

# Citicorp TERM LIFE INSURANCE Citicorp LIFECARE TRAUMA INSURANCE

**SECURITY. PROTECTION. PEACE OF MIND.**



## Customer Information Brochure

Issued 1 Sept 2000  
Expires 31 Aug 2001

You should read the enclosed material carefully, especially the Key Features Statement. This contains important information you should know about these products.

Citicorp Life Insurance Limited ABN 75 004 274 882  
2 Park Street, Sydney NSW 2000

**CITICORP**®

where money lives<sup>SM</sup>

# TERM LIFE INSURANCE LIFECARE TRAUMA INSURANCE

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For the purposes of this brochure any reference to 'you' assumes you are both the life insured and the policy owner.

Citicorp Term Life and LifeCare Trauma Insurance are issued from the No. 1 Statutory Fund of Citicorp Life Insurance Limited ABN 75 004 274 882, 2 Park Street, Sydney NSW 2000.

Term Life and LifeCare have been placed in one Customer Information Brochure for your convenience, however both types of policies may be purchased individually.

### **Citicorp Life Insurance Limited ABN 75 004 274 882** **A subsidiary of one of the world's leading financial institutions**

Citicorp Life Insurance Limited is a wholly owned subsidiary of Citibank Limited and part of the Citigroup Inc. (Citigroup) Global Financial Services Organisation which was formed as a result of the merger of Citicorp (incorporated in the USA) and Travelers Group Inc. (incorporated in the USA).

In Australia, the Citigroup Group of companies specialises in banking, life insurance and investment management. The Group currently has assets of approximately A\$20 billion.

Citicorp Life Insurance Limited became a part of Citigroup in the 1970's changing to its current name in 1984.

Term Life Insurance and LifeCare Trauma Insurance are non-participating life insurance policies. They do not share in any of the profits of Citicorp Life or its statutory funds.

The obligations of Citicorp Life Insurance Limited are not guaranteed by any other member of Citigroup.

Directors of Citicorp Life Insurance Limited  
Professor Alfred H Pollard (Chairman)  
Graham C Briggs  
Thomas O'Callaghan  
Tracey Perkins  
Robert Glading  
Phillip Collins (alt.)

None of the obligations of Citicorp Life Insurance Limited are guaranteed by Citibank Limited ABN 88 004 325 080, or by Citigroup Inc. (incorporated in the USA) or any of its subsidiaries.

# Term Life Insurance – Key Features Statement

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

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

**Important Notice**

**Citicorp Term Life Insurance is not a savings plan. The primary purpose of this product is to provide a benefit in the event of death, terminal illness or total and permanent disability, if selected. If you terminate this plan at any time, you will not get anything back.**

## The Plan

Citicorp Term Life Insurance provides protection for your family or business by paying a lump sum in the event of your death or on diagnosis of a terminal illness.

By providing a lump sum benefit, this insurance policy can provide financial protection to assist your family or business to meet debts such as mortgages, leases and overdrafts, and day-to-day expenses, that flow from the loss of your income. Alongside this, you can take out additional cover to insure against extra costs incurred if you became totally and permanently disabled.

Citicorp Term Life Insurance protects you 24 hours a day, anywhere in the world. So long as you pay the required premium and policy fees when due, we guarantee to renew your cover until your annual renewal date after your 99th birthday.

## Premiums

The premium you need to pay will depend on your age, sex, the amount of cover and options you require.

Insurance is provided initially for one year, with your first premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date you first join is your commencement date. The anniversary of your commencement date is your annual renewal date. You will be given the opportunity to renew your cover from this date.

If you do renew, the premium payable will be calculated each year based on the amount of cover and your age.

Please refer to page 14 for our current premium rates.

## Guaranteed Renewal

Regardless of any deterioration in your health, we guarantee to renew your insurance cover each year, once you have taken out Term Life Insurance with Citicorp. The only condition is that your premiums are paid when they are due.

## Minimum Premium

The minimum annual premium payable is \$200, which includes a \$50 policy fee. This minimum premium also applies to policies under which two lives are insured.

## Citicorp Term Life Insurance offers two types of premiums:

### Variable Premium

Your premium rate is not guaranteed. This means it may vary. If we do vary the premium rates, we will write telling you about the changes, which will only take place on your next annual renewal date. A variation will only be made where it is applied to all Term Life Insurance policies. It will not be limited to individual policies.

### Guaranteed Premium (Term Life Cover only)

For a small additional fee you can lock in the future premium rates for your Term Life cover. This means as long as your insurance remains in force, the premiums will remain unchanged. The only changes that will apply will be based on your age next birthday.

# Term Life Insurance – Key Features Statement

However, this guaranteed premium option does not apply to the optional extension in respect of the Total and Permanent Disability option, nor to any government or statutory charges, nor the annual policy fee.

## Premium Discounts

We offer discounts on your premium rates if you:

- Are a non-smoker; or
- Take out cover for \$500,000 and above. In this case, the discount is 5%.

## Premium Freeze

Under this option you can “freeze” your premium payments. This means your premiums will not increase. What we do instead, is adjust your cover to compensate for the premium freeze. If you have both Term Life and Total and Permanent Disability insurance, we adjust both covers in equal proportions.

## CPI Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your sum insured each year, in line with the Consumer Price Index, unless you elect otherwise.

CPI increases are available each year until your policy expires but are not available where the sum insured is \$10 million or greater.

## Increasing your cover

You can apply to increase your cover at any time. These increases are subject to meeting our financial and medical requirements.

## Payment Options

You can choose to pay your premiums by either one of the following payment methods:

	Cheque	Direct Debit*	Credit Card
Monthly		✓	✓
Half Yearly	✓	✓	✓
Yearly	✓	✓	✓

\*If paying by Direct Debit, your first premium must be paid by cheque or credit card.

Your first yearly or instalment premium is payable in advance. If you choose to pay either monthly or half yearly, you will incur a small administration fee. The details are explained in the section, (What are the charges?) (See page 4)

## Non-payment of premiums

To maintain your insurance cover you need to pay your premiums within 30 days of the due date. Your policy will be cancelled if you do not pay your premiums within this period.

## Benefits

### Death and Terminal Illness

We will pay your life cover sum insured if you die or are diagnosed as terminally ill, while this insurance cover is current. Citicorp Life will pay the agreed life cover sum insured to the policy owner. If you are both the life insured and the policy owner, on your death, the life cover sum insured will be paid to your estate or any nominated beneficiaries. If you have been diagnosed as terminally ill, we will pay the agreed life cover sum insured or \$2 million whichever is the lesser. Any remaining amount will be paid on death or on total and permanent disability (if you have selected this option). You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live.

### Total and Permanent Disability (TPD) Option

You can choose to extend your cover under this policy by selecting the Total and Permanent Disability (TPD) Option. This option provides you with a payment if sickness or injury prevents you permanently from being able to work. The TPD sum insured you choose must be equal to, or less than, the life cover sum insured you have selected, up to a maximum of \$2,500,000.

### Single Pay TPD option

If you become totally and permanently disabled, we will pay your TPD sum insured. If your selected TPD sum insured is less than your life cover sum insured, your life cover sum insured will be reduced by the amount paid for your total and permanent disability and the remainder will be paid upon your death. Premiums will be reduced to reflect the lower life cover sum insured.

### Double Pay TPD option

For an additional premium, you can select cover for total and permanent disability under our double pay option. Under this option, if you become totally and permanently disabled we will pay your TPD sum insured and then upon your death we will pay your life cover sum insured. The premiums for your life cover sum insured are automatically waived after a payment for TPD, until your death or age 60, whichever comes first.

The Double Pay TPD option ceases on the first annual renewal date after your 65<sup>th</sup> birthday after which time any TPD claim will be assessed under the Total and Permanent Disability Continuation Benefit. (see page 3)

### Definition of Total and Permanent Disability

You will be considered totally permanently disabled if, after considering medical and other evidence, we find you fit into the first category below or, subject to the category of cover you choose, the second or third category below, before the first annual renewal date after your 65<sup>th</sup> birthday:

1. You have suffered the loss of either:
  - two limbs\*, or
  - sight of both eyes, or
  - loss of one limb and loss of the sight of one eye.

\* (a limb is defined as being the whole hand or whole foot).

2. **Any Occupation** If you choose this category you must:
- have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation, or any gainful occupation for which you are reasonably qualified; and
  - provide Citicorp with sufficient proof regarding your incapacity to work.

3. **Own Occupation** If you choose this category you must:
- have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation;
  - have been engaged in this occupation and not employed in another occupation, at the time of the injury or illness that prevents you from working; and
  - provide Citicorp with sufficient proof regarding your incapacity to work.

The Own Occupation category is only available to White Collar Professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category you can contact Citicorp Life on 1300 134 669.

If your TPD claim is based on the second or third category of the definition of Total and Permanent Disability the benefit will be the TPD sum insured on the first day of the six (6) consecutive months of absence from employment or occupation.

### **Total and Permanent Disability Continuation Benefit**

If we have not already paid a TPD benefit, on the annual renewal date after your 65th birthday your cover under Total and Permanent Disablement will switch to the following definition.

We will pay your TPD sum insured if, before your first annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

Please note: If you can perform the activity on your own by using special equipment you will not be considered unable to perform that activity.

If a TPD benefit is paid, your life cover sum insured (if higher than the TPD sum insured) will be reduced by the amount paid for your total and permanent disability and the remainder will be paid upon your death.

### **Waiver of Premium Option**

This is an alternative to taking out TPD cover. Under the waiver of premium option, when you have been absent from your occupation for six months due to injury or illness, and you meet the definition of total and permanent disability (see pages 2 & 3) we will waive all your future premiums. This benefit will expire on your death in which case your life cover sum insured will be paid or when you reach your first annual renewal date after your 65th birthday, whichever comes first.

### **Guaranteed Benefit Increase Option**

This option allows you to increase your life cover sum insured at specified times, following the occurrence of certain events, without needing to satisfy any additional medical requirements.

This option must be requested either at the time you apply for your cover, or within 30 days of the commencement of your policy.

The events are:

- Marriage;
- The birth or adoption of a child;
- Taking out a mortgage or increasing an existing mortgage;
- Increasing your financial interest in the business where you are a partner, a director or some similar principal person in the business;
- your 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> policy anniversary dates.

The minimum increase per event is \$25,000.

The maximum increase per event is the lowest of:

- \$80,000; or
- 50% of the original sum insured; or
- the amount of the new mortgage or the increase in your current mortgage (if using special event increase option in relation to the mortgage).

The maximum overall increase allowable in total under the Guaranteed Benefit Increase Option is \$250,000 or the original sum insured, whichever is the lower.

To be eligible for increases under this benefit you must be under age 55 at the time of the event and you must request the increase within 90 days of the actual event occurring.

# Term Life Insurance – Key Features Statement

## Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries or to the Policy Owner's estate if there are none nominated.

## Maximum Insurable Ages

We will renew your cover for death, terminal illness or total and permanent disability up to your annual renewal date after your 99th birthday.

## Exclusions

No benefit will be payable under this policy if the life insured commits suicide within the first 13 months of the commencement or reinstatement date.

## What are the charges?

**All the charges of the plan are fully described in this section. Citicorp Life undertakes not to apply any other charges without your specific consent.**

There is an annual policy fee of \$50, which covers our administrative costs. If we increase this fee, it will be in line with inflation and will apply from your next annual renewal date.

If you choose to have a second person insured under this policy, only one annual fee will be charged. (See page 10 for details about including a second person).

If you choose to pay your premium monthly, there is a processing fee of 6% per annum. For half yearly payments, the processing fee is 3% per annum.

If we decide to alter any of the fees and charges which apply to this insurance, we will give you at least three months written notice.

## Taxation

Under most circumstances, lump sum payments to individuals are not assessable for income tax purposes, and premiums are not tax deductible. However, premiums may be tax deductible where the insurance is for business purposes.

This information is based on our interpretation of current laws. These laws may change; and as individual circumstances may differ you should seek advice from a suitably qualified professional in relation to your particular circumstances.

GST does not apply to your Term Life Insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST.

## Cooling-off period

After you receive your Policy Information Statement, you have 14 days to decide if the insurance really meets your needs. This is known as the cooling-off period.

During this time you may cancel the insurance simply by writing to us and returning the documents. We will then refund the premium, and the administration fee you have paid. There will be no charges.

## Information about your insurance

After we have accepted your application for Term Life Insurance, we will send you a Policy Information Statement containing information about your policy and the options you have selected. The Policy Document which is the Terms and Conditions of this policy is included on page 22. You must read these documents carefully in conjunction with this brochure to ensure you understand the extent of cover and its limitations.

We will also send you a notice each year telling you the amount of your indexed sum insured, and the new premium and annual policy fee you need to pay to maintain this level of cover.

If you have any questions or complaints concerning your Term Life Insurance, please call us on 1 300 134 669. We will work with you to resolve your concerns. You may also wish to write to us.

Our address is:

The Resolutions Manager  
Term Life Insurance  
Citicorp Life Insurance  
GPO Box 4528  
Sydney NSW 2001

If you are not satisfied with our response you can contact the **Financial Industry Complaints Service** which will then investigate the matter.

Their telephone numbers are:  
(03) 9629 7050 or 1800 335 405  
(toll free)

Their address is:

The Manager  
Financial Industry Complaints  
Service  
31 Queen Street  
Melbourne VIC 3000

The Financial Industry Complaints Service is an independent and impartial body.

# LifeCare Trauma Insurance – Key Features Statement

**This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission.**

**It will help you to:**

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

## Important Notice

**Citicorp LifeCare Trauma Insurance is not a savings plan. The primary purpose of this plan is to provide a benefit in the event of a major trauma event, death, terminal illness or total and permanent disability, if selected. If you terminate this plan at any time, you will not get anything back.**

## The Plan

Citicorp LifeCare Trauma Insurance protects you and your family against the financial hardships that can result from suffering a major illness or a serious accident. We will pay you a lump sum if you suffer one of our listed trauma conditions or procedures. You select the amount of cover to a maximum of \$1,500,000 and this is called the trauma sum insured. The list of Insured Events are outlined on page 6.

You can also extend your cover under this policy by selecting cover to protect you in the event of death, diagnosis of a terminal illness, or total and permanent disability. If any of these events occur, we will pay the agreed sum insured for that particular event.

## Premiums

The premium you need to pay will depend on your age, sex, the amount of cover and options you require.

Citicorp LifeCare Trauma Insurance is provided initially for one year, with your first premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date you first join is your commencement date. The anniversary of your commencement date is your annual renewal date. You will be given the opportunity to renew your cover from this date.

If you do renew, the premium payable will be calculated each year based on the amount of cover and your age.

Please refer to page 18 for our current premium rates.

## Guaranteed Renewal

Regardless of any deterioration in your health, once you have taken out Citicorp LifeCare Trauma Insurance, we guarantee to renew your cover each year. The only condition is that your premiums are paid when they are due.

## Minimum Premium

The minimum annual premium payable is \$200, which includes a \$50 policy fee. This minimum premium also applies to policies under which two lives are insured.

## Minimum Cover

For Citicorp LifeCare Trauma Insurance, the minimum cover available is \$10,000.

## Variable Premium

Your premium rate is not guaranteed. This means the premium may vary. If we do vary the premium rates, we will write, telling you about the changes, which will only take place on your next annual renewal date. A variation will only be made where it is applied to all LifeCare Trauma Insurance policies. It will not be limited to individual policies.

## Premium Discounts

We offer discounts on your premium rates if you:

- Are a non-smoker; or
- Take out cover for \$500,000 and above. In this case, the discount is 5%.

## Premium Freeze

Under this option you can "freeze" your premium payments. This means your premiums will not increase. What we do instead, is adjust the sum insured to compensate for the freeze in your premium. Each year the cover for the

# LifeCare Trauma Insurance – Key Features Statement

benefits you have selected (other than ChildCare see page 8) will be adjusted to account for the freeze in your premiums. This option is not available if it would reduce the Sum Insured to below \$10,000.

## CPI Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your sum insured each year (other than for ChildCare see page 8) in line with the Consumer Price Index until your policy expires, unless you elect otherwise.

CPI increases are available each year until your policy expires but are not available where the trauma sum insured is \$1.5 million, the TPD sum insured is \$2.5 million or the life cover sum insured is \$10 million or more.

## Increasing your cover

You can apply to increase your cover at any time. These increases are subject to meeting our financial and medical requirements.

## Payment Options

You can choose to pay your premiums by either one of the following payment methods:

	Cheque	Direct Debit*	Credit Card
Monthly		✓	✓
Half Yearly	✓	✓	✓
Yearly	✓	✓	✓

\*If paying by Direct Debit, your first premium must be paid by cheque or credit card.

Your first yearly or instalment premium is payable in advance. If you choose to pay either monthly or half yearly, you will incur a small administration fee. The details are explained in the section, What are the charges? (See page 8).

## Non-payment of premiums

To maintain your insurance cover you need to pay your premiums within 30 days of the due date. Your policy will be cancelled if you do not pay your premiums within this period.

## Benefits

If you take out Citicorp LifeCare Trauma Insurance, we will pay the trauma sum insured of your choice, up to a maximum of \$1,500,000 if

any of the events listed below occur. You will find the definitions of the "Insured Events" on page 28.

Insured Events	Immediate Cover	3 month waiting period*	ChildCare cover
Accidental HIV Infection	✓		
Alzheimer's Disease	✓		
Aplastic Anaemia	✓		✓
Blindness	✓		✓
Cardiomyopathy	✓		✓
Chronic Liver Failure	✓		✓
Chronic Lung Failure	✓		✓
Chronic Renal Failure	✓		✓
Coma	✓		✓
Coronary Artery Bypass Surgery		✓	✓
Coronary Artery Angioplasty‡		✓	
Diplegia	✓		✓
Encephalitis	✓		✓
Heart Attack		✓	✓
Hemiplegia	✓		✓
Loss of Hearing	✓		✓
Loss of Independent Existence	✓		
Loss of Speech	✓		✓
Major Head Trauma	✓		✓
Major Organ Transplant	✓		✓
Malignant Cancer		✓	✓
Motor Neurone Disease	✓		
Multiple Sclerosis	✓		✓
Open Chest Surgery		✓	✓
Paraplegia	✓		✓
Parkinson's Disease	✓		
Primary Pulmonary Hypertension	✓		✓
Quadriplegia	✓		✓
Severe Burn	✓		✓
Stroke		✓	✓

\* No payment will be made for these conditions if the insured event occurs within 3 months of the commencement or reinstatement date of the policy. If one of these insured events occurs after the 3 months period and it is not related to the first occurrence, a benefit will then be paid. This applies to ChildCare cover as well. The 3 month waiting period will not apply where this policy is replacing an existing policy that covered the same events and had been in place for at least 3 months. Note that the 3 month waiting period will only be waived for a sum insured level equal to or less than the sum insured level under the replaced contract for insurance.

‡ To be entitled to a benefit for coronary artery angioplasty you must have a minimum sum insured of \$100,000. Payment under this benefit will be limited to 10% of your sum insured, up to a maximum of \$25,000. Your sum insured under the LifeCare Executive Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty.



**Note:** No LifeCare trauma benefit will be payable if after diagnosis you are unable to survive for 14 days. A death benefit may be payable if you choose the LifeCare – Term Life Option.

