engage in any form of aviation other than the above categories? (eg ballooning, paragliding)
 No Yes If yes, please provide details:

(b) Motor racing questionnaire

- 1 Vehicle type Engine size Maximum speed
- 2 Number of times per annum
- 3 Professional Amateur
- 4 Category of racing (eg, touring cars)
- 5 Events (eg, off-road or speedway)

(c) Underwater diving questionnaire

- 1 Type of diving
- 2 Average depth
- 3 Maximum depth
- 4 Number of times per annum
- 5 Professional Amateur
- 6 What certification do you hold?
- 7 Do you participate in sink hole, wreck or other hazardous diving? No Yes – please provide details, including how often:
- 8 Do you dive at night? No Yes – please provide details:
- 9 Have you ever had a diving accident or sickness? No Yes – please provide details:

Q20 Do you wish to be covered for the sports and pastime activities you have disclosed in this Application? No Yes

(Note: this is subject to approval by AXA underwriting)

Q21 Detailed health questionnaires

► Only complete the relevant health questionnaires, if you answered 'yes' to any items in bold text in Q12.

(a) Joint disorders and pain questionnaire (eg knee, hip, elbow, wrist, shoulder, ankle)

- 1 Please state specific condition/symptoms and diagnosis made
- 2 When did you **first** suffer from this disorder?
- 3 When did you **last** suffer from this disorder?
- 4 Please state which knee, ankle, elbow, wrist or shoulder was affected:
- 5 Please describe symptoms fully:

- 6 What was the cause or nature of the disorder?
- 7 What was the nature of the treatment? If surgery, please provide details, eg plates or screws inserted/removed, arthroscopy

- 8 Have you had any recurrence of this disorder? No Yes – when and under what circumstances?
- 9 Please provide names and addresses of all doctors and health professionals consulted in relation to your joint disorder or pain and the approximate dates of consultations:

- 10 How long, if at all, have you been symptom free?
- 11 How much time have you lost from your employment due to this disorder?

(b) Asthma questionnaire

- 1 When was your asthma diagnosed?
- 2 When did you **first** have symptoms?
- 3 When did you **last** have symptoms?
- 4 Approximately how many times per year do you get symptoms?
- 5 Do the attacks occur in a particular season or during exercise? No Yes – please provide details:
- 6 How much time have you lost from work (or school) in the past due to asthma?
- 7 Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (detail aerosol spray, tablets or injections, amounts and number of times per day):

Asthma questionnaire continued on next page ►

Q21 Detailed health questionnaires (continued) ►

(b) Asthma questionnaire (continued)

8 Please provide details of the doctor who you consult for your asthma:

9 When did you last consult this doctor for asthma?

10 Have you ever been treated for your asthma with steroids (eg Prednisone)? No Yes – please provide details, including dates:

11 Have you ever been hospitalised for asthma? No Yes – please provide details:

12 In the last three years, have you had a chest X-Ray or respiratory function test? No Yes – please provide dates and results:

(c) Back/neck disorder questionnaire

1 Neck disorder Back disorder – please clarify which part of the back is/was painful (eg upper, lower, middle):

2 When did you **first** suffer from this disorder?

3 When did you **last** have any symptoms?

Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:

4 What was the cause of the disorder (eg accident)?

5 Are you still receiving treatment? No Yes

6 What is or was the nature of the treatment? Please include details of any medication, physical therapy or surgery:

7 Have you had any investigations such as an X-Ray, CT Scan or MRI? No Yes – what were the results?

8 Have you had any recurrence of this disorder? No Yes – when and how often?
(Include number of recurrences, the causes and how long they lasted)

9 Please provide names and addresses of all doctors and health professionals consulted in relation to your back or neck disorder and approximate dates of consultations:

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

11 How much time have you lost from your employment due to this disorder?

Q21 Detailed health questionnaires (continued) ►

(d) Depression/anxiety/nervous condition questionnaire

1 Have you ever suffered from, or had treatment for, or been diagnosed with any of the following? Please tick.

- | | | |
|---|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Chronic Fatigue |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fears or phobias | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Inability to sleep | <input type="checkbox"/> Compulsive Disorder | <input type="checkbox"/> Other – please specify: |

2 What was the date of the **first** symptom?

3 What was the date of the **last** symptom?

4 Please describe your symptoms fully:

5 Please advise of the cause of your disorder

6 How long did you suffer from the disorder?

7 Have you had any recurrence? No Yes – please provide full details:

8 How long, if at all, have you been free of any signs or symptoms?

9 Please provide details and nature of treatment for this condition, eg were you treated with tranquillisers or other drugs, did you undergo counselling, therapy or surgery?

