



# Simply Life

## Product Disclosure Statement

**Issued:** 7 October 2004

**Issuer:** Citicorp Life Insurance Limited, 2 Park Street, Sydney NSW 2000 ABN: 75 004 274 882 AFSL No.: 238096

This product is not a bank deposit or an obligation of or guaranteed by Citibank, N/A, Citigroup Inc, or any of its subsidiaries (other than Citicorp Life Insurance Limited).

## About Citicorp Life Insurance Limited (CitilInsurance)

### Who is the Insurer?

The insurer of **Simply Life** is Citicorp Life Insurance Limited (CitilInsurance) ABN 75 004 274 882 AFSL No. 238096, who is also the issuer of this Product Disclosure Statement (PDS) and invites you to apply for this policy.

**Simply Life** is a non-participating life insurance policy, which does not share in any of the profits of CitilInsurance or its statutory funds.

The obligations of CitilInsurance are not guaranteed by Citibank Pty Limited, nor any other member of Citigroup. **Simply Life** is issued from the No.1 Statutory Fund of CitilInsurance.

The invitation to apply for this policy is only made to people receiving this PDS in Australia. It is not made, directly or indirectly, to people in any other country.

In this PDS, references to “we”, “our” “us” and “CitilInsurance” are references to Citicorp Life. References to “you” are references to the policy owner or the life insured, as the context requires.

CitilInsurance is a wholly owned subsidiary of Citibank Pty Limited and part of the Citigroup Inc. (Citigroup) Global Financial Services Organisation. Citigroup (NYSE: C), the pre-eminent global financial services company has some 200 million customer accounts and does business in more than 100 countries, providing consumers, corporations, governments and institutions with a broad range of financial products and services, including consumer banking and credit, corporate and investment banking, insurance, securities brokerage, and asset management.

Major brand names under Citigroup's trademark red umbrella include Citibank, CitiFinancial, Primerica, Smith Barney, Banamex, CitilInsurance and Travelers Life and Annuity. Additional information may be found at [www.citigroup.com](http://www.citigroup.com)

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Also Enclosed:

Application Form

## General Information Only

This Product Disclosure Statement is for the general public and provides information of a general nature only, outlining the benefits and conditions of this policy conditions governing this product, including the benefits, definitions and exclusions. The policy wording is available upon request.

## About Simply Life

Simply Life offers you the opportunity to protect yourself and your family against the unexpected.

This Product Disclosure Statement will help you to:

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

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

## What are the Significant Benefits?

### Death and Terminal Illness

Your life cover sum insured (which is set out in your Policy Schedule) is the amount we will pay if you die or are diagnosed as terminally ill while the insurance cover is current.

You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live.

### Advance Funeral Benefit

The Advance Funeral Benefit will provide a cash advance of \$10,000 to assist with costs associated with funerals or other similar expenses on presentation of proof of age and a death certificate. The Sum Insured benefit payable will then be reduced by that amount.

### Total and Permanent Disability (TPD)

TPD provides you with a payment if you become totally and permanently disabled. 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 \$1 million.

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

### Trauma

We will pay the trauma sum insured if any of the events listed on page 3 occur subject to any waiting period applicable and any conditions that apply. Each of the events listed overleaf are defined on pages 11 to 14.

The Trauma sum insured cannot be more than the life cover sum insured.

If we pay a trauma benefit for a person under your policy, no further Trauma benefit will be payable in respect of that person (except Coronary Artery Angioplasty including Triple Vessel) and the Trauma option for that person will end.

The payment of a Trauma benefit will not affect the sum insured for any other benefit under the policy.

(continued on page 4)

**Immediate Cover For:**

Accidental HIV Infection	Loss of Hearing
Alzheimer's Disease	Loss of Independent Existence
Aplastic Anaemia	Loss of Speech
Benign Brain Tumour	Major Head Trauma
Blindness	Major Organ Transplant
Cardiomyopathy	Motor Neuron Disease
Chronic Liver Failure	Multiple Sclerosis
Chronic Lung Failure	Muscular Dystrophy
Chronic Renal Failure	Paraplegia
Coma	Parkinson's Disease
Diplegia	Primary Pulmonary Hypertension
Encephalitis	Quadriplegia
Hemiplegia	Severe Burns

**3 Month Waiting Period\* For:**

Coronary Artery Angioplasty Triple Vessel **
Coronary Artery Angioplasty**
Coronary Artery Bypass Surgery
Heart Attack
Malignant Cancer
Open Chest Surgery
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 again after the 3 month period and it is not related to the first occurrence, a benefit will then be paid. The 3 month waiting period will not apply where this policy is replacing existing trauma cover which is an amount greater than or equal to the sum insured under this policy.