If we pay your trauma sum insured and you do not have cover under the LifeCare – Term Life Option or the LifeCare – Total and Permanent Disability Option then insurance cover will end.

### **LifeCare Continuation Benefit – Continuation of Cover under Loss of Independent Existence**

On your annual renewal date after your 70th Birthday, if you have not been paid your trauma sum insured, cover will continue under our Long Term Care benefit (see definition below), until the annual renewal date after your 99th birthday.

Your sum insured under the LifeCare Continuation Benefit must be equal to or less than your trauma sum insured.

A benefit will be paid under the LifeCare Continuation Benefit Option if, because of injury or illness you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below;

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Contenance – to control bladder and bowel function.

**Please note:** If you can perform the activity on your own by using special equipment you will not be considered unable to perform that activity.

### **“LifeCare – Term Life” Option**

The Term Life option can be taken as an extension to your Citicorp LifeCare Trauma Insurance. If the life insured dies, Citicorp Life will pay the agreed sum insured either to you, as the policy owner or your estate or beneficiaries, if nominated.

Included in this option is a Terminal Illness Benefit. This means, if you are diagnosed as being terminally ill (having less than 12 months to live), we will pay the agreed sum insured or \$1 million, whichever is the lesser. Any remaining amount will be paid on death and your policy will end.

If you are paid a trauma benefit or a TPD benefit and the amount paid is less than your life cover sum insured under the Term Life Option, then the life cover sum insured will be reduced by the amount paid. The premiums for the Term Life Option will be reduced accordingly and any remaining life cover will be paid upon death.

### **LifeCare – Total and Permanent Disability Benefit Option**

You also have the choice of extending your cover with Total and Permanent Disability (TPD) Insurance up to a maximum of \$2.5 million. The amount of cover you select can be higher than your trauma cover.

If you become totally and permanently disabled, we will pay the agreed TPD sum insured. If you are paid a trauma benefit or a benefit for terminal illness, and the benefit paid is less than your TPD sum insured, then your TPD sum insured will be reduced by the any amount paid and premiums will be recalculated accordingly. Any remaining amount will be paid upon total and permanent disability.

### **Definition of Total & Permanent Disability**

You will be considered totally and permanently disabled, if after considering medical and other evidence, we find you fit into the first category or, subject to the category of cover you choose, the second or third category below, before the first annual renewal date after your 65<sup>th</sup> birthday:

1. You have suffered the loss of either:
  - two limbs\*; or
  - sight of both eyes; or
  - loss of one limb and loss of the sight of one eye.

\* (a limb is defined as being the whole hand or whole foot)
2. **Any Occupation** If you choose this category you must:
  - have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation, or any gainful occupation for which you are reasonably qualified; and
  - provide Citicorp with sufficient proof regarding your incapacity to work.
3. **Own Occupation** If you choose this category you must:
  - have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation;
  - have been engaged in this occupation and not employed in another occupation, at the time of the injury or illness that prevents you from working; and
  - provide Citicorp with sufficient proof regarding your incapacity to work.

# LifeCare Trauma Insurance – Key Features Statement

The Own Occupation category is only available to White Collar Professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category, you may contact Citicorp Life on 1300 134 669.

## Buy-Back Option

Available only when combined with LifeCare – Term Life option.

If you survive for 12 months from the date of the:

- Diagnosis of a LifeCare trauma event; or
- Payment of a TPD benefit,

Citicorp gives you the option of renewing your Term Life cover, regardless of your state of health. You can choose to renew your cover for any amount up to your previous level of cover.

The insurance will be renewed using our standard Citicorp Term Life Insurance product, at the then current term life premium rates.

This option ceases on the first annual renewal date after your 65<sup>th</sup> birthday.

## ChildCare Option

ChildCare is an insurance option that allows you to insure your children. If you select the ChildCare option, Citicorp will pay \$50,000 for any insured child who suffers any of the eligible listed events. (See page 6)

A maximum of four children can be covered by each LifeCare policy. Any one child cannot be insured under more than one LifeCare policy.

Term Life and Total and Permanent Disability options are not available for children covered by ChildCare.

The payment of a ChildCare benefit will not affect the existing cover of any remaining insured persons.

## ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under this option. However, Citicorp guarantees to cover the child for up to \$50,000 under a standard Citicorp LifeCare policy. The child will not be required to undergo any medical assessments (underwriting).

The premium rate applied to the new policy will be our then current LifeCare rates, plus any previously applied loadings.

This cover must be requested and the premium paid within 30 days of the child's turning 16 years of age.

## Bereavement Benefit

If you do not select the LifeCare – Term Life Option, your cover will include a \$5,000 Bereavement Benefit should you die from any cause.

## Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries or to the Policy Owner's estate if there are none nominated.

## Exclusions

The LifeCare exclusions are limited to trauma events arising out of or in connection with Self-inflicted injury or any other event referred to in your policy as a special condition.

## Maximum Insurable Age

Cover	Not renewed when age below is reached during any annual period of cover
Citicorp LifeCare	99 years*
Death and Terminal Illness	99 years
Total and Permanent Disability	65 years
ChildCare Cover	15 years

\* Cover for the listed Trauma Events expires on the first annual renewal date after your 70<sup>th</sup> Birthday but continues under the definition for "Loss of Independent Existence" until the first annual renewal date after your 99<sup>th</sup> birthday.

If you choose the LifeCare – Term Life Option, there will be no entitlement to a death benefit if the person insured commits suicide within 13 months of the commencement or reinstatement date.

The exclusions for the ChildCare option are identical to the LifeCare exclusions.

## What are the charges?

**All the charges of the plan are fully described in this section. Citicorp Life undertakes not to apply any other charges without your specific consent.**

There is an annual policy fee of \$50, which covers our administrative costs. If we increase this fee, it will be in line with inflation and will apply from your next annual renewal date.

If you choose to have a second person insured under this policy, only one annual fee will be charged.

(See page 10 for details about including a second person).

If you choose to pay your premium monthly, there is a processing fee of 6% per annum. For half yearly payments, the processing fee is 3% per annum.

If we decide to alter any of the fees and charges which apply to this insurance, we will give you at least three months written notice.

## Taxation

Under most circumstances lump sum payments to individuals are not assessable for income tax purposes, and premiums are not tax deductible. However, premiums may be tax deductible where the insurance is for business purposes.

This information is based on our interpretation of current laws. As individual circumstances may differ, you should seek advice from a suitably qualified professional in relation to your particular circumstances.

GST does not apply to your LifeCare Trauma Insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST.

## Cooling-off period

After you receive your Policy Information Statement, you have 14 days to decide if the insurance really meets your needs. This is known as the cooling-off period.

During this time you may cancel the insurance simply by writing to us and returning the documents. We will then refund the premium and policy fee you have paid. There will be no charges.

## Information about your insurance

After we have accepted your application for LifeCare Trauma Insurance, we will send you a Policy Information Statement containing information about your policy and the options you have selected under this policy. The Policy Document which is the Terms and Conditions of this policy is included on page 26. You must read these documents carefully in conjunction with this brochure to ensure you understand the extent of cover and its limitations.

We will also send you a notice each year telling you the amount of your indexed sum insured, and the new premium and annual policy fee you need to pay to maintain this level of cover.

If you have any questions or complaints concerning your LifeCare Trauma Insurance, please call us 1300 134 669.

We will work with you to resolve your concerns. You may also wish to write to us.

Our address is:

The Resolutions Manager  
LifeCare Trauma Insurance  
Citicorp Life Insurance  
GPO Box 4528  
Sydney NSW 2001

If you are not satisfied with our response you can contact the **Financial Industry Complaints Service** which will then investigate the matter.

Their telephone numbers are:  
(03) 9629 7050 or 1800 335 405  
(toll free)

Their address is:

The Manager  
Financial Industry Complaints  
Service  
31 Queen Street  
Melbourne VIC 3000

The Financial Industry Complaints Service is an independent and impartial body.

# General Information

## Eligibility

Term Life Insurance	LifeCare Trauma Insurance
<p><b>Minimum age at entry:</b>            Term Life Insurance – 16 Next Birthday            Total &amp; Permanent Disability Option – 16 Next Birthday</p> <p><b>Maximum age at entry:</b>            Term Life Insurance – 79 Next Birthday            Total &amp; Permanent Disability Option – 64 Next Birthday            Guaranteed Benefit Increase Option – 54 Next Birthday</p>	<p><b>Minimum age at entry:</b>            LifeCare Trauma Insurance – 16 Next Birthday            ChildCare Option – Age 1 attained            Term Life Option – 16 Next Birthday            Total &amp; Permanent Disability Option – 16 Next Birthday</p> <p><b>Maximum age at entry:</b>            LifeCare Trauma Insurance – 64 Next Birthday            ChildCare Option – 15 Next Birthday            Term Life Option – 64 Next Birthday            Total &amp; Permanent Disability Option – 64 Next Birthday</p>

### The following applies to both Term Life Insurance and LifeCare Trauma Insurance

#### How To Apply

Applications for both Term Life Insurance and LifeCare Trauma Insurance can only be effected after completion of the current application form either contained in this Customer Information Brochure or one provided by Citicorp Life. This Customer Information Brochure is for the general public and provides information of a general nature outlining the benefits and other conditions of each policy.

The policy wording explaining the benefits, definitions and exclusions are on page 22 of this Customer Information Brochure.

The information contained in this Customer Information Brochure is only current until the expiry date and must not be used after that date. Any applications received on an expired form will not be accepted.

#### Multiple Lives

Provision can be made for up to 2 people to be insured under the one policy. Only one policy fee of \$50.00 applies.

#### Guarantee of Immediate Cover

Immediately upon receipt of a completed application and the first premium you are covered against death by accident prior to acceptance or the rejection of your application, for up to 90 days. Cover is for your requested sum insured up to a maximum of \$500,000.

#### Non-Smoker Discounts

Substantial premium savings are available to non-smokers (a Non-Smoker is defined as someone who has not smoked tobacco or any other substance in the past 12 months).

The Non-Smoking Declaration is required only at the time cover commences.

#### Cancellations

You may cancel your insurance at any time by giving notice in writing to Citicorp Life. Such cancellation will be effective from the next premium due date and there shall be no entitlement to a rebate of premium.

Your insurance may be cancelled by us at any time if the premium or any instalment of premium has not been paid within 30 days of its due date.

#### Available Cover

As mentioned earlier, Term Life Insurance & LifeCare Trauma Insurance are separate insurance policies. They have been placed in this Customer Information Brochure for convenience, and may be purchased individually. As an added saving we will waive one policy fee if you wish to purchase both these policies. If you purchase both policies and cover multiple lives under each policy, again you will only pay one policy fee of \$50.

#### Nomination of Beneficiaries

You can nominate up to 5 beneficiaries on your policy, so long as you are the Policy Owner and the Life Insured.

You, as the Policy Owner, retain all rights to request changes to your policy. You may change a nominated beneficiary and revoke a previous nomination at any time prior to a claim event occurring.

# Term Life Insurance – Your questions answered

## Why Citicorp Term Life Insurance?

Generally, life insurance is taken to cover your outstanding debts, including your home mortgage. You may also consider taking life insurance as a means of providing extra funds which can be invested to provide a sufficient income for your family when you are no longer able to do so because of your death or total and permanent disability.

Life insurance and total and permanent disability cover should not only be limited to the main income earner; home-makers should also be protected. Consider the home-maker's valuable contribution and imagine the cost if these vital functions were to be provided by other sources, particularly when dependant children are involved. At Citicorp, we believe it is important to also protect the home-maker against death and total and permanent disability.

Whilst money can never replace the loss of a loved one, it's comforting to know the people who depend on you will be taken care of financially during this difficult period.

## How does Term Life Insurance fit into my retirement planning?

Your family's ability to cope in a crisis primarily depends on your actions now. If you are still quite young with little superannuation monies or other funds available, Term Life Insurance can be an inexpensive approach to filling the gap in the event of your death or total and permanent disability.

## What about superannuation – Can I add Term Life Insurance to my super fund?

If you have a self managed Superannuation Fund the trustee may take out a Term Life Policy with the option of Total and Permanent Disability cover and have the Superannuation Fund pay the premium. Premiums paid in this manner are deemed as Superannuation contributions and may have the added advantage of attracting tax deductions. The premiums, due to recent legislative changes may attract a surcharge tax. (We recommend you seek expert tax advice to cover your particular situation)

If you do not have a self managed fund, we have the facility for you to become a member of the Citicorp Retirement Fund. Details are contained in a separate brochure titled The Citicorp Retirement Fund. Please contact your agent or Citicorp Life if you wish to find out more.

## How can this insurance assist in my business?

All too often, business partners are not aware of a very simple safety net, Term Life Insurance... Citicorp Life offers Business partners the opportunity to insure each other, so that in the event of death or permanent disability, the remaining partners can afford to look after expenses and perhaps purchase their partner's share of the business.

## What is "Key Person" cover and can the Citicorp Term Life policy offer me this type of cover?

Key Person cover is a term adopted to describe the type of insurance that businesses may purchase on the lives of those they consider to be "key" to the organisation's success. In the event of their death or total and permanent disability, the business has the security of knowing they will have enough funds to be able to take the time to find a suitable replacement or at least utilise the funds as compensation for the loss of revenue previously derived from that key person. Citicorp's Term Life policy may be utilised as a "Key Person" policy. The taxation treatment of premiums paid and amounts received will vary depending upon the purpose of the business in taking out such a policy.

## What are the Guaranteed Premium Rates?

### Why would I choose them?

Most Life Companies only offer variable Term Life rates. However, Citicorp Life offers you the choice of both Guaranteed Rates and Variable Rates. Guaranteed Rates allow you to lock into pre-determined premium rates, so you have the convenience of knowing what you will be paying for insurance in 5, 10 or 20 years time. Irrespective of which type of rate you choose, as this policy is annually renewable, Citicorp guarantees to renew your Term Life Insurance regardless of any decline in health.

# LifeCare Trauma Insurance – Your questions answered

## Why Citicorp LifeCare Trauma Insurance?

The happening of a major illness or serious accident can cause considerable emotional and financial hardship, particularly if the principal income earner or homemaker is affected. It is understandable therefore, that today's informed consumer prefers to insure against the high cost of recovery and expenses associated with a major illness or injury, rather than solely for the event of death.

Let's consider the facts – Statistics show that if you are now in your twenties your chances of suffering from a major health problem before you are 65 are as high as one in four...as you get older the likelihood is even greater.

LifeCare allows you the independence of receiving a lump sum to cope with major expenses such as extended hospitalisation, local or overseas travel for specialist care, special equipment, housekeeping etc.

The costs mount daily. That's why LifeCare is essential to your peace of mind.... It pays you a lump sum when you need it most.

## I have private health insurance, do I need LifeCare Trauma Insurance?

These days, people are living longer and with daily advances being achieved in medical science, more people are overcoming major illness and injuries than ever before. The time it takes to recover or adjust can be both long and expensive....even with top private health cover. The health cover may pay your hospital bills but who will look after your Lifestyle? Citicorp's LifeCare will!

## How can LifeCare Trauma Insurance assist in my business?

LifeCare Trauma Insurance can be extended to suit the needs of businesses, both large and small, such as:

- A benefit in an employee remuneration package.
- Business Key Person Insurance for the recovery costs related to replacement, loss of revenue etc.
- Capital protection in funding buy and sell agreements to enable your share of the business to be purchased by your partners.

(The tax deductibility of premiums, and assessability of any receipts will be dependent upon your business and the purpose for which the policy was entered into. You should seek advice from a suitably qualified professional in relation to your particular circumstances.)

# Underwriting Guide

## Medical Requirements

### Term Life and Total and Permanent Disability Cover

Cover \$	Age next birthday							
	To 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 and Over
Up to 100,000								A
100,001 – 250,000							A	A
250,001 – 400,000							A	A
400,001 – 500,000						A	A	A
500,001 – 600,000	D	D	D	A+D	A+D	A+D	A+D	A+C+D
600,001 – 750,000	D	D	D	A+D	A+D	A+D	A+D	A+C+D
750,001 – 800,000	D	D	A+D	A+D	A+D	A+D	A+D	A+C+D
800,001 – 1,000,000	D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+C+D+E	A+C+D+E
1,000,001 – 1,500,000	A+D+E	A+D+E	A+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E
1,500,001 – 2,000,000	B+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E	B+C+D+E	B+C+D+E
2,000,001 Plus	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F

### LifeCare Trauma Cover

Cover \$	Age next birthday							
	To 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 and Over
Up to 100,000								A
100,001 – 300,000						A	A	A
300,001 – 500,000						A+D+E	A+D+E	A+D+E
500,001 – 600,000	D	D	D	D	A+D+E	A+D+E	A+C+D+E	A+C+D+E
600,001 – 800,000	D	D	D	D	A+D+E	A+D+E	A+C+D+E	A+C+D+E
800,001 – 1,000,000	A+D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+C+D+E	A+C+D+E	A+C+D+E
1,000,001 – 1,500,000	A+D+E	A+D+E	A+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E

**Key:** A = Medical Exam by Insured's Doctor      D = HIV Blood Test and Hepatitis B & C Serology  
 B = Medical Exam by Specialist Physician      E = Multiple Biochemical Blood Test (MBA 20)  
 C = ECG – Resting      F = ECG – Exercise

### Financial Requirements

Up to \$1,250,000	Nil
\$1,250,001 – \$1,750,000	Financial Questionnaire
\$1,750,001 – \$2,000,000	Financial Questionnaire verified by Independent Accountant
Over \$2,000,000	Financial Questionnaire and Accountant's Report, set of Financial Statements

### Authorised Specialist Physicians

#### NSW

Dr P Slezak  
 229 Macquarie Street  
 SYDNEY NSW 2000  
 Telephone: (02) 9233 4819

#### QLD

Dr W Rowe  
 157 Wickham Terrace  
 BRISBANE QLD 4000  
 Telephone: (07) 3831 5759

#### SA

Dr Lehman  
 Ashford Specialist Centre  
 Suite 10, 2nd Floor  
 57-59 Anzac Highway  
 ASHFORD SA 5035  
 Telephone: (08) 8297 6888

#### VIC

Dr Bill Wilson  
 322 Punt Road  
 SOUTH YARRA VIC 3141  
 Telephone: (03) 9866 5132