10 When did treatment cease?

If ongoing treatment – please provide details (eg dosage and type of medication, counselling):

11 Please provide names and addresses of all doctors and health professionals consulted for these disorders, including approximate dates of consultations:

12 Name of doctor or health professional **last** consulted for this disorder and the date of the **last** consultation:

13 How much time have you lost from your employment due to this disorder?

14 Are you currently fit and well and able to do your work without stress or discomfort? No Yes

If no, please provide details:

Q21 Detailed health questionnaires (continued) ▶

(e) Epilepsy questionnaire

1 Please state type of epilepsy

2 What was the date of onset?

3 Please detail the nature (including any loss of consciousness) and frequency of attacks:

4 Date of last attack?

5 Please provide details of any treatment you are currently taking (eg Dilantin, Epilim) and the daily dosage:

6 If not on treatment, please advise the date treatment ceased and the reason.

7 Have you ever been hospitalised due to epilepsy? No Yes – please provide details including dates and treatment:

8 Please provide names and addresses of all doctors and health professionals consulted for epilepsy including approximate dates

9 How much time have you lost from your employment as a result of this disorder?

Please ensure you complete Q13 to Q20 on pages 10 to 12.

Occupation details

To be completed by the Person to be insured only if applying for: Income Insurances, Business Expenses Insurance or Total and Permanent Disability Insurance.

If you have not applied for plans listed in the box above

- ▶ go to page 20 now if you have applied for the Life Insurance Plan
- ▶ or go to page 21 if you have applied for any other plan

'You' refers to the person to be insured (unless otherwise indicated).

Q22 Please give details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying, etc. If you have a second occupation please give details in Q29 below.

	From	To	Occupation	Employer	Tick which is applicable			
					Employed by own company	Self-employed	Partnership	Employee
Current principal occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 How many hours per week do you spend at your principal occupation? hours

Q24 How many weeks per year do you spend at your principal occupation? weeks per year

Q25 In your principal occupation, what percentage of time do you spend performing the following types of duties:

		Describe details of specific duties performed
Sedentary/Administrative	%	
Supervising manual work	%	
Light manual	%	
Heavy manual	%	
Other (including hazardous duties, eg handling dangerous substances, working at heights)	%	
Total duties	100%	

Q26 Please give details of your specific qualifications (eg degree, trade certificate):

Q27 Do you work from home? No Yes

If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:

Q28 Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? No Yes

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

Q29 Do you have a second occupation? No Yes If yes, please provide details below including specific duties:

Q30 Number of hours per week worked and annual income derived from second occupation hours \$

Q31 Do you intend to change your occupation? No Yes If yes, please provide details below:

Income details

To be completed by the Person to be insured only if applying for: Income Insurances, Business Expenses Insurance or Total and Permanent Disability Insurance.

What is Insurable income?

This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work.

It does not include investment or interest income.

Q32 Insurable income

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

- ▶ **If you are an employee, please complete Option 1**
- ▶ **If you are self-employed, in a partnership or an employee of your own company, please complete Option 2**

Option 1 – For employees

▶ **Only complete this section if you are an employee and do not have any ownership in your employer's business.**

(a) Please give details of your total remuneration package from all sources currently and for the last two financial years.

Please include any additional benefits (eg pre-tax superannuation contributions, regular bonuses and commissions, fringe benefits):

Current remuneration	Last financial year	Previous financial year
\$ <input style="width: 100%;" type="text"/>	30 / 6 / <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
		30 / 6 / <input style="width: 100%;" type="text"/>

(b) If you become disabled, would all or part of your income (including investment income) continue?

No – go to (c) below Yes – please answer (i) and (ii):

(i) What is the income amount that would continue, for how long, and the source (eg salary, sick pay, company profits, investments, rental)?

(ii) Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? No Yes – details:

(c) Will you be providing supporting financial evidence with this application? No Yes

Option 2 – For self-employed

▶ **Only complete this section if you are self employed. This includes sole traders, partners, or if you are an employee in your own company.**

(a) How many people do you employ?