\*\* To be entitled to a benefit for Coronary Artery Angioplasty (includes Triple Vessel) you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma sum insured, up to a maximum of \$25,000. Your sum insured under the Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty (includes Triple Vessel).

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No Trauma benefit will be payable if after diagnosis, the insured person does not survive for 14 days, however, the death benefit may be payable.

#### **Total And Permanent Disability And Trauma Continuation Benefit**

If we have not already paid a TPD benefit on the annual renewal date after your 65th birthday, or a trauma benefit on the annual renewal date after your 70th birthday your cover under these options will switch to the following definition:

We will pay your TPD or Trauma sum insured if, before the first 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:

- 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 be considered to be able to undertake that activity.

#### **Financial Planning Benefit**

CitiInsurance will pay up to \$500 incurred to reimburse the cost of financial planning advice after a benefit payment on this plan.

#### **When we will not pay**

Under a **Simply Life** policy, there will be no entitlement to a death benefit if the person insured commits suicide within the first 13 months of the commencement or reinstatement date.

If you have chosen and have been accepted for, the Trauma option, a benefit will not be paid where the trauma event arises out of or in connection with self-inflicted injury or any other event referred to in your Policy Schedule as a special condition.

#### **What are the Significant Risks?**

The significant risks associated with holding a **Simply Life** Insurance policy, which you should consider include:

- Your policy is not a savings plan, you will not get anything back if it is cancelled;
- Whether your policy will provide the cover you require.
- If you do not comply with your duty of disclosure, we do not pay your claim, pay only part of your claim or cancel your policy; and
- If you do not comply with the policy terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), we can refuse to pay all or part of your claim;

Whether your policy will provide the cover you require:

- Cover may not be adequate because:
  - The amount of cover you have is more or less than you need;
  - The type of cover you require does not match the cover provided by your policy (for example, because you do not satisfy terms and conditions of cover or an exclusion applies);
- Premium rates are not guaranteed;
- No claim is payable unless you can prove the extent of loss or damage.

You should consult your adviser to assist you in determining which of the above risks are significant in your particular circumstances.

### What is the cost of Simply Life?

All the current charges of [Simply Life](#) are described in this section. If we decide to alter the premium rates, which apply to this insurance, we will give you at least three months written notice before your premium is affected.

The premium you need to pay may depend on certain factors including, your age, sex, smoking status, sum insured, your medical history, occupation and any options you select.

Insurance is provided initially for one year, with your first premium being payable in advance, however you have the option of paying premiums monthly or half yearly.

The methods by which your premiums are paid is set out following:

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

### Processing Fee

If you choose to pay your premium monthly, there is a processing fee of 6% of your total premium per annum. For half yearly payments, the processing fee is 3% of your total premium per annum. The processing fee applies to your premium (including the policy fee).

### Commencement Date

The date your insurance commences with us is known as your commencement date. The anniversary of your commencement date is your annual renewal date. On this date (after the first year) all annual premiums are due and premium rates will change as your age increases. You will receive a renewal notice at this time.

### Minimum Premium

\$250 (including a \$65 policy fee).

### Policy Fee

In addition to the premium payable, there is an annual policy fee of \$65, 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. You will be advised of the new policy fee in your renewal notice, which we send to you at least 30 days before your next annual renewal date. If you

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

### Premium Discounts and Loadings

We offer discounts on your premium rates equal to or above \$500,000 and if you are a non-smoker. Loadings may be applied to premium rates depending on your medical history and in some cases your occupation.

### Non-payment of premiums

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

### Guaranteed Continuity

We guarantee to continue your cover each year once you have taken out [Simply Life](#), provided that premiums are paid when due.

### Customer Loyalty Benefit

If you hold a Term Life Policy, CitilInsurance will triple your Advance Funeral Benefit Payment should you die from an accident after your 3rd Policy Anniversary Date.

For the purpose of this benefit Death must

- Result from accidental bodily injury caused by violent, external and visible means.
- Result directly from the accidental bodily injury and independently of all other causes, and occur within 365 days of the date of the injury.

There is only one customer loyalty benefit paid per policy. Should you have more than one policy, only one benefit will be payable. Maximum amount payable is \$30,000. This payment equates to an additional \$20,000 cover.

### Payments

We have provided examples of sample premium amounts for the key benefits under a [Simply Life](#) policy.

There are additional options under [Simply Life](#) and if you were to select these, an additional premium would be payable.

Your adviser can provide you with an illustration of the premiums for your specific circumstances based on the types of cover you require and the level of cover recommended.

Your premium may also be reduced if your adviser selects a lower level of commission.