#### WA

Dr D J Batalin  
 138 Bagot Road  
 SUBIACO WA 6008  
 Telephone: (08) 9381 4164

Further information may be required at the discretion of Citicorp Life

# Premium Rates

## Term Life Insurance

Age Next Birthday	Male non-smoker rates				Annual Premium Rates for \$1,000 Cover			
	G'teed Premium	Variable Premium	Single TPD	Double TPD	Own Occupation Single TPD*	Waiver	GBIO G'teed Premium	GBIO Variable Premium
16-20	1.24	1.15	0.55	0.77	0.83	0.05	0.06	0.06
21	1.16	1.08	0.55	0.77	0.83	0.05	0.06	0.05
22	1.09	1.01	0.51	0.71	0.77	0.05	0.05	0.05
23	1.01	0.93	0.46	0.64	0.69	0.05	0.05	0.05
24	0.94	0.87	0.39	0.54	0.59	0.05	0.05	0.04
25	0.79	0.73	0.35	0.50	0.53	0.05	0.04	0.04
26	0.79	0.73	0.34	0.48	0.51	0.05	0.04	0.04
27	0.77	0.71	0.32	0.45	0.48	0.05	0.04	0.04
28	0.72	0.67	0.34	0.48	0.51	0.05	0.04	0.03
29	0.71	0.66	0.35	0.50	0.53	0.05	0.04	0.03
30	0.71	0.65	0.35	0.50	0.53	0.05	0.04	0.03
31	0.71	0.66	0.35	0.50	0.53	0.05	0.04	0.03
32	0.71	0.66	0.35	0.49	0.53	0.05	0.04	0.03
33	0.72	0.67	0.35	0.49	0.53	0.05	0.04	0.03
34	0.73	0.67	0.35	0.49	0.53	0.05	0.04	0.03
35	0.74	0.68	0.39	0.50	0.59	0.05	0.04	0.03
36	0.78	0.72	0.40	0.56	0.60	0.05	0.04	0.04
37	0.84	0.77	0.40	0.56	0.60	0.05	0.04	0.04
38	0.89	0.82	0.40	0.56	0.60	0.05	0.04	0.04
39	0.92	0.86	0.42	0.59	0.63	0.05	0.05	0.04
40	1.01	0.93	0.47	0.65	0.71	0.06	0.05	0.05
41	1.09	1.00	0.52	0.72	0.78	0.06	0.05	0.05
42	1.17	1.08	0.58	0.81	0.87	0.07	0.06	0.05
43	1.26	1.16	0.64	0.90	0.96	0.08	0.06	0.06
44	1.37	1.27	0.72	1.01	1.08	0.09	0.07	0.06
45	1.52	1.41	0.81	1.13	1.22	0.10	0.08	0.07
46	1.70	1.57	0.91	1.28	1.37	0.11	0.09	0.08
47	1.89	1.75	1.03	1.45	1.55	0.13	0.09	0.09
48	2.10	1.94	1.17	1.64	1.76	0.15	0.11	0.10
49	2.35	2.17	1.33	1.86	2.00	0.17	0.12	0.11
50	2.60	2.41	1.51	2.11	2.27	0.20	0.13	0.12
51	2.89	2.68	1.72	2.40	2.58	0.23	0.14	0.13
52	3.20	2.96	1.96	2.75	2.94	0.27	0.16	0.15
53	3.60	3.33	2.24	3.13	3.36	0.32	0.18	0.17
54	4.19	3.87	2.55	3.57	3.83	0.38	0.21	0.19
55	4.89	4.52	2.91	4.07	4.37	0.46	0.24	0.23
56	5.48	5.07	3.40	4.76	5.10	0.57		
57	6.16	5.70	4.08	5.71	6.12	0.72		
58	6.81	6.30	4.87	6.82	7.31	0.92		
59	7.55	6.98	5.75	8.06	8.63	1.17		
60	8.55	7.91	6.89	9.64	10.34	1.47		
61	9.65	8.93	8.27	11.58	12.41	1.81		
62	10.89	10.07	9.87	13.82	14.81	2.22		
63	12.26	11.34	11.76	16.46	17.64	2.70		
64	14.14	13.08	13.32	18.64	19.98	3.25		
65	16.05	14.85	15.60#	21.84◆	23.40◆	3.89◆		
66	18.00	16.70						
67	20.20	18.70						
68	22.60	20.90						
69	25.10	23.30						
70	29.30	27.10						
71	32.70	30.20						
72	36.20	33.50						
73	40.20	37.20						
74	44.50	41.20						
75	48.80	45.20						
76	53.20	49.20						
77	58.80	54.40						
78	64.90	60.00						
79	71.40	66.00						
80	78.90#	73.00#						
81	87.10#	80.50#						
82	96.30#	89.00#						
83	106.50#	98.50#						
84	117.80#	109.00#						
85	130.30#	120.50#						

**POLICY FEE OF \$50 TO BE ADDED.**

**Instalment payments:** Monthly – Add 6% to the total after the policy fee has been added and divide by 12.  
Half-yearly – Add 3% to the total after the policy fee has been added and divide by 2.

\* To calculate Own Occupation Double TPD, simply multiply the Double TPD rate by 1.5.

◆ Renewal Rate Only.

# Renewal Rates Only – renewal rates to age 99n.b. available on request.



## Term Life Insurance

Age Next Birthday	Male smoker rates				Annual Premium Rates for \$1,000 Cover			
	G'teed Premium	Variable Premium	Single TPD	Double TPD	Own Occupation Single TPD*	Waiver	GBIO G'teed Premium	GBIO Variable Premium
16-20	1.73	1.60	0.67	0.94	1.01	0.09	0.09	0.08
21	1.73	1.60	0.70	0.98	1.05	0.09	0.09	0.08
22	1.68	1.55	0.58	0.82	0.87	0.09	0.08	0.08
23	1.53	1.42	0.54	0.76	0.81	0.09	0.08	0.07
24	1.46	1.35	0.54	0.76	0.81	0.09	0.07	0.07
25	1.20	1.11	0.48	0.68	0.72	0.09	0.06	0.06
26	1.16	1.07	0.48	0.67	0.72	0.09	0.06	0.05
27	1.14	1.05	0.47	0.65	0.71	0.09	0.06	0.05
28	1.13	1.04	0.45	0.63	0.68	0.09	0.06	0.05
29	1.14	1.06	0.44	0.62	0.66	0.09	0.06	0.05
30	1.15	1.07	0.44	0.62	0.66	0.09	0.06	0.05
31	1.21	1.12	0.46	0.65	0.69	0.09	0.06	0.06
32	1.27	1.17	0.47	0.65	0.71	0.09	0.06	0.06
33	1.31	1.21	0.47	0.65	0.71	0.09	0.07	0.06
34	1.32	1.22	0.47	0.66	0.71	0.09	0.07	0.06
35	1.40	1.30	0.54	0.75	0.81	0.09	0.07	0.07
36	1.49	1.37	0.58	0.81	0.87	0.09	0.07	0.07
37	1.59	1.47	0.62	0.86	0.93	0.09	0.08	0.07
38	1.71	1.58	0.65	0.92	0.98	0.09	0.09	0.08
39	1.85	1.71	0.71	1.00	1.07	0.09	0.09	0.09
40	1.99	1.84	0.80	1.12	1.20	0.10	0.10	0.09
41	2.17	2.01	0.90	1.26	1.35	0.10	0.11	0.10
42	2.39	2.21	1.02	1.43	1.53	0.12	0.12	0.11
43	2.64	2.44	1.17	1.63	1.76	0.14	0.13	0.12
44	2.91	2.70	1.31	1.84	1.97	0.15	0.15	0.14
45	3.24	3.00	1.48	2.07	2.22	0.17	0.16	0.15
46	3.59	3.33	1.65	2.30	2.48	0.19	0.18	0.17
47	4.00	3.70	1.81	2.53	2.72	0.22	0.20	0.19
48	4.41	4.08	2.02	2.82	3.03	0.26	0.22	0.20
49	4.89	4.52	2.39	3.35	3.59	0.29	0.24	0.23
50	5.44	5.03	3.03	4.24	4.55	0.34	0.27	0.25
51	6.11	5.65	3.42	4.78	5.13	0.39	0.31	0.28
52	6.80	6.29	3.94	5.51	5.91	0.46	0.34	0.31
53	7.59	7.02	4.55	6.38	6.83	0.54	0.38	0.35
54	8.48	7.85	5.39	7.55	8.09	0.65	0.42	0.39
55	9.46	8.75	6.41	8.97	9.62	0.78	0.47	0.44
56	10.59	9.79	7.51	10.51	11.27	0.97		
57	11.86	10.97	8.71	12.19	13.07	1.22		
58	13.03	12.06	10.10	14.14	15.15	1.56		
59	14.34	13.26	11.72	16.41	17.58	1.99		
60	15.80	14.62	13.61	19.06	20.42	2.49		
61	17.51	16.19	15.71	21.99	23.57	3.09		
62	19.47	18.01	18.17	25.43	27.26	3.78		
63	21.66	20.04	20.98	29.37	31.47	4.59		
64	23.78	22.00	24.11	33.75	36.17	5.53		
65	26.05	24.10	27.21#	38.10◆	40.82◆	6.62◆		
66	28.50	26.40						
67	31.20	28.90						
68	34.00	31.50						
69	37.20	34.40						
70	40.50	37.50						
71	44.20	40.90						
72	48.10	44.50						
73	52.20	48.30						
74	56.50	52.30						
75	60.90	56.30						
76	65.40	60.50						
77	70.30	65.00						
78	75.70	70.00						
79	82.20	76.00						
80	88.70#	82.00#						
81	98.30#	90.90#						
82	107.70#	99.60#						
83	117.90#	109.10#						
84	129.20#	119.50#						
85	141.50#	130.90#						

**POLICY FEE OF \$50 TO BE ADDED.**

**Instalment payments:** Monthly – Add 6% to the total after the policy fee has been added and divide by 12.  
 Half-yearly – Add 3% to the total after the policy fee has been added and divide by 2.

\* To calculate Own Occupation Double TPD, simply multiply the Double TPD rate by 1.5.

◆ Renewal Rate Only.

# Renewal Rates Only – renewal rates to age 99n.b. available on request.

# Premium Rates

## Term Life Insurance

Age Next Birthday	Female non-smoker rates				Annual Premium Rates for \$1,000 Cover			
	G'teed Premium	Variable Premium	Single TPD	Double TPD	Own Occupation Single TPD*	Waiver	GBIO G'teed Premium	GBIO Variable Premium
16-20	0.61	0.56	0.49	0.69	0.74	0.05	0.03	0.03
21	0.61	0.56	0.49	0.69	0.74	0.05	0.03	0.03
22	0.60	0.56	0.49	0.69	0.74	0.05	0.03	0.03
23	0.57	0.53	0.46	0.64	0.69	0.05	0.03	0.03
24	0.55	0.50	0.39	0.54	0.59	0.05	0.03	0.03
25	0.52	0.48	0.35	0.50	0.53	0.05	0.03	0.02
26	0.50	0.46	0.34	0.48	0.51	0.05	0.03	0.02
27	0.50	0.46	0.32	0.45	0.48	0.05	0.03	0.02
28	0.50	0.46	0.34	0.48	0.51	0.05	0.03	0.02
29	0.51	0.47	0.35	0.50	0.53	0.05	0.03	0.02
30	0.52	0.48	0.35	0.50	0.53	0.05	0.03	0.02
31	0.52	0.48	0.35	0.50	0.53	0.05	0.03	0.02
32	0.54	0.50	0.35	0.49	0.53	0.05	0.03	0.03
33	0.57	0.52	0.35	0.49	0.53	0.05	0.03	0.03
34	0.58	0.54	0.35	0.49	0.53	0.05	0.03	0.03
35	0.61	0.56	0.39	0.50	0.59	0.05	0.03	0.03
36	0.64	0.59	0.40	0.56	0.60	0.05	0.03	0.03
37	0.65	0.60	0.40	0.56	0.60	0.05	0.03	0.03
38	0.68	0.63	0.40	0.56	0.60	0.05	0.03	0.03
39	0.72	0.67	0.42	0.59	0.63	0.05	0.04	0.03
40	0.75	0.70	0.47	0.65	0.71	0.06	0.04	0.04
41	0.81	0.75	0.52	0.72	0.78	0.06	0.04	0.04
42	0.87	0.81	0.58	0.81	0.87	0.07	0.04	0.04
43	0.94	0.87	0.64	0.90	0.96	0.08	0.05	0.04
44	1.02	0.94	0.72	1.01	1.08	0.09	0.05	0.05
45	1.10	1.02	0.81	1.13	1.22	0.10	0.06	0.05
46	1.23	1.13	0.91	1.28	1.37	0.11	0.06	0.06
47	1.36	1.25	1.03	1.45	1.55	0.13	0.07	0.06
48	1.53	1.41	1.17	1.64	1.76	0.15	0.08	0.07
49	1.67	1.55	1.33	1.86	2.00	0.17	0.08	0.08
50	1.83	1.70	1.51	2.11	2.27	0.20	0.09	0.09
51	2.04	1.89	1.72	2.40	2.58	0.23	0.10	0.09
52	2.29	2.12	1.96	2.75	2.94	0.27	0.11	0.11
53	2.57	2.38	2.24	3.13	3.36	0.32	0.13	0.12
54	2.85	2.63	2.55	3.57	3.83	0.38	0.14	0.13
55	3.14	2.91	2.91	4.07	4.37	0.46	0.16	0.15
56	3.47	3.21	3.40	4.76	5.10	0.57		
57	3.83	3.54	4.08	5.71	6.12	0.72		
58	4.24	3.92	4.87	6.82	7.31	0.92		
59	4.73	4.37	5.75	8.06	8.63	1.17		
60	5.27	4.87	6.89	9.64	10.34	1.47		
61	5.91	5.46	8.27	11.58	12.41	1.81		
62	6.53	6.04	9.87	13.82	14.81	2.22		
63	7.15	6.62	11.76	16.46	17.64	2.70		
64	7.92	7.33	13.32	18.64	19.98	3.25		
65	8.93	8.26	15.60#	21.84◆	23.40◆	3.89◆		
66	10.10	9.40						
67	11.60	10.70						
68	13.00	12.00						
69	14.60	13.50						
70	16.40	15.20						
71	18.50	17.10						
72	20.80	19.20						
73	23.40	21.60						
74	26.10	24.10						
75	29.10	26.90						
76	32.60	30.20						
77	36.90	34.10						
78	41.90	38.80						
79	47.80	44.20						
80	54.60#	50.50#						
81	62.00#	57.30#						
82	70.10#	64.90#						
83	79.00#	73.10#						
84	88.90#	82.20#						
85	99.80#	92.40#						

**POLICY FEE OF \$50 TO BE ADDED.**

**Instalment payments:** Monthly – Add 6% to the total after the policy fee has been added and divide by 12.  
 Half-yearly – Add 3% to the total after the policy fee has been added and divide by 2.

\* To calculate Own Occupation Double TPD, simply multiply the Double TPD rate by 1.5.

◆ Renewal Rate Only.

# Renewal Rates Only – renewal rates to age 99n.b. available on request.

## Term Life Insurance

Age Next Birthday	Female smoker rates				Annual Premium Rates for \$1,000 Cover			
	G'teed Premium	Variable Premium	Single TPD	Double TPD	Own Occupation Single TPD*	Waiver	GBIO G'teed Premium	GBIO Variable Premium
16-20	0.95	0.88	0.67	0.94	1.01	0.09	0.05	0.04
21	1.03	0.95	0.70	0.98	1.05	0.09	0.05	0.05
22	1.03	0.95	0.58	0.82	0.87	0.09	0.05	0.05
23	1.03	0.95	0.54	0.76	0.81	0.09	0.05	0.05
24	1.00	0.93	0.54	0.76	0.81	0.09	0.05	0.05
25	0.95	0.88	0.48	0.68	0.72	0.09	0.05	0.04
26	0.93	0.86	0.48	0.67	0.72	0.09	0.05	0.04
27	0.93	0.86	0.47	0.65	0.71	0.09	0.05	0.04
28	0.93	0.86	0.45	0.63	0.68	0.09	0.05	0.04
29	0.93	0.86	0.44	0.62	0.66	0.09	0.05	0.04
30	0.93	0.86	0.44	0.62	0.66	0.09	0.05	0.04
31	0.95	0.88	0.46	0.65	0.69	0.09	0.05	0.04
32	0.99	0.91	0.47	0.65	0.71	0.09	0.05	0.05
33	1.01	0.94	0.47	0.65	0.71	0.09	0.05	0.05
34	1.02	0.94	0.47	0.66	0.71	0.09	0.05	0.05
35	1.02	0.94	0.54	0.75	0.81	0.09	0.05	0.05
36	1.10	1.02	0.58	0.81	0.87	0.09	0.06	0.05
37	1.12	1.03	0.62	0.86	0.93	0.09	0.06	0.05
38	1.15	1.06	0.65	0.92	0.98	0.09	0.06	0.05
39	1.29	1.19	0.71	1.00	1.07	0.09	0.06	0.06
40	1.43	1.32	0.80	1.12	1.20	0.10	0.07	0.07
41	1.57	1.45	0.90	1.26	1.35	0.10	0.08	0.07
42	1.74	1.61	1.02	1.43	1.53	0.12	0.09	0.08
43	1.88	1.74	1.17	1.63	1.76	0.14	0.09	0.09
44	2.02	1.86	1.31	1.84	1.97	0.15	0.10	0.09
45	2.16	2.00	1.48	2.07	2.22	0.17	0.11	0.10
46	2.32	2.14	1.65	2.30	2.48	0.19	0.12	0.11
47	2.48	2.29	1.81	2.53	2.72	0.22	0.12	0.11
48	2.71	2.51	2.02	2.82	3.03	0.26	0.14	0.13
49	3.00	2.78	2.39	3.35	3.59	0.29	0.15	0.14
50	3.36	3.11	3.03	4.24	4.55	0.34	0.17	0.16
51	3.75	3.47	3.42	4.78	5.13	0.39	0.19	0.17
52	4.18	3.87	3.94	5.51	5.91	0.46	0.21	0.19
53	4.63	4.28	4.55	6.38	6.83	0.54	0.23	0.21
54	5.07	4.69	5.39	7.55	8.09	0.65	0.25	0.23
55	5.54	5.12	6.41	8.97	9.62	0.78	0.28	0.26
56	6.01	5.56	7.51	10.51	11.27	0.97		
57	6.51	6.02	8.71	12.19	13.07	1.22		
58	7.06	6.53	10.10	14.14	15.15	1.56		
59	7.64	7.06	11.72	16.41	17.58	1.99		
60	8.25	7.63	13.61	19.06	20.42	2.49		
61	8.89	8.23	15.71	21.99	23.57	3.09		
62	9.59	8.87	18.17	25.43	27.26	3.78		
63	10.39	9.61	20.98	29.37	31.47	4.59		
64	11.31	10.46	24.11	33.75	36.17	5.53		
65	12.34	11.41	27.21#	38.10◆	40.82◆	6.62◆		
66	13.70	12.70						
67	15.40	14.30						
68	17.60	16.30						
69	20.00	18.50						
70	22.20	20.50						
71	24.50	22.70						
72	27.10	25.10						
73	29.80	27.60						
74	32.80	30.30						
75	35.90	33.20						
76	39.60	36.60						
77	43.90	40.60						
78	49.00	45.30						
79	54.80	50.70						
80	61.30#	56.70#						
81	69.20#	64.00#						
82	77.90#	72.10#						
83	87.40#	80.80#						
84	97.80#	90.50#						
85	109.30#	101.10#						

**POLICY FEE OF \$50 TO BE ADDED.**

**Instalment payments:** Monthly – Add 6% to the total after the policy fee has been added and divide by 12.  
 Half-yearly – Add 3% to the total after the policy fee has been added and divide by 2.

\* To calculate Own Occupation Double TPD, simply multiply the Double TPD rate by 1.5.

◆ Renewal Rate Only.