(b) What percentage of your work is on a contract basis? %

Please provide contract details, including duration of contract and hourly rates of pay

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

(d) Please provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available.

Year ending	Gross income for entire business	Less all expenses incurred in earning that income	Equals net business income before tax	Your share of net business income	Wages/salary/super drawings/director's fees paid to you*	Your total income
30 / 6 /	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
30 / 6 /	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

* Do not include any amounts paid to you as wages/salary/super/drawings/director's fees which are paid from past profits, capital or loans.

(e) Has your business had a net operating loss over either of the last two financial years? No Yes

If yes, please provide copies of your full company accounts for the last two financial years, including any associated entities.

(f) So far this financial year, is your business trading profitably? No – please provide details in the space below Yes

(g) If you become disabled, would all or part of your income (including investment income) continue?

No Yes – please provide the following details:

(i) What is the income amount that would continue, for how long, and the source (eg salary, sick pay, company profits, investments, rental)?

(ii) Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? No Yes – details:

(h) Will you be providing supporting financial evidence with this application? No Yes

Business expenses details

To be completed by the Person to be insured only
if applying for Business Expenses Insurance

If you have not applied for plans listed in the box above

▶ or go to page 20 now if you have applied for the Life Insurance Plan

▶ or go to page 21 if you have applied for any other plan

Q33 Business structure

Company Partnership Trust Sole proprietor

Date the business was purchased/started / /

Q34 Business details

Business name

Business street number and name	Town/Suburb	State	Postcode

Q35 Employees

Number of income producing employees: Full time Part time

Number of non-income producing employees: Full time Part time

Q36 If a partnership/company, number of partners/directors

Q37 Percentage of business income derived from your personal exertion %

Q38 If you were to become totally disabled, what would be the reduction in business income? %

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

Q39 Monthly expenses of the business over the last 12 months

	Monthly expenses
(i) Rent or mortgage interest payments	\$ <input style="width: 150px; height: 25px;" type="text"/>
(ii) Electricity, gas, water, heating	\$ <input style="width: 150px; height: 25px;" type="text"/>
(iii) General insurance premiums	\$ <input style="width: 150px; height: 25px;" type="text"/>
(iv) Cleaning	\$ <input style="width: 150px; height: 25px;" type="text"/>
(v) Telephone	\$ <input style="width: 150px; height: 25px;" type="text"/>
(vi) Leasing of equipment or motor vehicles	\$ <input style="width: 150px; height: 25px;" type="text"/>
(vii) Property rates and taxes	\$ <input style="width: 150px; height: 25px;" type="text"/>
(viii) Dues to professional bodies	\$ <input style="width: 150px; height: 25px;" type="text"/>
(ix) Accountant's fees	\$ <input style="width: 150px; height: 25px;" type="text"/>
(x) Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue	\$ <input style="width: 150px; height: 25px;" type="text"/>
(xi) Other fixed expenses (please provide details below)*	\$ <input style="width: 150px; height: 25px;" type="text"/>
(xii) Total expenses (Total of (i) to (xi) above)	\$ <input style="width: 150px; height: 25px;" type="text"/>
(xiii) Percentage of expenses in (xii) above that you are responsible for	<input style="width: 150px; height: 25px;" type="text"/> %

* Details

To be completed by the Plan owner only if you are applying for the Life Insurance Plan.

'You' refers to the Plan owner (ie The person who has the authority to decide how the benefit is dispersed).

Nominate beneficiaries – only for Life Insurance Plan

► **Only complete this page if you have applied for the Life Insurance Plan**

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Please nominate between one and five people to receive the payment of benefits in the table below.

Plan owner declaration

Plan owner name(s)

I/We , the Plan owner(s), nominate the person(s) named below to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

	Full name, address and phone numbers of nominated person	Sex		Date of birth	% of death benefit*	Relationship of the nominated person to the Plan owner
		M	F			
1		<input type="checkbox"/>	<input type="checkbox"/>	/ /	%	
2		<input type="checkbox"/>	<input type="checkbox"/>	/ /	%	
3		<input type="checkbox"/>	<input type="checkbox"/>	/ /	%	
4		<input type="checkbox"/>	<input type="checkbox"/>	/ /	%	
5		<input type="checkbox"/>	<input type="checkbox"/>	/ /	%	
					100%	

* Percentages must be whole numbers

I understand that:

- There should not be more than five nominees.
- Payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia.
- If there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate).
- Nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received.
- If a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the Plan owner (or their estate).
- The Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AXA Australia.