You can also refer to the CitilInsurance Premium Guide for the full list of Premium rates, or obtain a premium estimate by calling our Client Services team on [1300 134 669](tel:1300134669).

### Examples:

**1. 40 year old Male Non-Smoker selects Term Life Cover for \$300,000.**

The rate is: 0.95

To calculate:  $0.95 \times 300 = \$285 + \$65$

**Total Premium = \$350 per annum**



2. **35 year old Female Non-Smoker selects Term Life and Trauma Cover for \$500,000** (a 10% discount applies for Sums Insured above \$500,000).

The rate is: 0.62 for Term Life Cover  
1.77 for Trauma Cover

To calculate:  $(0.62 \times 500) + (1.77 \times 500) \times 0.90 + \$65 = (310) + (885) \times 0.90 + \$65$

**Total Premium = \$1140.50 per annum**

3. **30 year old Male Smoker Selects Term Life and TPD cover for \$200,000.**

The rate is: 1.11 for Term Life  
0.50 for Total and Permanent Disability

To calculate:  $(1.11 \times 200) + (0.50 \times 200) + \$65$

**Total Premium = \$387 per annum**

The example premiums are based on the life insured being in an occupational class of Clerical/Administration/Managerial in a pure office environment.

**If you are paying by instalments:**

Monthly - add 6% to the total and divide by 12.

Half Yearly - add 3% to the total after the policy fee has been added and divide by two.

These premiums are indicative only and different premiums may apply to you depending on your individual circumstances and product option selections.

## Taxation Information

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

As this information based on current interpretation of relevant legislation, it is recommended that you seek advice from a suitably qualified professional in relation to your own circumstances.

## Cooling off Period

After you receive your Policy Document and Policy Schedule you have 30 days to cancel your insurance and receive a full refund of any premiums that may have been paid.

## Other Important Information about your Insurance

Who Can apply?

Minimum Age at entry	Maximum Age at entry	Maximum Age at renewal date
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### Simply Life

<b>Term Life</b>	16 Next Birthday	79 Next Birthday	99 Next Birthday
<b>Total &amp; Permanent Disability Option</b>	16 Next Birthday	64 Next Birthday	99 Next Birthday
<b>Trauma Insurance</b>	16 Next Birthday	64 Next Birthday	99 Next Birthday

### **How many can apply?**

Up to 2 people to be insured under the one policy. Only one policy fee applies (for information on the policy fee, please see page 5 of this PDS).

### **Cover Note (Interim Accident Cover)**

Immediately upon receipt of a completed application with the first premium and payment instructions you are covered for Accidental Death, Accidental Trauma, and Accidental Total and Permanent Disability prior to the acceptance or rejection of your application for up to a maximum of 90 days. Cover relates to your chosen benefit levels and Sum Insured.

Maximum Accidental Death Cover: \$1 Million

Maximum TPD: \$500,000

Maximum Trauma: \$250,000

For the purpose of Interim Cover, Accidental means an event outside of your control during the Interim Cover period caused by violent, external and visible means directly resulting in Death, Occurrence of a Trauma Event or Total and Permanent Disability.

Interim cover does not apply if the cover applied for in the Application Form is to replace existing cover which is still in force, or would normally be declined under current underwriting rules.

### **How benefits are paid**

Any benefits payable under [Simply Life](#) are payable to the policy owner. If you are both the life insured and policy owner, your death benefit is payable to your estate.

### **Cancellations**

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

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

### **Guarantee of Upgrade**

If features of this product are enhanced in the future, your policy will be automatically upgraded to reflect these enhancements. This will occur on your policy anniversary date.

### **Amount of cover**

The amount of cover selected (by you) and accepted (by us) is your "Sum Insured". This amount will be shown on your Policy Schedule which will be issued to you after we have accepted your policy.

### **Increasing your cover**

You can apply to increase your cover at any time. These increases are subject to our agreement, including meeting our financial and medical requirements and maximum policy limits.

### **Consumer Price Index (CPI) Adjusted Cover**

To counter the effects of inflation on your cover, we will automatically increase your sum insured each year, in line with any increases in the CPI, unless you select otherwise. CPI increases are available each year until your policy expires.

### For your records

Upon acceptance of your application we will send you:

- Policy Schedule
- Policy Document

Every year we will send you a:

- Renewal Notice outlining your cover and premium payable.

It is important that you read these documents carefully.

### How to Claim

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. If you wish to make a claim contact us on 1300 134 669 to request a claim form.

You must cooperate 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 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 reported to us as soon as possible.

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

### Complaints Resolution

We have established a complaints resolution process. If you have any complaints concerning [Simply Life](#) please call us on 1300 134 669.