# Renewal Rates Only – renewal rates to age 99n.b. available on request.

# Premium Rates

## LifeCare Trauma Insurance

Age Next Birthday	Male non-smoker rates					
	Annual Premium Rates for \$1,000 Cover					
	LifeCare	LifeCare and Term Life	Term Life <sup>‡</sup>	Any Occupation TPD	Own Occupation TPD	Buyback
16-20	0.96	2.03	1.15	0.30	0.45	0.05
21	0.96	1.98	1.08	0.30	0.45	0.05
22	0.96	1.92	1.01	0.30	0.45	0.05
23	0.96	1.84	0.93	0.30	0.45	0.05
24	0.96	1.77	0.87	0.30	0.45	0.05
25	0.89	1.55	0.73	0.29	0.44	0.05
26	0.89	1.55	0.73	0.29	0.44	0.05
27	0.89	1.54	0.71	0.29	0.44	0.05
28	0.89	1.50	0.67	0.29	0.44	0.05
29	0.89	1.49	0.66	0.29	0.44	0.05
30	1.05	1.63	0.65	0.29	0.44	0.05
31	1.05	1.63	0.66	0.29	0.44	0.05
32	1.05	1.63	0.66	0.29	0.44	0.05
33	1.05	1.63	0.67	0.29	0.44	0.05
34	1.05	1.63	0.67	0.29	0.44	0.05
35	1.28	1.84	0.68	0.32	0.48	0.05
36	1.42	2.01	0.72	0.34	0.51	0.06
37	1.58	2.21	0.77	0.34	0.51	0.07
38	1.79	2.43	0.82	0.34	0.51	0.07
39	2.04	2.65	0.86	0.34	0.51	0.08
40	2.31	2.95	0.93	0.35	0.53	0.09
41	2.64	3.28	1.00	0.39	0.59	0.10
42	3.00	3.68	1.08	0.43	0.65	0.12
43	3.38	4.15	1.16	0.50	0.75	0.14
44	3.79	4.66	1.27	0.56	0.84	0.16
45	4.23	5.23	1.41	0.62	0.93	0.19
46	4.73	5.83	1.57	0.68	1.02	0.24
47	5.30	6.48	1.75	0.78	1.17	0.30
48	5.91	7.19	1.94	0.90	1.35	0.37
49	6.60	7.98	2.17	1.00	1.50	0.46
50	7.40	8.88	2.41	1.10	1.65	0.50
51	8.44	9.94	2.68	1.22	1.83	0.68
52	9.62	11.24	2.96	1.38	2.07	0.83
53	10.99	12.66	3.33	1.60	2.40	1.00
54	12.51	14.22	3.87	1.86	2.79	1.18
55	14.21	15.92	4.52	2.16	3.24	1.41
56	15.62	17.42	5.07	2.43	3.65	1.64
57	17.15	19.05	5.70	2.73	4.10	1.92
58	18.83	20.86	6.30	3.25	4.88	2.25
59	20.69	22.85	6.98	3.95	5.93	2.64
60	22.75	25.08	7.91	4.75	7.13	3.07
61	25.07	27.58	8.93	5.54	8.31	3.58
62	27.65	30.36	10.07	6.44	9.66	4.14
63	30.52	33.48	11.34	7.48	11.22	4.77
64	33.74	37.00	13.08	8.65	12.98	5.46
65	37.31 <sup>#</sup>	40.95 <sup>#</sup>	14.85 <sup>#</sup>	9.99 <sup>◆</sup>	14.99 <sup>◆</sup>	
66	41.00 <sup>#</sup>	45.00 <sup>#</sup>	16.70 <sup>#</sup>			
67	45.10 <sup>#</sup>	49.50 <sup>#</sup>	18.70 <sup>#</sup>			
68	49.60 <sup>#</sup>	54.50 <sup>#</sup>	20.90 <sup>#</sup>			
69	54.60 <sup>#</sup>	60.00 <sup>#</sup>	23.30 <sup>#</sup>			
70	60.10 <sup>#</sup>	66.00 <sup>#</sup>	27.10 <sup>#</sup>			
71	10.64 <sup>#</sup>	40.84 <sup>#</sup>	30.20 <sup>#</sup>			
72	12.62 <sup>#</sup>	46.12 <sup>#</sup>	33.50 <sup>#</sup>			
73	14.87 <sup>#</sup>	52.07 <sup>#</sup>	37.20 <sup>#</sup>			
74	17.43 <sup>#</sup>	58.63 <sup>#</sup>	41.20 <sup>#</sup>			
75	20.35 <sup>#</sup>	65.55 <sup>#</sup>	45.20 <sup>#</sup>			
76	24.20 <sup>#</sup>	73.40 <sup>#</sup>	49.20 <sup>#</sup>			
77	28.67 <sup>#</sup>	83.07 <sup>#</sup>	54.40 <sup>#</sup>			
78	33.74 <sup>#</sup>	93.74 <sup>#</sup>	60.00 <sup>#</sup>			
79	39.59 <sup>#</sup>	105.59 <sup>#</sup>	66.00 <sup>#</sup>			
80	44.91 <sup>#</sup>	117.91 <sup>#</sup>	73.00 <sup>#</sup>			
81	50.83 <sup>#</sup>	131.33 <sup>#</sup>	80.50 <sup>#</sup>			
82	57.38 <sup>#</sup>	146.38 <sup>#</sup>	89.00 <sup>#</sup>			
83	64.86 <sup>#</sup>	163.36 <sup>#</sup>	98.50 <sup>#</sup>			
84	73.24 <sup>#</sup>	182.24 <sup>#</sup>	109.00 <sup>#</sup>			
85	82.55 <sup>#</sup>	203.05 <sup>#</sup>	120.50 <sup>#</sup>			

**Age 2-15 ChildCare Premium for \$50,000 is \$50.00**

**POLICY FEE OF \$50 TO BE ADDED**

**Instalment payments:** Monthly – Add 6% to the total after policy fee has been added and divide by 12  
 Half-yearly – Add 3% to the total after policy fee has been added and divide by 2

<sup>‡</sup> These rates apply to that portion of your Term Life cover, if selected, that is higher than your Trauma cover.

<sup>◆</sup> Renewal Rate Only.

<sup>#</sup> Renewal Rates Only – renewal rates to age 99 n.b. available on request.

## LifeCare Trauma Insurance

Age Next Birthday	Male smoker rates			Annual Premium Rates for \$1,000 Cover		
	LifeCare	LifeCare and Term Life	Term Life <sup>‡</sup>	Any Occupation TPD	Own Occupation TPD	Buyback
16-20	1.33	2.80	1.60	0.33	0.50	0.05
21	1.33	2.80	1.60	0.33	0.50	0.05
22	1.33	2.80	1.55	0.33	0.50	0.05
23	1.33	2.62	1.42	0.33	0.50	0.05
24	1.33	2.62	1.35	0.33	0.50	0.05
25	1.65	2.62	1.11	0.40	0.60	0.05
26	1.65	2.62	1.07	0.40	0.60	0.05
27	1.65	2.61	1.05	0.39	0.59	0.05
28	1.65	2.59	1.04	0.38	0.57	0.05
29	1.65	2.60	1.06	0.37	0.56	0.05
30	2.16	3.10	1.07	0.37	0.56	0.07
31	2.16	3.13	1.12	0.39	0.59	0.07
32	2.16	3.17	1.17	0.40	0.60	0.07
33	2.16	3.19	1.21	0.40	0.60	0.07
34	2.16	3.19	1.22	0.40	0.60	0.07
35	2.79	3.85	1.30	0.46	0.69	0.12
36	3.11	4.21	1.37	0.49	0.74	0.13
37	3.51	4.68	1.47	0.52	0.78	0.15
38	4.00	5.23	1.58	0.55	0.83	0.16
39	4.61	5.82	1.71	0.60	0.90	0.18
40	5.26	6.57	1.84	0.63	0.95	0.20
41	6.11	7.42	2.01	0.67	1.01	0.24
42	7.03	8.39	2.21	0.73	1.10	0.28
43	8.04	9.62	2.44	0.86	1.29	0.33
44	9.16	11.01	2.70	0.99	1.49	0.38
45	10.36	12.42	3.00	1.13	1.70	0.47
46	11.59	13.82	3.33	1.28	1.92	0.58
47	12.92	15.34	3.60	1.46	2.19	0.73
48	14.36	16.97	4.08	1.63	2.45	0.90
49	15.98	18.78	4.52	1.80	2.70	1.11
50	17.75	20.76	5.03	1.96	2.94	1.21
51	20.00	22.95	5.65	2.16	3.24	1.61
52	22.52	25.60	6.29	2.41	3.62	1.94
53	25.28	28.36	7.02	2.77	4.16	2.29
54	28.28	31.31	7.85	3.17	4.76	2.66
55	31.55	34.43	8.75	3.66	5.49	3.13
56	34.06	36.94	9.79	4.19	6.29	3.58
57	36.70	39.54	10.97	4.75	7.13	4.11
58	39.55	42.35	12.06	5.47	8.21	4.72
59	42.62	45.34	13.26	6.29	9.44	5.43
60	45.96	48.64	14.62	7.20	10.80	6.20
61	49.64	52.31	16.19	8.25	12.38	7.09
62	53.64	56.41	18.01	9.46	14.19	8.03
63	57.98	60.90	20.04	10.84	16.26	9.06
64	62.75	65.89	22.00	12.36	18.54	10.16
65	67.91#	71.37#	24.10#	14.08◆	21.12◆	
66	73.30#	77.10#	26.40#			
67	79.20#	83.30#	28.90#			
68	85.50#	90.00#	31.50#			
69	92.30#	97.20#	34.40#			
70	99.70#	105.00#	37.50#			
71	16.31#	57.21#	40.90#	<div style="border: 1px solid black; padding: 5px;"> <b>Age 2-15 ChildCare Premium for \$50,000 is \$50.00</b>  <b>POLICY FEE OF \$50 TO BE ADDED</b>  <b>Instalment payments:</b> Monthly – Add 6% to the total after policy fee has been added and divide by 12  Half-yearly – Add 3% to the total after policy fee has been added and divide by 2  <sup>‡</sup> These rates apply to that portion of your Term Life cover, if selected, that is higher than your Trauma cover.  ◆ Renewal Rate Only.  # Renewal Rates Only – renewal rates to age 99 n.b. available on request. </div>		
72	18.96#	63.46#	44.50#			
73	21.88#	70.18#	48.30#			
74	25.11#	77.41#	52.30#			
75	28.67#	84.97#	56.30#			
76	33.49#	93.99#	60.50#			
77	39.07#	104.07#	65.00#			
78	45.29#	115.29#	70.00#			
79	52.32#	128.32#	76.00#			
80	59.36#	141.36#	82.00#			
81	67.17#	158.07#	90.90#			
82	75.83#	175.43#	99.60#			
83	85.72#	194.82#	101.10#			
84	96.79#	216.29#	119.50#			
85	109.10#	240.00#	130.90#			

# Premium Rates

## LifeCare Trauma Insurance

Age Next Birthday	Female non-smoker rates					
	Annual Premium Rates for \$1,000 Cover					
	LifeCare	LifeCare and Term Life	Term Life <sup>‡</sup>	Any Occupation TPD	Own Occupation TPD	Buyback
16-20	0.80	1.29	0.56	0.30	0.45	0.05
21	0.88	1.38	0.56	0.30	0.45	0.05
22	0.88	1.38	0.56	0.30	0.45	0.05
23	0.88	1.36	0.53	0.30	0.45	0.05
24	0.88	1.32	0.50	0.30	0.45	0.05
25	0.92	1.32	0.48	0.29	0.44	0.05
26	0.92	1.32	0.46	0.29	0.44	0.05
27	0.92	1.32	0.46	0.29	0.44	0.05
28	0.92	1.31	0.46	0.29	0.44	0.05
29	0.92	1.31	0.47	0.29	0.44	0.05
30	1.30	1.67	0.48	0.29	0.44	0.10
31	1.30	1.67	0.48	0.29	0.44	0.10
32	1.30	1.67	0.50	0.29	0.44	0.10
33	1.30	1.68	0.52	0.29	0.44	0.10
34	1.30	1.69	0.54	0.29	0.44	0.10
35	1.65	1.93	0.56	0.32	0.48	0.17
36	1.76	2.03	0.59	0.34	0.51	0.18
37	1.88	2.18	0.60	0.34	0.51	0.20
38	2.01	2.32	0.63	0.34	0.51	0.22
39	2.16	2.48	0.67	0.34	0.51	0.23
40	2.32	2.67	0.70	0.35	0.53	0.24
41	2.56	2.91	0.75	0.39	0.59	0.26
42	2.80	3.18	0.81	0.43	0.65	0.26
43	3.05	3.44	0.87	0.50	0.75	0.28
44	3.30	3.72	0.94	0.56	0.84	0.29
45	3.55	4.00	1.02	0.62	0.93	0.30
46	3.80	4.31	1.13	0.68	1.02	0.32
47	4.10	4.66	1.25	0.78	1.17	0.34
48	4.45	5.08	1.41	0.90	1.35	0.37
49	4.82	5.54	1.55	1.00	1.50	0.39
50	5.22	6.02	1.70	1.10	1.65	0.41
51	5.86	6.73	1.89	1.22	1.83	0.47
52	6.53	7.51	2.12	1.38	2.07	0.53
53	7.23	8.33	2.38	1.60	2.40	0.59
54	7.93	9.13	2.63	1.86	2.79	0.65
55	8.64	9.93	2.91	2.16	3.24	0.72
56	9.52	10.90	3.21	2.43	3.65	0.82
57	10.45	11.91	3.54	2.73	4.10	0.94
58	11.47	13.02	3.92	3.25	4.88	1.09
59	12.59	14.26	4.37	3.95	5.93	1.27
60	13.87	15.67	4.87	4.75	7.13	1.48
61	15.29	17.24	5.46	5.54	8.31	1.71
62	16.87	18.97	6.04	6.44	9.66	1.99
63	18.65	20.90	6.62	7.48	11.22	2.30
64	20.66	23.08	7.33	8.65	12.98	2.64
65	22.91 <sup>#</sup>	25.52 <sup>#</sup>	8.26 <sup>#</sup>	9.99 <sup>◆</sup>	14.99 <sup>◆</sup>	
66	25.20 <sup>#</sup>	28.10 <sup>#</sup>	9.40 <sup>#</sup>			
67	27.70 <sup>#</sup>	30.90 <sup>#</sup>	10.70 <sup>#</sup>			
68	30.50 <sup>#</sup>	34.00 <sup>#</sup>	12.00 <sup>#</sup>			
69	33.60 <sup>#</sup>	37.40 <sup>#</sup>	13.50 <sup>#</sup>			
70	37.00 <sup>#</sup>	41.10 <sup>#</sup>	15.20 <sup>#</sup>			
71	24.25 <sup>#</sup>	41.35 <sup>#</sup>	17.10 <sup>#</sup>	<div style="border: 1px solid black; padding: 5px;"> <b>Age 2-15 ChildCare Premium for \$50,000 is \$50.00</b>  <b>POLICY FEE OF \$50 TO BE ADDED</b>  <b>Instalment payments:</b> Monthly – Add 6% to the total after policy fee has been added and divide by 12  Half-yearly – Add 3% to the total after policy fee has been added and divide by 2 </div>		
72	27.54 <sup>#</sup>	46.74 <sup>#</sup>	19.20 <sup>#</sup>			
73	31.56 <sup>#</sup>	53.16 <sup>#</sup>	21.60 <sup>#</sup>			
74	36.10 <sup>#</sup>	60.20 <sup>#</sup>	24.10 <sup>#</sup>			
75	41.53 <sup>#</sup>	68.43 <sup>#</sup>	26.90 <sup>#</sup>			
76	48.14 <sup>#</sup>	78.34 <sup>#</sup>	30.20 <sup>#</sup>			
77	55.84 <sup>#</sup>	89.94 <sup>#</sup>	34.10 <sup>#</sup>			
78	65.32 <sup>#</sup>	104.12 <sup>#</sup>	38.80 <sup>#</sup>			
79	76.42 <sup>#</sup>	120.62 <sup>#</sup>	44.20 <sup>#</sup>			
80	88.78 <sup>#</sup>	139.28 <sup>#</sup>	50.50 <sup>#</sup>			
81	102.12 <sup>#</sup>	159.42 <sup>#</sup>	57.30 <sup>#</sup>	<sup>‡</sup> These rates apply to that portion of your Term Life cover, if selected, that is higher than your Trauma cover. <sup>◆</sup> Renewal Rate Only. <sup>#</sup> Renewal Rates Only – renewal rates to age 99 n.b. available on request.		
82	116.46 <sup>#</sup>	181.36 <sup>#</sup>	64.90 <sup>#</sup>			
83	131.68 <sup>#</sup>	204.78 <sup>#</sup>	73.10 <sup>#</sup>			
84	147.68 <sup>#</sup>	229.88 <sup>#</sup>	82.20 <sup>#</sup>			
85	164.02 <sup>#</sup>	256.42 <sup>#</sup>	92.40 <sup>#</sup>			