Signature of Plan owner

Date signed

X

/ /

Medical and financial authorities

To be completed by the Person to be insured for all applications.

Medical authorities

► Please complete ALL medical authorities below because many health professionals prefer an original signature.

Authority to release medical information to AXA

Person to be insured name

I, authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (NMLA trading as AXA Australia and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Authority to release medical information to AXA

Person to be insured name

I, authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (NMLA trading as AXA Australia and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Authority for AXA to release medical information to usual doctor

► Only complete this section if you authorise AXA to release medical information to your doctor upon an adverse assessment of your application.

Person to be insured name

I, authorise NMLA trading as AXA Australia to advise

Doctor of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this Application. I also authorise AXA to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured

Date signed

Financial authority

► Only complete this section if you want your accountant or financial adviser to release information to AXA.

Authority to release financial information to AXA

Person to be insured name

I, authorise my accountant/financial adviser to release to the insurer (NMLA trading as AXA Australia and its group of companies), all information which the insurer requests for the purpose of assessing my Application for insurance. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Accountant/financial adviser name

Accountant/financial adviser address

Accountant/financial adviser contact number:

This page has been left blank intentionally.

Payment authorities

To be completed by the person to pay the insurance premium for all applications.

► **Before you complete this page**, please read the terms and conditions of this facility in the Product Disclosure Statement(s).

Option 1 – Direct debit authority from bank account

► **Only complete this section to pay your insurance premiums by direct debit.**

Note: please refer to your financial institution to check your account offers direct debiting.

Account holder name or company name (name in full) I/We <input style="width: 90%;" type="text"/>	If company account – please provide ABN (Australian Business Number) <input style="width: 100%;" type="text"/>
---	--

request you, until further notice in writing, to debit from my/our account described in the schedule below, any amounts which The National Mutual Life Association of Australasia Ltd (the User) (User ID 109) may debit or charge me/us through the direct debit system.

Your financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Account holder address

Street number and name	Town/Suburb	State	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Frequency of direct debit (tick one): Fortnightly Monthly Quarterly Half-yearly Yearly

Name and address of financial institution

Bank/financial institution name

Street number and name	Town/Suburb	State	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

The schedule

Account in name of	BSB number	Account number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Account holder signature(s)

Signature – account holder 1	Date signed	Signature – account holder 2 (if applicable)	Date signed
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text" value="/ /"/>	<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text" value="/ /"/>

Office use only

Plan number

Option 2 – Credit card authority

► **Only complete this section to pay your insurance premiums by credit card.**

I authorise AXA to debit my credit card account, the initial deposit premium or future premiums as indicated in the schedule below:

Credit card type: MasterCard Visa

Credit card number	Expiry date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Initial **deposit premium** \$

AND/OR

Future premium deductions (fortnightly, monthly, quarterly, half-yearly, or yearly) as indicated on page 6 of this Application.

Name as shown on credit card

Cardholder's street number and name	Town/Suburb	State	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Cardholder's signature	Date signed
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text" value="/ /"/>

Should your credit card details change at any time (e.g. card number, expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre.

Plan number

This Application form is effective from 21 August 2006.

► Before you sign this Application form, you should:

- be aware that your financial adviser or AXA is obliged to have provided you with the Product Disclosure Statement(s) for the product(s) you are applying for; and
- read the **Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs.

Declarations and consent

- **Product Disclosure Statement** – I/We have been provided with and have retained for my/our use the current Insurance Product Disclosure Statement.
- **Duty of disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure Notice on page 2, and fulfilled my obligations in accordance with my duties as explained in the Product Disclosure Statement. (Warning: you have a duty to disclose all information relevant to the insurer’s decision to accept your Application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to a financial adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Product Disclosure Statement, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and financial information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I/We understand that if I withhold consent, AXA Australia may not be able to provide the products and services requested.
- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained in the Product Disclosure Statement. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/we can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the Person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Product Disclosure Statements (PDSs) are updated from time to time. Please ensure that you have read the most up-to-date PDS and supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit our website www.axa.com.au or call AXA Customer Services on 132 987.