## LifeCare Trauma Insurance

Age Next Birthday	Female smoker rates			Annual Premium Rates for \$1,000 Cover		
	LifeCare	LifeCare and Term Life	Term Life <sup>‡</sup>	Any Occupation TPD	Own Occupation TPD	Buyback
16-20	0.92	1.75	0.88	0.33	0.50	0.05
21	0.93	1.80	0.95	0.33	0.50	0.05
22	0.93	1.80	0.95	0.33	0.50	0.05
23	0.93	1.80	0.95	0.33	0.50	0.05
24	0.93	1.80	0.93	0.33	0.50	0.05
25	1.40	2.18	0.88	0.33	0.50	0.05
26	1.40	2.18	0.86	0.33	0.50	0.05
27	1.40	2.18	0.86	0.33	0.50	0.05
28	1.40	2.18	0.86	0.33	0.50	0.05
29	1.40	2.18	0.86	0.33	0.50	0.05
30	2.01	2.70	0.86	0.33	0.50	0.10
31	2.01	2.70	0.88	0.33	0.50	0.10
32	2.01	2.71	0.91	0.33	0.50	0.10
33	2.01	2.72	0.94	0.33	0.50	0.10
34	2.01	2.72	0.94	0.33	0.50	0.10
35	2.86	3.46	0.94	0.36	0.54	0.18
36	3.21	3.83	1.02	0.38	0.57	0.20
37	3.65	4.21	1.03	0.40	0.60	0.22
38	4.16	4.67	1.06	0.43	0.65	0.30
39	4.72	5.06	1.19	0.45	0.68	0.40
40	5.29	5.53	1.32	0.48	0.72	0.55
41	5.91	6.07	1.45	0.52	0.78	0.57
42	6.45	6.67	1.61	0.57	0.86	0.57
43	6.85	7.26	1.74	0.62	0.93	0.59
44	7.15	7.95	1.86	0.67	1.01	0.60
45	7.44	8.35	2.00	0.72	1.08	0.61
46	7.82	8.79	2.14	0.81	1.22	0.63
47	8.40	9.40	2.29	0.93	1.40	0.65
48	9.11	10.17	2.51	1.05	1.58	0.68
49	9.88	11.06	2.78	1.17	1.76	0.70
50	10.95	12.24	3.11	1.29	1.94	0.72
51	12.20	13.62	3.47	1.44	2.16	0.78
52	13.46	15.04	3.87	1.63	2.45	0.84
53	14.73	16.36	4.28	1.89	2.84	0.90
54	16.00	17.73	4.69	2.20	3.30	0.96
55	17.30	19.14	5.12	2.59	3.89	1.03
56	18.66	20.71	5.56	3.02	4.53	1.13
57	19.95	22.33	6.02	3.50	5.25	1.25
58	20.55	23.28	6.53	4.12	6.18	1.40
59	21.92	24.84	7.06	4.84	7.26	1.58
60	23.08	26.23	7.63	5.68	8.52	1.79
61	24.27	27.67	8.23	6.62	9.93	2.02
62	26.02	29.61	8.87	7.71	11.57	2.30
63	28.31	32.10	9.61	8.94	13.41	2.61
64	30.81	34.85	10.46	10.35	15.53	2.95
65	33.64 <sup>#</sup>	37.97 <sup>#</sup>	11.41 <sup>#</sup>	11.96 <sup>◆</sup>	17.94 <sup>◆</sup>	
66	36.50 <sup>#</sup>	41.50 <sup>#</sup>	12.70 <sup>#</sup>			
67	40.00 <sup>#</sup>	45.80 <sup>#</sup>	14.30 <sup>#</sup>			
68	44.60 <sup>#</sup>	51.40 <sup>#</sup>	16.30 <sup>#</sup>			
69	50.10 <sup>#</sup>	58.00 <sup>#</sup>	18.50 <sup>#</sup>			
70	56.30 <sup>#</sup>	65.00 <sup>#</sup>	20.50 <sup>#</sup>			
71	27.07 <sup>#</sup>	49.77 <sup>#</sup>	22.70 <sup>#</sup>	<div style="border: 1px solid black; padding: 5px;"> <b>Age 2-15 ChildCare Premium for \$50,000 is \$50.00</b>  <b>POLICY FEE OF \$50 TO BE ADDED</b>  <b>Instalment payments:</b> Monthly – Add 6% to the total after policy fee has been added and divide by 12  Half-yearly – Add 3% to the total after policy fee has been added and divide by 2  <sup>‡</sup> These rates apply to that portion of your Term Life cover, if selected, that is higher than your Trauma cover.  <sup>◆</sup> Renewal Rate Only.  <sup>#</sup> Renewal Rates Only – renewal rates to age 99 n.b. available on request. </div>		
72	30.27 <sup>#</sup>	55.37 <sup>#</sup>	25.10 <sup>#</sup>			
73	34.13 <sup>#</sup>	61.73 <sup>#</sup>	27.60 <sup>#</sup>			
74	38.41 <sup>#</sup>	68.71 <sup>#</sup>	30.30 <sup>#</sup>			
75	43.48 <sup>#</sup>	76.68 <sup>#</sup>	33.20 <sup>#</sup>			
76	49.57 <sup>#</sup>	86.17 <sup>#</sup>	36.60 <sup>#</sup>			
77	56.53 <sup>#</sup>	97.13 <sup>#</sup>	40.60 <sup>#</sup>			
78	65.28 <sup>#</sup>	110.58 <sup>#</sup>	45.30 <sup>#</sup>			
79	76.05 <sup>#</sup>	126.75 <sup>#</sup>	50.70 <sup>#</sup>			
80	88.35 <sup>#</sup>	145.05 <sup>#</sup>	56.70 <sup>#</sup>			
81	101.62 <sup>#</sup>	165.62 <sup>#</sup>	64.00 <sup>#</sup>			
82	115.89 <sup>#</sup>	187.99 <sup>#</sup>	72.10 <sup>#</sup>			
83	131.04 <sup>#</sup>	211.84 <sup>#</sup>	80.80 <sup>#</sup>			
84	146.97 <sup>#</sup>	237.47 <sup>#</sup>	90.50 <sup>#</sup>			
85	163.23 <sup>#</sup>	264.33 <sup>#</sup>	101.10 <sup>#</sup>			

# Term Life Insurance – Policy Document

## Important

This Policy Document sets out the cover provided by Citicorp Life Insurance Limited under your Term Life Insurance Plan. It is important that you retain your Policy Information Statement and this Policy Document as together they form the terms and conditions of your Policy.

## Definitions

For the purpose of this Policy “we”, “us” and “our” means Citicorp Life Insurance Limited.

“you” and “your” means the policy owner referred to in the Schedule or the executors, administrators or assigns of the policy owner.

“Life Insured” means the person or persons referred to as such in the Schedule.

“Commencement Date” is the date shown in the Schedule.

“Sum Insured” means the Sum Insured specified in the Schedule in respect of each type of benefit, as indexed (Automatic Increases in Benefit on Renewal) or increased from time to time.

“Consumer Price Index” means the consumer price index (“weighted average of eight capital cities combined”) as published by the Australian Bureau of Statistics or its successor over the twelve month period ending at the end of the last reported quarter. If the index is not published the increase shall be calculated from such other retail price index as we consider appropriate.

“Terminal Illness” means a sickness, disease or disorder which (based on the conclusive diagnosis/prognosis of a medical practitioner specialising in the type of illness from which the Life Insured is suffering) is reasonably expected to reduce the life expectancy of the Life Insured to less than twelve (12) months.

## Extent of Cover

Provided that you have paid the premium referred to in the Schedule, we will pay the benefits provided for under this policy on the happening of any event for which cover is being provided as set out in the Schedule. Cover for Death Benefits will automatically provide you with cover for Terminal Illness Benefits. (except where the policy is held for Superannuation purposes)

The payment of any claim is subject to us receiving proof to our satisfaction as to the happening of any such event and as to the entitlement of any person or persons claiming under the Policy.

## Disclosure of Information

This Policy is issued on the basis of the information disclosed to us in the application form, as well as in the personal statements and declarations made by you and the Life Insured.

## “Cooling Off” Period

After we have accepted your application for Term Life Insurance, we will send you a Policy Information Statement containing information about your policy and the options you have selected under this policy.

Please check this Policy Document and the Policy Information Statement (including the Schedule) carefully to ensure that it meets with your requirements. If you are not satisfied, you may return it to us within fourteen days from the date of receipt and we will cancel the Policy as and from its inception and refund in full any premiums you have paid. Where the Policy is held for superannuation purposes the amount repayable may be reduced by any applicable taxes, levies, duties or charges.

## Period of Cover

The period of cover shall begin on the Commencement Date and shall be for a period of one year only. Subject to the age limitations contained in this Policy, we shall renew cover for further periods of one year each upon receiving your request to do so accompanied by the annual premium or the first instalment of premium prior to the expiry of each period of one year. A period of thirty days grace shall be allowed for payment of premium and during this period the Policy shall remain in force.

## Premiums

The first annual premium or the first instalment premium shown in the Schedule is due and payable in advance and calculated from the Commencement Date. Further premiums payable on renewal will be calculated in accordance with our then current rates of premium or with the “Guaranteed Premium Table of Rates”.

The rates applicable to the policy shall be stated in the Schedule.

## Variable Premium Rates

Under our variable premium rates, we may vary our premium rates upon giving thirty (30) days written notice to you at any time. This is provided that any variation shall be effective only from the next anniversary of the Commencement Date and that any such variation shall only be made if we vary the premium rates under all policies of insurance then issued by us providing cover of a similar kind to this Policy.

## OR

## Guaranteed Premium Rates

Under our guaranteed premium rates, the premium rates applying to Death Benefits (only) as set out in the Table of Rates are guaranteed not to change whilst this Policy remains in force. This guarantee does not apply to any premiums payable for any extensions, Government or statutory charges or annual policy fee.

## Premium Freeze Option

Where this option has been chosen, premiums payable in respect of future annual periods of cover will remain at the level that applied during the annual period of cover current at the time the premium freeze option was requested. The Sum Insured will be adjusted each year as required in order to compensate for the premium freeze. Where this Policy provides for Death and Total and Permanent Disability benefits, the respective Sum Insureds shall be adjusted in equal proportions.

## Unpaid Premiums

Where any premium has not been paid within thirty days of the due date, then all cover provided under this Policy will lapse. We may at our discretion reinstate the unexpired period of the Policy and renew the Policy within one year from the date of lapse upon receipt of an application for reinstatement and such other information that we may require (including proof to our satisfaction as to the Life Insured's continued good health and eligibility for cover) and upon payment by you of the overdue premium.

## Surrender Values

No surrender value is acquired under this Policy. This Policy is issued from our No. 1 Statutory Fund.



## Death By Own Hand/Suicide

This Policy shall be null and void, and all premiums paid forfeited to us if the Life Insured dies by their own hand or commits suicide, whether sane or insane, within thirteen months from the Commencement Date or within thirteen months after the date of our acceptance of any reinstatement. Where there has been an increase in the Sum Insured (other than by indexation) and the Life Insured dies by their own hand or commits suicide whether sane or insane within thirteen months of any such increase, then the benefit payable is that which would otherwise have been payable if that increase had not occurred.

## Admission of Age

Upon satisfactory proof of the date of the Life Insured's birth, that age will be admitted on the Policy, otherwise proof will be required prior to the payment of any benefits.

## Age Limitation

No cover will be provided whether by way of renewal or reinstatement after the Life Insured's 99th birthday or such earlier age as noted in the Schedule during any annual period of cover.

## Alteration to Policy

No alteration to this Policy shall be binding on us unless it has been agreed to in writing by a principal officer or other authorised person.

## Multiple Lives

If this Policy insures multiple lives, its terms shall apply to each Life Insured separately. Accordingly:

- the benefits provided for under this Policy will be payable in relation to each Life Insured;
- the payment of a benefit in respect of one Life Insured will not affect any right to obtain a benefit in respect of any other Life Insured; and
- a reference to a Life Insured in respect of a benefit or a claim shall be a reference to the Life Insured who is covered for that benefit, who is the subject of the claim in question or who has suffered from the insured event (as applicable).

## Annual Policy Fee

The Annual Policy Fee as shown on the Schedule is payable each year in addition to the premium. We reserve the right to increase this fee each year, but not so as to exceed the increase in the Consumer Price Index since the last increase was applied.

## Benefits

### Death Benefit

If the Life Insured dies during any annual period of cover, we will pay the life cover Sum Insured. Where a Terminal Illness Benefit has been paid or is payable, the Death Benefit will be reduced by the amount of the Terminal Illness Benefit and the remainder will be paid upon death. Where a Death Benefit is paid it will discharge all our obligations under this Policy and no further benefits or any kind shall be payable.

### Terminal Illness Benefit

If the Life Insured is diagnosed during any annual period of cover as having a Terminal Illness, then we will pay the life cover Sum Insured or \$2,000,000, whichever is the lesser. The life cover Sum Insured will then be reduced by the amount paid for terminal illness and provided premiums continue to be paid for the reduced life cover Sum Insured, any remaining amount will be paid upon the death of the life insured. Subject to the availability of a Total and Permanent Disability Benefit under the Double Benefit extension, where a Terminal Illness Benefit equal to the life cover Sum Insured has been paid it will discharge all our obligations under this Policy and no further benefits of any kind shall be payable.

If this policy is held by the trustee of a Superannuation Fund for Superannuation purposes and the life cover sum insured is paid for the diagnosis of a terminal illness, it is important to note that the trustee must ensure that certain legislative requirements are met before a benefit for terminal illness can be released from a Superannuation fund.

## Automatic Increase in Benefit on Renewal

On each annual renewal date and provided the Sum Insured is not \$10 million or greater, we will automatically increase the Sum Insured for each respective benefit by reference to the amount of increase (if any) in the Consumer Price Index. You may by notice in writing given to us require that no such increase in the Sum Insured should be made for that period of cover.

## Guaranteed Benefit Increase Option

Where this option has been chosen, and the life insured is under 55 years of age, you may increase the life cover Sum Insured on the following events without the need for further medical evidence:

- Marriage (we will require a copy of the marriage certificate),
- The birth or adoption of a child (we will require a copy of the birth or adoption certificate, whichever applicable),
- Taking out a mortgage or increasing an existing mortgage (we will require a copy of the mortgage and loan documents),
- Increasing your financial interest in the business where you are a partner, a director or some similar principal person in the business (evidence to this fact will be required), and
- On the 3rd, 6th, 9th and 12th anniversary of the commencement date of the policy.

The minimum increase per event is \$25,000.

The maximum Increase per event is the lowest of:

- \$80,000; or
- 50% of the original sum insured; or
- the amount of the new mortgage or the increase in your current mortgage (if using special event increase option in relation to the mortgage).

The maximum overall increase allowable in total under the Guaranteed Benefit increase option is \$250,000 or the original sum insured, whichever is the lower.

This option does not apply to the Sum Insured for Total and Permanent Disability.

# Term Life Insurance – Policy Document

Should you wish to exercise this right you must provide us with a request in writing prior to the respective anniversary date. Upon receipt of your request the increase will be automatically given. There is no obligation to request an increase to the Sum Insured at these times.

Requests to increase the Sum Insured beyond these amounts, or requests made at any other time, are subject to acceptance by us.

## Claims and Claims Procedures

Written notice of any claim must be forwarded to us at the office at which the Policy is issued as soon as possible after the happening of the event giving rise to the claim. A claim form will be sent to you and no claim shall be payable unless it has been properly completed. No claim will be paid unless we receive written notice within two years of any entitlement to claim arising.

You must co-operate with us in allowing us to obtain any certificates or evidence reasonably required by us as to any claim made under this Policy and we shall be entitled at our own expense to require the Life Insured to undergo such examinations by a medical practitioner appointed by us or to have a post mortem examination carried out.

## Superannuation

Where this Policy is held for Superannuation purposes, both we and the Trustee are entitled to vary (without prior notice) any terms of this Policy:

- (a) to comply with any requirements of; or
- (b) as a result of a change to, any Relevant Laws (or their interpretation) or the Policies and Rulings of the Commissioner of Taxation, the Australian Securities and Investments Commission or any Statutory Authority.

Where we are required by Relevant Laws to pay any taxes, levies, duties or charges to the Commissioner of Taxation or any other Government Authority in relation to your premium contribution, we are entitled at our discretion to deduct this amount from any premiums paid by you or from any benefits payable by us. Alternatively we may obtain payment from you separately.

## Extensions

### Total and Permanent Disability Extension – Single Benefit

If the Life Insured suffers from Total and Permanent Disability (as defined hereunder) while Total and Permanent Disability cover under this policy is current, we will pay the TPD Sum Insured. If a benefit is paid for Total and Permanent Disability and the TPD sum insured is less than the life cover sum insured, the life cover sum insured will be reduced by the amount paid for TPD. The policy will continue with reduced cover for death and terminal illness and premiums will be recalculated accordingly.

Where a Terminal Illness Benefit has been paid or is payable, the Total and Permanent Disability Benefit will be reduced by the amount of the Terminal Illness Benefit. Where a Total and Permanent Disability Benefit is paid and it is equal to the life cover Sum Insured, it will discharge all our obligations under this Policy and no further benefits of any kind shall be payable.

### Total and Permanent Disability is:

- (1) suffering the loss of use of two limbs or the total and permanent loss of sight of both eyes or the loss of use of one limb and the total and permanent loss of sight of one eye (where limb is defined as the whole hand or the whole foot), or
- (2) having been absent from employment or occupation through injury or illness for a period of six consecutive months and having become in our opinion, after consideration of medical evidence, incapacitated to such an extent as to render the Life Insured unlikely:
  - (i) **(own occupation definition)** to ever resume their usual occupation (No benefits will be payable where the Life Insured is otherwise gainfully employed and "usual occupation" is a reference to the type of occupation the Life Insured usually attends at the time of the injury or illness); or
  - (ii) **(any occupation definition)** to ever resume their usual occupation or to attend to any other gainful profession, trade or occupation for which the Life Insured is reasonably qualified by reason of their education, training or experience.

The Option applying to the Life Insured shall be stated in the Schedule.

Where Total and Permanent Disability arises under item (2) of the definition of the term "Total and Permanent Disability" the benefit which will be paid will be the amount which is equal to the Sum Insured on the first day of the six (6) consecutive months of absence from employment or occupation.

### Total and Permanent Disability Extension – Double Benefit

If the Life Insured suffers from Total and Permanent Disability (as defined hereunder) while Total and Permanent Disability cover under this policy is current, we will pay the TPD Sum Insured.

Notwithstanding that a Terminal Illness Benefit may have been paid, the Total and Permanent Disability Benefit will remain available under this extension should the Life Insured be so classified prior to death.

Where a Life Insured suffers from Total and Permanent Disability we will waive the payment of future premiums in relation to the other benefits provided for under this Policy. This waiver of premium will terminate upon the cessation of our obligations under this policy or upon the Life Insured reaching the first annual renewal date after their 60th birthday, whichever is the earlier.

The Double Benefit Option ceases on the first annual renewal date after the Life Insured's 65<sup>th</sup> birthday after which time any TPD claim will be assessed under the Total and Permanent Disability Continuation Benefit.

**Total and Permanent Disability is:**

- (1) suffering the loss of use of two limbs or the total and permanent loss of sight of both eyes or the loss of use of one limb and the total and permanent loss of sight of one eye (where limb is defined as the whole hand or the whole foot), or
- (2) having been absent from employment or occupation through injury or illness for a period of six consecutive months and having become in our opinion, after consideration of medical evidence, incapacitated to such an extent as to render the Life Insured unlikely:
- (i) **(own occupation definition)** to ever resume their usual occupation (No benefits will be payable where the Life Insured is otherwise gainfully employed and "usual occupation" is a reference to the type of occupation the Life Insured usually attends at the time of the injury or illness); or
- (ii) **(any occupation definition)** to ever resume their usual occupation or to attend to any other gainful profession, trade or occupation for which the Life Insured is reasonably qualified by reason of their education, training or experience, or

The Option applying to the Life Insured shall be stated in the Schedule.

Where Total and Permanent Disability arises under item (2) of the definition of the term "Total and Permanent Disability" (see below), the benefit which will be paid will be the amount which is equal to the Sum Insured on the first day of the six (6) consecutive months of absence from employment or occupation.

**Total and Permanent Disability Continuation Benefit**

Provided you have cover under the Total and Permanent Disability option of this policy and we have not already paid a TPD benefit, when you reach your annual renewal date after your 65th birthday, cover for total and permanent disability will continue, with the following definition.

We will pay your TPD sum insured if before your annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below:

- Bathing – to shower or bathe
- Dressing – to dress or undress
- Toileting – to use the toilet including getting on and off
- Feeding – to eat and drink
- Mobility – to get out of bed or chair or wheelchair
- Continence – to control bladder and bowel function

(Please note: If you can perform the activity on your own by using special equipment you will not be considered unable to perform that activity.)

If a TPD benefit is paid, your life cover sum insured (if higher than the TPD sum insured) will be reduced by the amount paid for your total and permanent disability and the remainder will be paid upon your death.

**Waiver of Premium Extension**

We will waive the payment of any future premiums if the Life Insured has been unable to attend to any employment, trade or occupation through injury or illness for a period of six months. The waiver shall continue for so long as the Life Insured is unable to perform the duties of their usual employment, trade or occupation or any other employment, trade or occupation for which the Life Insured is reasonably qualified by reason of their education, training or experience. The waiver of premium will terminate upon cessation of our obligations under this Policy or upon the first annual renewal date after Life Insured's sixty-fifth birthday whichever is the earlier. This extension is not available and does not apply where any Total and Permanent Disability extension has been selected by you.

In order to be entitled to the waiver of premium you will need to provide us with supporting medical evidence that is acceptable to us.

**Variation of Premiums**

We may amend the amount of premium payable for any extension upon giving thirty days written notice to you at any time. This is provided that any amendment shall be effective only from the next anniversary of the Commencement Date and that any such variation shall only be made if we vary the premium rates payable under all insurance then issued by us providing cover of a similar kind to the applicable extension.

# LifeCare Trauma Insurance – Policy Document

## Important

This Policy Document sets out the cover provided by Citicorp Life Insurance Limited under your LifeCare Trauma Insurance Plan. It is important that you retain your Policy Information Statement and this Policy Document as together they form the terms and conditions of your Policy.

## Definitions

In this Policy the following meanings apply:–

**“Child Insured”** means the child or children whose names appear in the Schedule as the Child Insured.

**“Commencement Date”** means the date specified in the Schedule as the Commencement Date.

**“Consumer Price Index”** means the consumer price index (“weighted average of eight capital cities combined”) as published by the Australian Bureau of Statistics or its successor over the twelve (12) month period ending at the end of the last reported quarter prior to the annual renewal date. If the index is not published the increase shall be calculated by reference to such other retail price index as in our opinion most nearly replaces it.

**“Insured”** means the Life Insured or any Child Insured (as is applicable).

**“Life Insured”** means the person whose name appears in the Schedule as the Life Insured.

**“Sum Insured”** means the Sum Insured specified in the Schedule plus any indexation increases and as varied by agreement from time to time.

**“We/our/us”** means Citicorp Life Insurance Limited.

**“You/Your”** means the Policy Owner referred to in the Schedule and their respective executors, administrators or assigns.

## Extent of Cover

Provided that you have paid the premium referred to in the schedule we will pay the benefits provided for under this Policy on the happening of any insured event. Cover is only provided for those events listed in the schedule. Cover for the Death Benefit extension will automatically provide you with cover for Terminal Illness Benefits.

The payment of any benefit is subject to us receiving proof to our satisfaction as to the happening of any event and as to the entitlement of any person or persons claiming under the Policy.

## Disclosure of Information

This Policy is issued on the basis of the information disclosed to us in the application form, as well as in the personal statements and declarations made by you or any other person in relation to the application.

## “Cooling Off” Period

After we have accepted your application for LifeCare Trauma Insurance, we will send you a Policy Information Statement containing information about your policy and the options you have selected under this policy.

Please check this Policy Document and the Policy Information Statement (including the Schedule) carefully to ensure that it meets with your requirements. If you are not satisfied, you may return it to us within fourteen (14) days from the date of receipt and we will cancel the Policy as and from its inception and refund in full any premiums you have paid.

## Period of Cover

The period of cover shall begin on the Commencement Date and shall be for a period of one year only. Subject to the age limitations contained in this Policy, we shall renew cover for further periods of one year upon receiving your request to do so accompanied by the annual premium or the first instalment of premium prior to the expiry of each period of one year. A period of thirty days grace shall be allowed for payment of premium and during this period the Policy shall remain in force.

## Premiums

The first annual premium or the first instalment premium shown in the Schedule is due and payable in advance and calculated from the Commencement Date. Further premiums payable on renewal will be calculated in accordance with our then current rates of premium.

## Variation of Premium Rates

We may vary the premium rates payable (including those relating to any extension) upon giving thirty days written notice to you at any time. This is provided that any variation shall be effective only from the next anniversary of the Commencement Date and that any such variation shall only be made if we vary the premium rates for all LifeCare Insurance policies issued by us providing identical cover.

## Premium Freeze Option

Where this option has been chosen, premiums payable in respect of future annual periods of cover will remain at the level that applied during the annual period of cover current at the time the premium freeze option was requested. The Sum Insured in respect of all benefits (other than ChildCare) will be adjusted each year as required in order to compensate for the premium freeze. The Sum Insured is not permitted to be reduced below \$10,000 as a result of the effect of this option.

## Unpaid Premiums

Where any premium has not been paid within thirty (30) days of the due date, then all cover provided under this Policy will lapse. We may at our discretion reinstate the unexpired period of the Policy and renew the Policy within one year from the date of lapse upon receipt of an application for reinstatement and such other information that we may require (including proof to our satisfaction as to an Insured's continued good health and eligibility for cover) and upon payment by you of the overdue premium.

## Surrender value

No surrender value is acquired under this Policy. This Policy is issued from our No. 1 Statutory Fund.

## Alteration to Policy

No alteration to this Policy shall be binding on us unless it has been agreed to in writing by a principal officer or other authorised person.

## Annual Policy fee

The Annual Policy Fee shown in the Schedule is payable each year in addition to the premium. We reserve the right to increase this fee each year; but not to exceed the cumulative increases in the Consumer Price Index since the last increase in the fee.

## Automatic Increase in Benefit on Renewal

On each annual renewal date, we will increase the Sum Insured for all benefits (other than ChildCare) by reference to the amount of increase (if any) in the Consumer Price Index. You may by notice in writing given to us require that no such increase in the Sum Insured should be made in respect of that period of cover.

## Admission of Age

Upon satisfactory proof of the date of the Insured's birth, that age will be admitted on the Policy, otherwise proof will be required prior to the payment of any benefits in respect of that person.

## Claims and Claims Procedure

Written notice of any intended claim must be forwarded to us as soon as possible after the happening of the event giving rise to the claim. A claim form will be sent to you and no claim shall be payable unless the form has been properly completed.

You must co-operate with us in allowing us to obtain any certificates or evidence reasonably required by us as to any claim made under this Policy and we shall be entitled at our own expense to require the Insured to undergo any such medical examinations conducted by a medical practitioner appointed by us as we deem necessary or to have a post mortem examination carried out.

In respect of claims for Accidental HIV Infection, any accident that may give rise to a potential claim must be recorded to us within seven (7) days of the accident.

In order to substantiate any future claims we must also be provided with a negative HIV Antibody test taken after the accident.

## Multiple Lives

If this Policy insures multiple lives, its terms shall apply to each Life Insured separately. Accordingly:

- the benefits provided for under this Policy will be payable in relation to each Life Insured;
- the payment of a benefit in respect of one Life Insured will not affect any right to obtain a benefit in respect of any other Life Insured; and

- a reference to a Life Insured in respect of a benefit or a claim shall be a reference to the Life Insured who is covered for that benefit, who is the subject of the claim in question or who has suffered from the insured event (as applicable).

## LifeCare

### Bereavement Benefit

If while this Policy is in force the Life Insured dies, then we will pay the amount of \$5,000. Where a Bereavement Benefit is paid it will discharge all our obligations under this Policy in respect of the Life Insured and no further benefits of any kind shall be payable in respect of that person.

The Bereavement Benefit will only be available where the cover provided by this Policy does not include the "Life Insurance Extension".

### LifeCare Benefit

If while this Policy is in force:

- the Life Insured suffers from Alzheimer's Disease, Diplegia, Hemiplegia, Parkinson's Disease, Paraplegia, Quadriplegia, Major Head Trauma, Multiple Sclerosis, Severe Burns, Loss of Hearing, Loss of Speech, Blindness, or Loss of Independent Existence, or is first found to have Chronic Renal Failure, Encephalitis, Cardiomyopathy, Primary Pulmonary Hypertension, Chronic Liver Failure, Chronic Lung Failure or Aplastic Anemia or acquired the Accidental HIV Infection, Motor Neurone Disease or undergoes Major Organ Transplant Surgery or falls into a Coma;

OR

- the Life Insured is first found to have Malignant Cancer; undergoes Coronary Artery By-pass Surgery, Coronary Artery Angioplasty or Open Chest Surgery or first has a Heart Attack or Stroke at any time after three (3) months after the Commencement Date or the date of a reinstatement,

then subject to the exclusions below we will pay the trauma Sum Insured.

If the trauma Sum Insured is less than the life cover Sum Insured under the Term Life Option (if applicable) or the TPD Sum Insured (if applicable) then the life cover Sum Insured and the TPD Sum Insured will be reduced by the LifeCare benefit amount paid. In this instance premiums will be recalculated accordingly.

Subject to the Life Insurance Buy Back option (where applicable), where a LifeCare Benefit is paid and it is equal to any life cover or TPD cover; it will discharge all our obligations under this Policy in respect of the Life Insured and no further benefits of any kind shall be payable in respect of that person.

### LifeCare Continuation Benefit – Cover under 'Loss of Independent Existence' to age 99

On your annual renewal date after your 70th Birthday, if you have not been paid your trauma sum insured, you can continue cover under this policy under our LifeCare Continuation Benefit (see definition below), until the first annual renewal date after your 99th birthday.

A benefit will be paid under the LifeCare Continuation Benefit, if before your annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

(Please note: If you can perform the activity on your own by using special equipment you will not be considered unable to perform that activity).

Your sum insured under the LifeCare Continuation Benefit must be equal to or less than your trauma Sum Insured.

## LifeCare – Exclusions

No LifeCare Benefit will be payable where the claim arises out of or in connection with: any self inflicted injury while the Life Insured is sane or insane, or any disease or injury associated with AIDS or the HIV virus where the AIDS or HIV virus was acquired as a result of sexual activity or recreational intravenous drug use.

The LifeCare Benefit will not be payable where the Life Insured is unable to survive for a period of 14 days after experiencing the event covered under this policy.

# LifeCare Trauma Insurance – Policy Document

## Age Limitation

No LifeCare cover will be provided whether by way of renewal or reinstatement and no LifeCare or Bereavement Benefit will be payable in respect of an entitlement to a claim that has not already accrued, if the Life Insured reaches their annual renewal date after their 99th birthday.

## Definitions – Insured Events

**“Accidental HIV Infection”** means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident and Sero-conversion to HIV infection occurs within 6 months of the accident. Acquisition of the infection as a result of sexual activity or recreational intravenous drug use is specifically excluded. Any accident giving rise to a potential claim must be reported to us within seven (7) days of the incident and supported by a negative HIV Antibody test taken after the accident. This does not include any disease or injury associated with AIDS or HIV virus acquired as a result of sexual activity or recreational intravenous drug use.

**“Alzheimer’s disease”** means the unequivocal diagnosis of Alzheimer’s (pre-senile dementia) disease by a consultant neurologist confirming dementia due to failure of brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means the permanent inability to perform (without assistance from another person) the basic activities normally undertaken as part of daily living resulting in a need for continual supervision in order to protect the person suffering the disease or others. Being unable to perform the basic activities will be evidenced by being unable to undertake three or more of the following: bathing, dressing, toileting, feeding or taking medication.

**“Aplastic Anemia”** means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow, as confirmed by a consulting haematologist.

**“Blindness”** means the complete and irrevocable loss of the sight of both eyes from any cause.

**“Cardiomyopathy”** means impaired ventricular function of variable aetiology resulting in permanent irreversible physical impairment to a degree of Class 3 of the New York Heart Association Classification of cardiac impairment. This would not include Cardiomyopathy occurring as a result of alcohol or drug use.

**“Chronic Liver Failure”** means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver Disease as a result of alcohol or drug use is excluded.

**“Chronic Lung Failure”** means end stage lung disease, with FEV1 test results of consistency less than one litre which requires permanent oxygen therapy.

**“Chronic Renal Failure”** means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

**“Coma”** means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. Coma as a result of alcohol or drug use is excluded.

**“Coronary Artery Angioplasty”** means the actual undergoing for the first time of angioplasty (with or without the use of lasers), the insertion of a stent or atherectomy to the coronary arteries, that is considered medically necessary by a cardiologist to correct narrowing or blockage of one or more arteries. Other intra arterial procedures or non-surgical techniques are specifically excluded.

To be entitled to a benefit for coronary artery surgery you must have a minimum sum insured of \$100,000. Payment under this benefit will be limited to 10% of your sum insured, up to a maximum of \$25,000. Your sum insured under the LifeCare Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty.

**“Coronary Artery Bypass Surgery”** means coronary artery bypass graft surgery performed in an open heart operation for coronary artery disease causing inadequate myocardial blood supply but does not include laser therapy angioplasty or any other intra arterial procedure.

**“Diplegia”** means the permanent and total loss of function of both sides of the body due to injury or disease.

**“Encephalitis”** means severe inflammation of brain substance which results in significant and permanent neurological sequelae as certified by a consulting neurologist. Encephalitis as a result of HIV infection is excluded.

**“Heart Attack”** means the death of a portion of the heart muscle as a result of inadequate blood supply. The diagnosis must be based on:

- (a) electrocardiographic changes; and
- (b) higher level of cardiac enzymes above standard laboratory level of normal.

**“Hemiplegia”** means the permanent and total loss of function of one side of the body due to injury or disease.

**“Loss of Hearing”** means the complete and irreversible loss of hearing both natural and assisted, from both ears as a result of sickness or injury.

**“Loss of Independent Existence”** means due to injury or illness being permanently unable to perform (without any assistance from another person) those basic activities normally undertaken as a part of everyday living. This will be evidenced by being unable to undertake any two of those activities listed below.

- Bathing – to shower or bathe
- Dressing – to dress and undress
- Toileting – to use the toilet including getting on and off
- Feeding – to eat and drink
- Mobility – to get out of bed/chair or wheelchair
- Continence – to control bladder and bowel function

**“Loss of Speech”** means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

**“Major Head Trauma”** means neurological deficit, causing at least 25% impairment of function lasting more than six weeks from the date of trauma, and likely to persist, as certified by a consultant neurologist.

**“Major Organ Transplant Surgery”**

means the human to human organ transplant from a donor to that person of one or more of the following organs – kidney, heart, lung, liver, pancreas or the transplantation of bone marrow. The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition.

**“Malignant Cancer”** means the presence of one or more malignant tumours, including malignant lymphoma, Hodgkin’s disease, leukaemia and malignant bone marrow disorders, and is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- (a) tumours which are histologically described as pre-malignant or showing the malignant changes of “carcinoma in situ” and not requiring radical surgery;
- (b) skin cancers and melanomas except where a malignant melanoma is equal to or greater than Clark level 3 or 1.5mm depth of invasion; or
- (c) prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification.

**“Motor Neurone Disease”** means the unequivocal diagnosis of Motor Neurone Disease, certified by a consulting neurologist, with significant persistent neurological deficit resulting in a permanent inability to perform two or more of the activities of daily living, bathing, dressing, toileting, eating and taking medication resulting in a requirement for continual supervision to protect the person suffering the disease or others.

**“Multiple Sclerosis”** means a disease characterised by demyelination of nervous tissue. The diagnosis has to be made by a consulting neurologist confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with permanent impairment of at least 25% of function although the person suffering the disease need not necessarily be confined to a wheelchair. The diagnosis will be based on confirmatory neurological investigations eg. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central-nervous system.

**“Open Chest Surgery”** In respect of any of the following:

- coronary artery ... being open chest surgery to correct or treat coronary artery disease. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
- repair or replacement of valves... being open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
- repair or replacement of aorta ... being open chest surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta.

**“Parkinson’s Disease”** means the unequivocal diagnosis by a consultant neurologist of idiopathic Parkinson’s Disease (paralysis agitans) which is of a permanent nature and requires treatment with a dopamine precursor. All other types of Parkinsonism are specifically excluded.

**“Paraplegia”** means the permanent and total loss of use of both arms or both legs resulting from injury or disease.

**“Primary Pulmonary Hypertension”** means Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classifications of Cardiac Impairment.

**“Quadriplegia”** means the permanent and total loss of use of both arms and both legs resulting from injury or disease.

**“Severe Burns”** means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the “Rule of 9” of the Lund and Browder Body Surface Chart.

**“Stroke”** means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source. Transient ischaemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

**Extensions****Life Insurance Extension****Death Benefit**

If while this Policy is in force the Life Insured dies, we will pay the Sum Insured. Where a Terminal Illness Benefit has been paid or is payable, the Death Benefit will be reduced by the amount of the Terminal Illness Benefit. Where a Death Benefit is paid it will discharge all our obligations under this Policy in respect of the Life Insured and no further benefits of any kind shall be payable in respect of that person.

**Life Insurance Buy-Back Option**

Where the Buy-Back option has been chosen under the Life Insurance extension and this Policy is terminated due to the payment of a LifeCare Benefit (except a benefit payment for Coronary Artery Angioplasty, in which case the Trauma Sum Insured will be reduced in the amount paid for Coronary Artery Angioplasty and premiums will be reduced accordingly) or a Total and Permanent Disability Benefit, you may purchase on the option date a new Citicorp Term Life Policy on the life of the Life Insured without regard to the Life Insured’s state of health. The exercise of the Buy-Back option is subject to the following:–

- The option date will occur on the first yearly anniversary of the:
  - (a) diagnosis of the insured event for which a LifeCare benefit was paid (except in the case of a payment for Coronary Artery Angioplasty) or;
  - (b) payment of the Total and Permanent Disability benefit.
- The sum insured under the new policy shall not exceed the amount of the benefit paid;
- The Premium for the new policy must be received within 30 days of the option date;
- The Premium rate applying to the new policy will be calculated using our then current Term Life Rates after taking into account the Life Insured’s age and any non-standard premium loading applying to this Policy;
- The new policy to be issued will be our then standard Term Life Policy. The payment of any benefits thereunder will be subject to its terms and conditions including any age restrictions that may apply.
- The Life Insured has not attained age 65 on or before the option date.

# LifeCare Trauma Insurance – Policy Document

## Terminal Illness Benefit

If while this Policy is in force the Life Insured is diagnosed as having a Terminal Illness, then we will pay the Sum Insured or \$1,000,000 whichever is the lesser.

The life cover Sum insured will then be reduced by the amount paid for terminal illness and provided premiums continue to be paid for the reduced life cover sum, any remaining amount will be paid upon death of the life insured.

Where a Terminal Illness Benefit equal to the life cover Sum Insured has been paid it will discharge all our obligations under this Policy in respect of the Life Insured and no further benefits of any kind shall be payable in respect of that person.

Payment of a Terminal Illness Benefit will not affect your obligations to continue making premium payments for the full Sum Insured in relation to all other benefits that cover continues to be provided for by this Policy.

**“Terminal Illness”** means a sickness, disease or disorder which (based on the conclusive diagnosis/prognosis of a medical practitioner specialising in the type of illness from which the Life Insured is suffering) is reasonably expected to reduce the life expectancy of the Life Insured to less than twelve (12) months.

## Death By Own Hand/Suicide

No Death Benefit shall be payable, this Policy shall terminate and all premiums paid forfeited to us if the Life Insured dies by their own hand or commits suicide, whether sane or insane, within thirteen (13) months from the Commencement Date or within thirteen (13) months after the date of our acceptance of any reinstatement. Where there has been an increase in the Sum Insured (other than by indexation) and the Life Insured dies by their own hand or commits suicide whether sane or insane within thirteen (13) months of any such increase, then the benefit payable is that which would otherwise have been payable if that increase had not occurred.

## Age Limitation

No Life Insurance cover will be provided whether by way of renewal or reinstatement and no Death or Terminal Illness Benefit will be payable in respect of an entitlement to a claim that has not already accrued, if the Life Insured reaches their first annual renewal date after their 99th birthday during any annual period of cover.