Signature of Person to be insured

If the Person to be insured is the same person as the Plan owner ► go to ‘Signature of Plan owner – only for individuals’.

Print full name of person to be insured	Signature	Date signed
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

Signature of Plan owner – only for individuals

For plan owners aged 16 years or over

Print full name of plan owners	Signature	Date signed
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

Print full name of plan owners	Signature	Date signed
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

For plan owners aged under 16 years

Please provide details for a parent **OR** guardian

Print full name of plan owner (parent or guardian)	Signature of parent or guardian	Date signed
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

Signatures of Plan owners – only for companies and Trustees (including self managed superannuation funds)

Company seal	Print full name of company/self managed superannuation fund		
<input type="text"/>	<input type="text"/>		
	Signature 1	Signature 2	Date signed
	<input type="text" value="X"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

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

Financial adviser checklist

Type of insurance

Have you spoken to our Underwriting Department for pre-application advice?

No Yes – Who did you speak to?

If this proposal is for a new plan, what is the total cover across all plans? \$

Is there any other proposal being submitted for the person insured? No Yes – What type?

Life

Income Insurance

Trauma

Business Expenses

Is the first premium enclosed with the Application? No Yes

TPD

Existing business

Is this proposal replacing an existing plan? No Yes –

Existing AXA or AC&L plan number*

Existing plan number other insurer

Is this proposal for a continuation option? No Yes –

Existing plan number

Have all the requirements been submitted? No Yes

* Where the replacement is a conversion of insurance cover, replacement business commission will only be paid in circumstances where the new business premium has increased and is higher than the existing plan. In such cases, we will pay new business commission on the increased portion of the premium only.

Underwriting and financial requirements

Has the person to be insured completed and signed all the relevant authorities, including Medical Authorities and/or Financial Authority?

No Yes

Have you arranged for any mandatory medical examinations or pathology tests to be completed?

No Yes ► If you have advised the life insured to have these tests specify name of doctor, paramedical facility or pathology laboratory who will arrange for the test:

Additional information

If changes have been made to the Application, has the person to be insured initialled all changes? No Yes Not applicable

Has supporting financial evidence been included with this Application? No Yes

Has an illustration/quote been provided with this Application? No Yes

Is there any other documentation attached to this proposal?

No Yes ► Please tick

Children's Trauma Option Personal Statement N/FMRSK02468

Financial Questionnaire N/BKRSK03817

Other ► Specify

Has this Application been faxed prior to sending? No Yes ► Specify fax number ()

(Addressee)

Duty of disclosure

Has the person to be insured read the Duty of disclosure? No Yes

Have you explained to the client the possible implications on the contract of any non-disclosure? No Yes

Are there any other circumstances or facts, such as the client's background, not fully covered by answers provided herein which you feel may assist our assessment of this Application? No Yes ► Specify (refer to Notes section overleaf if extra space required)

Financial adviser checklist (continued)

To be completed by the Adviser for all applications.

Advisor notes

Mailing address for Application form

Please send the completed Application form, with deposit premium to our Customer Service Centre:

AXA Australia
 Customer Service Centre
 PO Box 14330
 MELBOURNE VIC 8001

Commission payment and release basis (Note: Commission style must be the same as the policy you are increasing or replacing) Up-front – Not available for AXA Workplace Rewards Flat Hybrid Dial Down Facility* – If the Dial Down Facility option is selected, both New Business and Renewal commission will be reduced by the same Dial Down rate.

% of commission taken:

 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

* This facility is not available to AXA Workplace Rewards.

Principal servicing adviser

Account name

Account number

Phone

 ()
New Plan Commission splits (Note: Standard commission splits are not available for AXA Workplace Rewards applications)**New Plan Commission**

Account name	Account number	% split*	State	Business Development Manager/Consultant
		%		
		%		
		%		
Total		100%		

* Percentage must be whole numbers

Renewal Business Commission splits**Renewal Business Commission**

Account name	Account number	% split*	State	Business Development Manager/Consultant
		%		
		%		
		%		
Total		100%		

* Percentage must be whole numbers

Is this an AXA Workplace Rewards application? No Yes – provide details:

AXA Workplace Rewards name

AXA Workplace Rewards number

Plan number

Service centre only

Deposit paid	Date	Amount	Receipt number	Account/By
	/ /	\$		
	/ /	\$		
Total		\$		

Previous business No Yes – Give details

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

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