## Total and Permanent Disability Extension

### Total and Permanent Disability Benefit

If while this Policy is in force the Life Insured suffers from Total and Permanent Disability, we will pay the Sum Insured.

Where a Terminal Illness Benefit has been paid or is payable, the Total and Permanent Disability Benefit will be reduced by the amount of the Terminal Illness Benefit. Subject to the Life Insured Buy-Back option (where applicable), where a Total and Permanent Disability Benefit is paid and it is equal to the trauma sum insured or the life cover sum insured under the policy, it will discharge all our obligations in respect of the Life Insured and no further benefits of any kind shall be payable in respect of that person.

### Definition – “Total and Permanent Disability” means:

- (1) Suffering the loss of use of two limbs or the total and permanent loss of sight of both eyes or the loss of use of one limb and the total and permanent loss of sight of one eye (where limb is defined as the whole hand or the whole foot), or
- (2) Having been absent from employment or occupation through injury or illness for a period of six (6) consecutive months and having become in our opinion, after consideration of medical evidence, incapacitated to such an extent as to render the Life Insured unlikely:
  - (i) **(own occupation definition)** to ever resume their usual occupation (No benefits will be payable where the Life Insured is otherwise gainfully employed and “usual occupation” is a reference to the type of occupation the Life Insured usually attends at the time of the injury or illness); or
  - (ii) **(any occupation definition)** to ever resume their usual occupation or to attend to any other gainful profession, trade or occupation for which the Life Insured is reasonably qualified by reason of their education, training or experience.

The option applying to the Life Insured shall be stated in the Schedule.

Where Total and Permanent Disability arises under item (2) of the definition of the term “Total and Permanent Disability” (see below), the benefit which will be paid will be the amount which is equal to the Sum Insured on the first day of the six (6) consecutive months of absence from employment or occupation.

## Age Limitation

No Total and Permanent Disability cover will be provided by way of renewal or reinstatement and no Total and Permanent Disability Benefit will be payable in respect of an entitlement to a claim that has not already accrued, prior to the first annual renewal after the Life Insured's 65th birthday.

## ChildCare Extension

### ChildCare Benefits

If while this Policy is in force;

- any Child Insured suffers from Diplegia, Hemiplegia, Loss of Hearing, Loss of Speech, Paraplegia, Quadriplegia, Major Head Trauma, Severe Burns or Blindness, is first found to have Chronic Renal Failure, Encephalitis, Cardiomyopathy, Chronic Liver Failure, Primary Pulmonary Hypertension, Chronic Lung Failure, Multiple Sclerosis or Aplastic Anemia or undergoes Major Organ Transplant Surgery, or falls into a Coma; OR
- any Child Insured is first found to have Malignant Cancer; undergoes Coronary Artery by-pass Surgery or Open Heart Surgery or first had a Heart Attack or Stroke at any time after three (3) months after the Commencement Date or the date of reinstatement, then we will pay the amount of \$50,000.

## ChildCare Exclusions

No ChildCare Benefit will be payable where the claim arises out of or in connection with any self inflicted injury while the Child Insured is sane or insane, or the AIDS or the HIV virus in any of their forms and any disease or injury associated with them.

The ChildCare Benefit will not be payable where the Child Insured is unable to survive for a period of 14 days after experiencing the event covered under this policy.



A Child Insured cannot be insured under more than one of our LifeCare Policies. As a result no ChildCare Benefit will be payable under this Policy in respect of a Child Insured where any person has previously received a ChildCare Benefit in respect of that Child Insured under any other of our LifeCare policies.

### ChildCare – General Provisions

Where a ChildCare Benefit is paid it will discharge all our obligations under this Policy in respect of that Child Insured and no further benefits of any kind shall be payable in respect of that person. However, this Policy shall continue to provide cover in relation to any remaining Child Insureds.

Provided that you continue to pay premiums for the ChildCare Extension, we shall continue to provide cover for Child Insureds notwithstanding that cover under this Policy has ceased in respect of the Life Insured due to the payment of a benefit.

### Age Limitation

No ChildCare cover in respect of a Child Insured will be provided whether by way of renewal or reinstatement and no ChildCare Benefit will be payable in respect of any entitlement to a claim that has not already accrued, if the Child Insured will not attain the age of at least 16 or is to attain the age of 16 or greater, during any annual period of cover.

### ChildCare Continuation Option

Where ChildCare cover in respect of a Child Insured is terminated due to that Child Insured no longer being eligible for cover as a result of the Age Limitation, the Policy Owner may purchase a new Citicorp LifeCare Policy on the life of that Child Insured without regard to that Child Insured's state of health. The exercise of the option is subject to the following:

- The sum insured under the new policy shall be \$50,000;
- The premium for the new policy must be received within 30 days of the date that cover terminated in respect of that Child Insured;
- The premium rate applying to the new policy will be calculated using our then current LifeCare Rates after taking into account that Child Insured's age and any non-standard premium loading applying to that Child Insured under this Policy;
- The new policy to be issued is to be our then standard LifeCare Policy. The payment of any benefits thereunder will be subject to its terms and conditions.
- Should the Policy Owner not exercise this option, then that Child Insured may in lieu of the Policy Owner, exercise the option and purchase a new Citicorp LifeCare Policy on their own life. The option would be subject to the Child Insured obtaining the written consent of a parent or a person who stands in the place of a parent where they have not reached 16 years of age at the date they exercise the option. This option may be exercised by the Child Insured within 60 days of the date cover terminated in respect of that Child Insured.

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# Term Life Insurance and LifeCare Trauma Insurance

## Application Form

This application form is part of the Customer Information Brochure published on 1 September 2000 and expires on 31 August 2001. You should read the Customer Information Brochure carefully, especially the Key Features Statements. This contains important information you should know about these products.

### Information

#### Citicorp Life Protection Plans

**Before you sign this Application Form, be aware that Citicorp Life Insurance or your adviser is obliged to have provided you with a Customer Information Brochure containing a summary of the important information in relation to the product or products you are applying for. This information will help you to understand the product and to decide whether the product is appropriate to your needs.**

#### Section Guide

The guide on the right hand side of each page is designed to help you successfully fill out this application form.

### Duty of Disclosure

#### INSURANCE CONTRACTS ACT, 1984

##### Your Duty of Disclosure

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

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

Your Duty however does not require disclosure of a matter –

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

##### Non-disclosure

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

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

**Please note that your Duty of Disclosure continues until a Policy has been issued.**

#### Life Insurance Adviser Details

Name of Adviser	<input type="text"/>	Citicorp Adviser Number	<input type="text"/>
Telephone Number	( ) <input type="text"/>	Facsimile Number	( ) <input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Adviser Status	<input type="checkbox"/> Agent	<input type="checkbox"/> Life Broker	<input type="checkbox"/> Life Broker's Representative
Name Of Adviser Group	<input type="text"/>		

Citicorp Life Insurance Limited  
ABN 75 004 274 882  
GPO Box 4528  
Sydney NSW 2001

**CITICORP** 

where money lives<sup>SM</sup>

## Section 1. Policies, Options and Payment

Please tick which policies and options you are applying for:

Increase in current cover  Multiple lives  New business

If this is an application to increase your cover, please provide your policy number:

Existing Policy Number

### Payment Options

**Payment**  Cheque  Credit card  Direct Debit

**Frequency**  Yearly  Half-Yearly  Monthly

Your first payment **must** be by cheque or credit card and accompany this application form. If you choose to pay by credit card or direct debit please complete Sections 30 & 31.

## Section 2. Details of the Policy Owner(s)

Miss  Ms  Mrs  Mr  Dr Other

Family/CompanyName  Given Names

Address

Suburb  State  Postcode

Relationship to the Insured

Miss  Ms  Mrs  Mr  Dr Other

Family Name  Given Names

Address

Suburb  State  Postcode

Relationship to the Insured

## Section 3. Nomination of Beneficiaries (Ordinary Business Only)

You have the option to nominate a beneficiary or beneficiaries to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions:

- Available only where the Policy Owner(s) is/are Life Insured(s) under the policy;
- Not available for policies being affected for commercial purposes;
- The nomination will be void if the ownership of the Policy is assigned to another person or entity;
- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age;
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to the Policy Owner or the Policy Owner's estate;
- A maximum of 5 beneficiaries can be selected.

Full Name of Beneficiary	Address	Date of birth	Relationship to Policy Owner	% split Death	All other benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 4. Details of First Life Insured**

Miss  Ms  Mrs  Mr  Dr Other

Family Name  Given Names

Postal Address

Suburb  State  Postcode

Phone (H) ( )  Phone (W) ( )

Date of Birth / / Age next birthday  Country of Birth

Male  Female Smoker  Yes  No

If any of the answers you give are unclear to us, we would like to check them with you over the telephone. This saves unnecessary delays in processing your application.

**Citicorp Term Life Insurance**

Cover Required \$

**Options**

**1. Premiums**

Guaranteed Rate  Variable Rate

**2. Total and Permanent Disability (TPD)**

Cover Required \$  TPD Double  TPD Single  Own Occupation  Any Occupation

**3. Guaranteed Benefit Increase**  **4. Waiver of Premium**  **5. Premium Freeze**

To calculate your premium please complete Section 27.

**Citicorp LifeCare Trauma Insurance**

Cover Required \$

**Options**

**1. Term Life**  Cover Required \$

**2. Term Life Buy-Back**  (Only available with Term Life Option)

**3. Total and Permanent Disability (TPD)** Cover Required \$

**Definition:** Own Occupation  Any Occupation

**4. Premium Freeze**

**5. ChildCare**

**If this is an application to cover two lives, the person who is the second life to be insured must complete the additional Personal Statement (Sections 13-21).**

**Section 5. Personal Statement**

What is your current occupation? Please describe exact nature of duties.

To help us assess your application, the following questions must be completed.

Do you contemplate a change in your occupation?  Yes  No

If yes, please give details.

What is the name and address of your employer or business?

What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently \$  per annum Over the last 3 years \$  average per annum

### Section 5. Personal Statement continued

Have you engaged in, or do you intend engaging in:

a) Aviation other than as a fare paying passenger on public transport?  Yes  No

b) Any hazardous pursuits or pastimes?  Yes  No

If you answer "Yes" to a) or b) please complete Section 22 Hazardous Pursuits Questionnaire

Do you intend to reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?  Yes  No

Details

If you answer yes to any of these questions, please provide details.

### Section 6. Other Life Insurance Policies

Do you have any life, trauma or disability insurance policies in force with this or any other company?  Yes  No

Is this application replacing existing cover with this company or any other company?  Yes  No

Is an application for life, trauma or disability insurance being made to any other company?  Yes  No

If you have answered yes to any of the above questions, please give details.

Company Name	Type of Cover	Sum Insured or Monthly Benefit	Cover to be Replaced
			<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

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or otherwise than as submitted?  Yes  No

If yes, give details.

### Section 7. Personal Habits

During the past 12 months have you smoked tobacco or any other substance in any form?  Yes  No

If yes, please advise substance and daily quantity.

Have you ever smoked tobacco regularly in the past?  Yes  No

If yes, please give reason for stopping.

Do you drink alcohol?  Yes  No

If yes, please advise in what form and daily quantity.

What is your current: a) Height  cm/ft/in b) Weight  kg/stone/lb

Has your weight altered during the last 12 months?  Yes  No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication?  Yes  No

If yes, please provide details:


If you answer yes to any of these questions, please provide the details.

## Section 8. Medical Details

What is the name and address of your usual medical attendant?

Name

Address

How long has your doctor known you?

Yrs

When did you last consult him/her?

/

/

What was the reason and result of this consultation?

“Medical” includes  
Chiropractor;  
Naturopath or any  
other form of  
alternative medicine.

During the last 5 years have you had any medical examination, advice, treatment or been in hospital?

Yes

No

If yes, please give details.

Date	Name and Address of Practitioner or Hospital	Reason (if illness, give duration and date of recovery)

## Section 9. General Health

Have you ever had any of the following:

1. High blood pressure?  Yes  No
2. Pain in the chest?  Yes  No
3. Rheumatic fever; or any heart complaint?  Yes  No
4. Asthma, tuberculosis, or any other lung disease?  Yes  No
5. Indigestion, gastric or duodenal ulcer?  Yes  No
6. Bowel, liver or gallbladder disease?  Yes  No
7. Epilepsy, fainting attacks or fits of any kind?  Yes  No
8. Mental or nervous disorder or breakdown?  Yes  No
9. Diabetes, gout, cancer or tumour of any kind?  Yes  No
10. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis?  Yes  No
11. Coughing of blood, passing of blood from the bowel or in the urine?  Yes  No
12. Arthritis, rheumatism, sciatica, muscle, neck or back problems?  Yes  No
13. Gonorrhoea, syphilis or any other sexually transmitted disease?  Yes  No
14. Have you ever had any complications of pregnancy or childbirth?  Yes  No
15. Are you pregnant now? If yes, what is the due date?  Yes  No
16. Any other illness, injury or operation?  Yes  No
17. Have you ever been advised to have an operation, or do you contemplate surgery in the future?  Yes  No
18. Do you have any physical defects, impaired sight or hearing?  Yes  No
19. Have you ever had hepatitis?  Yes  No

**If you answer “yes” to any of the questions above except Question 15, please fill out the Special Health Questionnaire in Section 10.**

## Section 10. Special Health Questionnaire

1. What was the type of illness/injury diagnosed (if applicable include the exact area affected eg: lower back, left knee, right wrist, left ear etc.)?

2. Describe the symptoms?



3. On what date/ year did the symptoms first start? What was the date of your most recent episode/ attack?

4. What was the duration of your most recent episode/ attack?

6. What is the average frequency of episodes/attacks?

7. What is the severity of episodes/attacks? (mild/ moderate/ severe)

8. Did the episodes/attacks necessitate any time off work and, if so, how long?

9. Were you confined to bed/ home/ hospital?

10. State degree of recovery and/or residual disability?

11. What medical tests or investigations were carried out eg: bloods, x-rays, biopsy and when were they carried out?



12. What was the nature of any treatment given eg: Prescription/ non-prescription/surgery (include dosage, amounts, frequency)?



13. What was the date of your most recent treatment?

14. What were the results of the treatment (include pathology/ histopathology/ side effects)?



15. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring doctor:



16. What are the names and addresses of all Medical Practitioners, Specialists consulted and Hospital admissions (include month and year of Consultations)?



### Additional Questions (Please fill out the appropriate sections below if required.)

If the space provided is insufficient please attach additional pages.

#### A. Asthma

1. Have you ever required hospitalisation for asthma?

Yes  No

2. Have you ever required treatment with steroids (eg. Cortisone, Prednisone, Prednisolone)?

Yes  No

If you have answered "yes" to any of the above, please give details.




#### B. Gout

1. How many joints are affected? (Please detail the joints below.)

2. Please advise the date of your most recent serum Uric Acid Reading and provide details of the result.



#### C. Diabetes

1. Do you have any complications of diabetes such as retinopath, neuropathy, renal failure or heart disease?

Yes  No

2. What are your most recent fasting Blood Sugar levels and HbA1c blood test result?

Please provide details if answered yes to Question 1 above and of your test results in question 2.




#### D. Epilepsy

1. What type of seizures have you had e.g. Grandmal (major seizure), petitmal (altered states of consciousness, a momentary loss of consciousness or other)?




If the space provided is insufficient please attach additional pages



## Additional Questions Continued

### E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/ mental state?
2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/ mental state? Please describe.


### F. Cancer, Tumor, Cyst, Growth

1. Please supply histopathology of any excised lesion or of biopsy.
2. Have you had radiotherapy or chemotherapy, if yes when did it cease?
3. Have you required following up treatments or investigations, if so, how many and for how long?
4. When was your last "check up" for cancer?


## Section 11. AIDS

- Are you suffering from AIDS?  Yes  No
- Are you suffering from an AIDS related disease or condition?  Yes  No
- Have you been injected with any drug not prescribed by a medical practitioner?  Yes  No
- Have you engaged in male to male sexual activity since 1980?  Yes  No
- Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder?  Yes  No
- Have you received a blood transfusion or treatment with human blood products prior to 1985?  Yes  No
- Have you suffered from persistent night sweats, unintentional weight loss or persistent fever; persistent diarrhoea or swollen glands?  Yes  No


If yes, please give full details.

## Section 12. Family History

- Has any Grandparent, Parent, Brother or Sister living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, huntington's chorea, mental disorder; committed suicide, or any other condition that you may be aware of?  Yes  No
- If yes, please give details:

Relationship	Details	Still Alive	Age or Age at Death

**If this is an application for a single life, please go directly to Section 22 and complete Hazardous Pursuits Questionnaire if required or directly to Section 23 Application Declaration.**

# Application Personal Statement for the Second Life Insured

## Section 13. Details of Second Life Insured

If this is an application for Multiple lives the Second Life Insured must complete this Personal Statement (Sections 13-21).

### Second Life Insured

Miss  Ms  Mrs  Mr  Dr Other

Family Name  Given Names

Postal Address

Suburb  State  Postcode

Phone (H) (  ) Phone (W) (  )

Date of Birth  /  /  Age next birthday  Country of Birth

Male  Female Smoker  Yes  No

To calculate your premium please complete Section 28

### Citicorp Term Life Insurance

Cover Required \$

#### Options

1. Premiums Guaranteed Rate  Variable Rate

#### 2. Total and Permanent Disability (TPD)

Cover Required \$  TPD Double  TPD Single  Own Occupation  Any Occupation

3. Guaranteed Benefit Increase  4. Waiver of Premium  5. Premium Freeze

### Citicorp LifeCare Trauma Insurance

Cover Required \$

#### Options

1. Term Life  Cover Required \$

2. Term Life Buy-Back  (Only available with Term Life Option)

3. Total and Permanent Disability (TPD) Cover Required \$

Definition: Own Occupation  Any Occupation

4. Premium Freeze

## Section 14. Personal Statement

What is your current occupation? Please describe exact nature of duties.


Do you contemplate a change in your occupation?  Yes  No

If yes, please give details.

What is the name and address of your employer or business?


What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently \$  per annum Over the last 3 years \$  average per annum

To help us assess your application the following questions must be completed.

### Section 14. Personal Statement continued

Have you engaged in, or do you intend engaging in:

a) Aviation other than as a fare paying passenger on public transport?  Yes  No

b) Any hazardous pursuits or pastimes?  Yes  No

If you answer "Yes" to a) or b) please complete Section 22 Hazardous Pursuits Questionnaire.

Do you intend to reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?  Yes  No

Details

If you answer yes to any of these questions, please provide details.

### Section 15. Other Life Insurance Policies

Do you have any life, trauma or disability insurance policies in force with this or any other company?  Yes  No

Is this application replacing existing cover with this company or any other company?  Yes  No

Is an application for life, trauma or disability insurance being made to any other company?  Yes  No

If you have answered yes to any of the above questions, please give details.

Company Name	Type of Cover	Sum Insured or Monthly Benefit	Cover to be Replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or otherwise than as submitted?  Yes  No

If yes, give details.

### Section 16. Personal Habits

During the past 12 months have you smoked tobacco or any other substance in any form?  Yes  No

If yes, please advise substance and daily quantity.

Have you ever smoked tobacco regularly in the past?  Yes  No

If yes, please give reason for stopping.

Do you drink alcohol?  Yes  No

If yes, please advise in what form and daily quantity.

What is your current: a) Height  cm/ft/in b) Weight  kg/stone/lb

Has your weight altered during the last 12 months?  Yes  No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication?  Yes  No

If yes, please provide details:

If you answer yes to any of these questions, please provide the details.

## Section 17. Medical Details

What is the name and address of your usual medical attendant?

Name

Address

How long has your doctor known you?  Yrs When did you last consult him/her?  /  /

What was the reason and result of this consultation?

During the last 5 years have you had any medical examination, advice, treatment or been in hospital?  Yes  No

If yes, please give details.

Date	Name and Address of Practitioner or Hospital	Reason (if illness, give duration and date of recovery)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

"Medical" includes Chiropractor; Naturopath or any other form of alternative medicine.

## Section 18. General Health

Have you ever had any of the following:

1. High blood pressure?  Yes  No
2. Pain in the chest?  Yes  No
3. Rheumatic fever, or any heart complaint?  Yes  No
4. Asthma, tuberculosis, or any other lung disease?  Yes  No
5. Indigestion, gastric or duodenal ulcer?  Yes  No
6. Bowel, liver or gallbladder disease?  Yes  No
7. Epilepsy, fainting attacks or fits of any kind?  Yes  No
8. Mental or nervous disorder or breakdown?  Yes  No
9. Diabetes, gout, cancer or tumour of any kind?  Yes  No
10. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis?  Yes  No
11. Coughing of blood, passing of blood from the bowel or in the urine?  Yes  No
12. Arthritis, rheumatism, sciatica, muscle, neck or back problems?  Yes  No
13. Gonorrhoea, syphilis or any other sexually transmitted disease?  Yes  No
14. Have you ever had any complications of pregnancy or childbirth?  Yes  No
15. Are you pregnant now? If yes, what is the due date?  /  /   Yes  No
16. Any other illness, injury or operation?  Yes  No
17. Have you ever been advised to have an operation, or do you contemplate surgery in the future?  Yes  No
18. Do you have any physical defects, impaired sight or hearing?  Yes  No
19. Have you ever had hepatitis?  Yes  No

**If you answer "yes" to any of the questions above except Question 15, please fill out the Special Health Questionnaire in Section 19.**

## Section 19. Special Health Questionnaire

- |   |   |
|---|---|
| <p>1. What was the type of illness/injury diagnosed (if applicable include the exact area affected eg: lower back, left knee, right wrist, left ear etc.)?</p> <input type="text"/><br><input type="text"/> | <p>11. What medical tests or investigations were carried out eg:bloods, x-rays, biopsy and when were they carried out?</p> <input type="text"/><br><input type="text"/>   |
| <p>2. Describe the symptoms?</p> <input type="text"/><br><input type="text"/>   | <p>12. What was the nature of any treatment given eg: Prescription/ non-prescription/surgery (include dosage, amounts, frequency)?</p> <input type="text"/><br><input type="text"/>                             |
| <p>3. On what date/ year did the symptoms first start? What was the date of your most recent episode/ attack?</p> <input type="text"/>  | <p>13. What was the date of your most recent treatment?</p> <input type="text"/>  |
| <p>4. What was the duration of your most recent episode/ attack?</p> <input type="text"/>   | <p>14. What were the results of the treatment (include pathology/ histopathology/ side effects)?</p> <input type="text"/><br><input type="text"/>   |
| <p>6. What is the average frequency of episodes/attacks?</p> <input type="text"/>   | <p>15. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring doctor:</p> <input type="text"/><br><input type="text"/>                                   |
| <p>7. What is the severity of episodes/attacks? (mild/ moderate/ severe)</p> <input type="text"/>   | <p>16. What are the names and addresses of all Medical Practitioners, Specialists consulted and Hospital admissions (include month and year of Consultations)?</p> <input type="text"/><br><input type="text"/> |
| <p>8. Did the episodes/attacks necessitate any time off work and, if so, how long?</p> <input type="text"/><br><input type="text"/>   |   |
| <p>9. Were you confined to bed/ home/ hospital?</p> <input type="text"/>  |   |
| <p>10. State degree of recovery and/or residual disability?</p> <input type="text"/><br><input type="text"/>  |   |

### Additional Questions (Please fill out the appropriate sections below if required.)

If the space provided is insufficient please attach additional pages.

#### A. Asthma

- Have you ever required hospitalisation for asthma?  
 Yes  No
- Have you ever required treatment with steroids (eg. Cortisone, Prednisone, Prednisolone)?  
 Yes  No

If you have answered "yes" to any of the above, please give details.


#### B. Gout

- How many joints are affected? (Please detail the joints below.)
- Please advise the date of your most recent serum Uric Acid Reading and provide details of the result.


#### C. Diabetes

- Do you have any complications of diabetes such as retinopath, neuropathy, renal failure or heart disease?  
 Yes  No
- What are your most recent fasting Blood Sugar levels and HbA1c blood test result?

Please provide details if answered yes to Question 1 above and of your test results in question 2.


#### D. Epilepsy

- What type of seizures have you had e.g. Grandmal (major seizure), petitmal (altered states of consciousness, a momentary loss of consciousness or other)?


If the space provided is insufficient please attach additional pages

## Additional Questions Continued

### E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/ mental state?
2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/ mental state? Please describe.


### F. Cancer, Tumor, Cyst, Growth

1. Please supply histopathology of any excised lesion or of biopsy.
2. Have you had radiotherapy or chemotherapy, if yes when did it cease?
3. Have you required following up treatments or investigations, if so, how many and for how long?
4. When was your last "check up" for cancer?


## Section 20. AIDS

Are you suffering from AIDS?

Yes  No

Are you suffering from an AIDS related disease or condition?

Yes  No

Have you been injected with any drug not prescribed by a medical practitioner?

Yes  No

Have you engaged in male to male sexual activity since 1980?

Yes  No

Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder?

Yes  No

Have you received a blood transfusion or treatment with human blood products prior to 1985?

Yes  No

Have you suffered from persistent night sweats, unintentional weight loss or persistent fever; persistent diarrhoea or swollen glands?

Yes  No


Please give full details.

## Section 21. Family History

Has any Grandparent, Parent, Brother or Sister living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, huntington's chorea, mental disorder, committed suicide, or any other condition that you may be aware of?

Yes  No

If yes, please give details:

Relationship	Details	Still Alive	Age or Age at Death

## Section 22. Hazardous Pursuits Questionnaire

### A. Are you engaged or do you intend to engage in scuba/skin diving?

First Life Insured  Yes  No

Second Life Insured  Yes  No

If "yes", please fill out the following:

1. Qualifications
2. Average depth
3. Maximum depth
4. Times per year

Your future intentions in relation to the activity:

### B. Are you engaged or do you intend to engage in Aviation?

First Life Insured  Yes  No

Second Life Insured  Yes  No

If "yes", please fill out the following:

1. Licence held
2. Hours flown last year
3. Expected hours per annum
4. State the aircraft/s you fly and the type of aviation you are involved in. (private, commercial, agriculture, mustering, aero club, helicopter).

5. What is the engine size of the aircraft/s?

6. Do you engage in any other form of aviation eg: Ultra light, Hang gliding. If so, provide details.

Further details where appropriate

### C. Are you engaged or do you intend to engage in bike/motor racing?

First Life Insured  Yes  No

Second Life Insured  Yes  No

If "yes", please fill out the following:

1. Licence held
2. Years experience
3. Vehicle type
4. Engine size
5. Maximum speed
6. Times per annum
7. Type of racing
8. Professional/Non

### D. Are you engaged or do you intend to engage in football / soccer / aussie rules / boxing / martial arts /competitive sports?

First Life Insured  Yes  No

Second Life Insured  Yes  No

If "yes", please fill out the following:

1. Sport /Activity
2. Times per year
3. Professional/Non

### E. Are you engaged or do you intend to engage in mountain climbing/abseiling?

First Life Insured  Yes  No

Second Life Insured  Yes  No

If "yes", please fill out the following:

1. Where you climb/abseil
2. Times per annum
3. Average and Max. Height
4. Type of climbing
5. Are you always accompanied?
6. Name of the Club/Organisation.

## Section 23. Application Declaration

Did you provide all the information requested by your Life Insurance Adviser to form the basis of a complete fact find and needs analysis?

Yes  No

Did you elect to purchase this policy based on the recommendation of your Life Insurance adviser?

Yes  No

Do you understand that by answering "NO" to either of the above questions, or

- i. where you elected to receive advice about a limited range of products, or;
- ii. where you received no advice or no fact find was undertaken,

you may risk making a financial commitment to a life policy which may not be appropriate to your needs and objectives?

Yes  No

### Declaration and Agreement of Life Insured

I hereby declare that the information contained in this application is true and correct, and further, that I am not aware of any other circumstances which might render me having a shortened longevity or suffering a serious health problem.

Signed at	<input type="text"/>		
Signature of First Life Insured	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Second Life Insured	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Declaration of Policy Owner

I/We apply for this Insurance to be issued in accordance with this application and my/our decision to apply for this insurance is based on the material in the brochure and my/our understanding of it. I/We have read and retained for later perusal the Customer Information Brochure dated 1 September 2000 to which this application form was attached and my/our decision to apply for this insurance is based on the material in the brochure and my/our understanding of it. I/We understand that applications will not be accepted on this form if dated after 31 August 2001. I/We hereby declare all statements made in this application are complete and accurate.

Signature of First Policy Owner	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Second Policy Owner	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Section 24. Customer Advice Record – Client Acknowledgement

This declaration is to be completed only when the Life Insurance Adviser is an ASIC Licensed Security Dealer or proper authority holder of such a Dealer. The Dealer must be formally authorised by Citicorp Life to retain the Customer Advice Record on behalf of Citicorp Life and the Customer Advice Record must have been provided to the applicant at or prior to completion of this application form.

I have been provided and have retained a copy of the Customer Advice Record as prepared by the Life Insurance Adviser, relating to advice given on  /  /

First Policy Owner's Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
First Policy Owner's Name	<input type="text"/>		
Second Policy Owner's Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Second Policy Owner's Name	<input type="text"/>		
Financial Adviser's Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Financial Adviser's Name	<input type="text"/>		

If a copy of the Customer Advice Record has NOT been provided to the applicant at or prior to completion of this application, a signed client acknowledgement will need to be provided separately once the Customer Advice Record has been provided.



## Section 25. Doctor's Authority

Term Life Insurance

LifeCare Trauma Insurance

I/We hereby consent to Citicorp Life seeking medical information including any test results from any doctor whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of Citicorp Life Insurance. **A photocopy of this declaration shall be as valid an authority as the original.**

Signature of First Life Insured  Date  /  /

Name  Date of Birth  /  /

Address

Suburb  State  Postcode

Signature of Second Life Insured  Date  /  /

Name  Date of Birth  /  /

Address

Suburb  State  Postcode

**Please return to:**

GPO BOX 4528  
SYDNEY NSW 2001

CITICORP LIFE INSURANCE LTD  
ABN 75 004 274 882  
CITIGROUP CENTRE  
2 PARK STREET  
SYDNEY NSW 2000

TOLL FREE 1800 221 599  
FAX (02) 8225 5005

## Section 26. Doctor's Authority

LifeCare Trauma Insurance (ChildCare Option)

I hereby consent to Citicorp Life seeking medical information including any test results from any doctor whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of Citicorp Life Insurance. **A photocopy of this declaration shall be as valid an authority as the original.**

Signature of Parent/Guardian  Date  /  /

Name of Children to be insured  Date of Birth  /  /

Date of Birth  /  /

Date of Birth  /  /

Date of Birth  /  /

Address

Suburb  State  Postcode

**Please return to:**

GPO BOX 4528  
SYDNEY NSW 2001

CITICORP LIFE INSURANCE LTD  
ABN 75 004 274 882  
CITIGROUP CENTRE  
2 PARK STREET  
SYDNEY NSW 2000

TOLL FREE 1800 221 599  
FAX (02) 8225 5005

### Section 27. Premium Calculations for First Life Insured

(Remember premiums paid by instalments incur loadings. To calculate your premium add 3% for Half-yearly and divide by 2, for monthly premiums add 6% and divide by 12.)

Term Life Insurance		LifeCare Trauma Insurance	
Sum Insured: Term Life	\$	Sum Insured: Trauma	\$
TPD	\$	Term Life	\$
		TPD	\$
Premium	\$	Premium	\$
Policy Fee	\$	Policy Fee	\$
Loading Amount	\$	Loading Amount	\$
<b>Total Premium</b>	<b>\$</b>	<b>Total Premium</b>	<b>\$</b>

### Section 28. Premium Calculations for Second Life Insured

(Remember premiums paid by instalments incur loadings. To calculate your premium add 3% for Half-yearly and divide by 2, for monthly premiums add 6% and divide by 12.)

Term Life Insurance		LifeCare Trauma Insurance	
Sum Insured: Term Life	\$	Sum Insured: Trauma	\$
TPD	\$	Term Life	\$
		TPD	\$
Premium	\$	Premium	\$
Policy Fee	\$	Policy Fee	\$
Loading Amount	\$	Loading Amount	\$
<b>Total Premium</b>	<b>\$</b>	<b>Total Premium</b>	<b>\$</b>

### Section 29. Citigroup Privacy Promise

At Citicorp, we are committed to providing you with exclusive offers and innovative products and services that meet your financial and lifestyle needs. We keep you up-to-date on these deals through your statements and by mailing you separately. If you wish to receive our offers only with your statements, and therefore miss out on any exclusive deals that may be sent to you in separate mail, please tick one or both of the boxes below:

- Do not send me promotions or surveys by separate mail
- Do not phone me regarding promotions or surveys

Please allow 8-12 weeks for your request to take effect.

# Direct Debit Request Form

## Section 30. Your Authority to Citicorp Life Insurance

I/We

(Surname or Company Business Name)

(Given name or ABN/ARBN)

(Surname or Company Business Name)

(Given name or ABN/ARBN)

authorise Citicorp Life Insurance Limited (the User) (User ID No. 11238) to instruct the Financial Institution described below to debit my/our account, as described in The Schedule, any amount which you may charge me/us in accordance with the Application Form.

Customer Address

Bank/Financial Institution

Address

Signature

X

X

Date

/ /

Date

/ /

## Section 31. The Schedule

Full Name of Account

Address

Account Type

Cheque

Non-Passbook Savings

Bank/State/Branch No.

Account/Member No.

**OR**

If paying by Credit Card

Mastercard

Visa Card

Bankcard

Cardholder's Name

Card Expiry Date

/ /

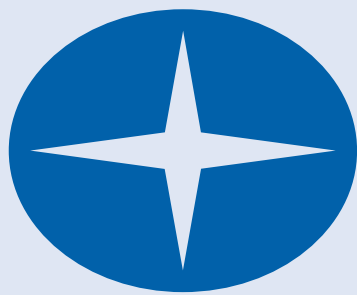
Card Number

Cardholder's Signature

X

Date

/ /



**Section 32. Application for ChildCare Option** (Please complete sections 32 to 36 if you are selecting the ChildCare option)

**Name of LifeCare Trauma Insurance Policy Owner**

Family Name

Given Names

Name of LifeCare Insured

(Parent or Guardian of ChildCare Life Insured)

**ChildCare Option Life/Lives Insured** (Maximum of 4 per policy)

	Family Name	Given Names	Date of Birth	Age Next Birthday
1.				
2.				
3.				
4.				

**Section 33. Declaration of Health**

Has any ChildCare Life Insured ever taken steroids, anti-hypertensive drugs or any other drugs?

Yes  No

If yes, please give date, name of ChildCare Life Insured and address of doctor (if any), full particulars, including duration.

Date	Child's Name	Doctor's Name & Address	Full particulars (including duration)

During the last 5 years has any ChildCare Life Insured had any medical examination, advice, treatment, or been in hospital? (Medical includes Chiropractor, Naturopath, or any other form of alternative medicine.)

Yes  No

If yes, please give particulars of each instance including X-Ray, Electrocardiogram or other special tests.


### Section 34. Declaration of Health

#### Has any ChildCare Life Insured ever had any of the following?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. High blood pressure?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Pain in the chest?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Rheumatic fever or any heart complaint?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Asthma, tuberculosis, or any other lung disease?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Indigestion, gastric or duodenal ulcer?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Bowel, liver or gallbladder disease?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Epilepsy, fainting attacks or fits of any kind?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Diabetes, cancer or tumour of any type?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Coughing of blood, passing of blood from the bowel or in the urine?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Any other illness, injury or operation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Advice to have an operation or contemplate surgery in the future?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any physical defects, impaired sight or hearing?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Suffer from AIDS or from any AIDS related disease or condition?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Been injected with any drug not prescribed by a medical practitioner?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |


If yes, please give date, name of ChildCare Life Insured and address of doctor (if any), full particulars, including duration and degree of recovery.

### Section 35. Declaration of LifeCare Trauma Insurance Policy Owner

I/We are not aware of any other circumstances which might render the life of any ChildCare Life to be insured to have shortened longevity or suffer a serious health problem.

I apply for the ChildCare Option to be issued in accordance with this application for LifeCare Trauma Insurance.

I hereby declare that the information contained in this application is true and correct.

Signature of LifeCare Policy Owner	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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### Section 36. Declaration of Parent/Guardian (if other than the LifeCare Trauma Insurance Policy Owner.)

I/We are not aware of any other circumstances which might render the life of any ChildCare Life to be insured to have shortened longevity or suffer a serious health problem.

I hereby declare that the information contained in this application is true and correct.

Signature of Parent/Guardian	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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## Terms and Conditions applying to Direct Debit

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this document with your records.
2. Citicorp Life Insurance Limited ABN 75 004 274 882 will initiate debits to your nominated bank account in accordance with your application form.
3. Citicorp Life Insurance Limited agrees to provide not less than 14 day's notice to you if it proposes to vary the above arrangements.
4. You may request deferment of or alteration to the agreed drawing schedule by writing to Citicorp Life Insurance Limited, GPO Box 4528, Sydney NSW 2001. Citicorp Life Insurance Limited reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to Citicorp Life Insurance Limited, GPO Box 4528, Sydney NSW 2001.
6. In the event that you should disagree with any debit under the arrangement with Citicorp Life Insurance, you should call us on 1300 134 669 or write directly to The Resolutions Manager, Citicorp Life Insurance Limited, GPO Box 4528, Sydney NSW 2001.
7. When the due date for payment falls on a day that is not a business day, Citicorp Life Insurance Limited will debit your account on the last business day prior.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, Citicorp Life Insurance Limited will write to you requesting alternative payment arrangements.
9. Any information supplied by you will remain confidential and will only be disclosed if authorised by you or where required by law.
10. Direct Debiting may not be available on the full range of accounts with Financial Institutions and you should check directly with your Financial Institution before submitting the Direct Debit Request form.
11. It is your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of debits.
12. Initially, you should direct all queries and requests for stops or cancellations to Citicorp Life Insurance Limited.

For enquiries call

**CITICORP CLIENT SERVICES**  
**1300 134 669**

Monday to Friday 8.00am to 6.00pm EST

Citicorp Life Insurance Limited ABN 75 004 274 882  
2 Park Street, Sydney NSW 2000  
[www.citibank.com.au](http://www.citibank.com.au)

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Citibank Limited ABN 88 004 325 080 CITI001