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

Our Postal Address is:

The Resolutions Manager  
Simply Life  
CitilInsurance  
GPO Box 4528  
SYDNEY NSW 2001

Our Business Address is:

CitilInsurance  
2 Park Street  
SYDNEY NSW 2000

If you are still not satisfied with how we respond to your complaint, you can contact the Financial Industry Complaints Service who will then investigate the matter.

The telephone number is: 1300 780 808

The 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.

## Privacy Statement

### Privacy Statement

This Privacy statement explains the purposes of collection, the uses and disclosures of your personal information.

#### 1. Purposes of collection

We will only collect personal information necessary for the product/service. The information we collect from you on the insurance application form and related attachments and which we acquire from you or other people during the course of managing your policy is required for us to process your application, assess the risk, issue the policy, assess claims, administer the policy and to deliver the benefits of the product to you and to us. We store information about you in databases, which may be maintained outside Australia. With your consent, we may share information with other Citigroup companies so that they can advise you of other products, services and special offers that may be of interest or benefit to you.

#### 2. Organisations to whom information may be disclosed

We may disclose your information on a confidential basis to unrelated organisations for the purposes set out following:

To:	For:
Mailhouses	Statement production and other mail related services
Administration Services	Data entry and data processing, account maintenance, documentation and settlement
Market Research	Product development, planning, risk assessment and modelling
Investigators, medical attendants, professional & financial advisors, other insurers and reinsurers	Assessing your application, underwriting and claims assessment
Insurance industry bodies	Claims matching and cross referencing
Organisations wishing to acquire an interest in any part of Citibank's business	Assessment of any proposed acquisition

#### 3. Any law that requires the particular information to be collected

We are required by law to collect certain information in order to provide life insurance, for example, under the Insurance Contracts Act. Financial information is also required under the Income Tax Assessment Act for some types of insurance.

#### 4. Main consequences of not providing the information

If we are unable to collect all the information requested in the insurance application process, or requested during the currency of the policy, we may be unable to provide, or to continue to provide, the insurance or process a claim.

## 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 seroconversion to HIV infection occurs within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us 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.

**"Benign Brain Tumour"**- Intracranial Benign Tumour means the diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to: - symptoms and/or signs of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment and at least a 25% permanent impairment of

whole person function. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumors in the pituitary gland or spine are excluded.

**"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 trauma Sum Insured 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.

**“Coronary Artery Angioplasty Triple Vessel”** means angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

To be eligible for Coronary Artery Angioplasty Triple Vessel you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma Sum Insured, up to a maximum of \$25,000. Your trauma Sum Insured will then be reduced by the amount paid and your premiums reduced to reflect the remaining Sum Insured.

**“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 sequaelae 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.

If in the insured’s opinion the above tests are inconclusive we will consider other appropriate tests.

#### **Out of Hospital Cardiac Arrest**

Cardiac arrest which is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital and is due to:

- Cardiac Asystole, or
- Ventricular fibrillation with or without ventricular tachycardia.

**“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 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.

**“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 Neuron Disease”** means the unequivocal diagnosis of Motor Neuron 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 characterized 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.

**“Muscular Dystrophy”** means the unequivocal diagnosis of muscular dystrophy by a consultant neurologist resulting in

a permanent impairment of whole person function of at least 25%.

**“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 as defined by the National Research Institute. This includes infarction of brain tissue, intracranial or subarachnoid hemorrhage, embolisation from an extracranial source. Transient ischemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.



## How to Apply for Simply Life

Applications for Insurance can only be effected after completion of the current application form either contained in this Product Disclosure Statement or one provided by Citilinsurance.

If we are unable to issue your policy for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we are required to hold your monies in a trust account on your behalf. We will retain any interest payable by our bank on this account to meet, among other things, bank fees and other administrative costs.

### Terms and Conditions relating to Direct Debit

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this with your records.
2. Citicorp Life Insurance Limited will initiate debits to your nominated bank account in accordance with your application form.
3. We agree to provide not less than 14 days 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 us at,

GPO Box 4528,  
Sydney NSW 2001

6. In the event that you should disagree with any debit under the arrangement with us, you should call us on 1300 134 669 or write directly to:

The Resolutions Manager,  
Citilinsurance,  
GPO Box 4528,  
Sydney NSW 2001.

7. Direct Debit occurs on the 27th of each month. When the due date for payment falls on a day that is not a business day, we will debit your account on the next business day after the due date.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, we 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 Citilinsurance in writing.

## Checklist for Advisors

Before sending this application to CitilInsurance, please check that the following have been completed.

- All relevant questions/sections have been answered
- The Application Form has been signed and dated by the Life to be Insured and the Policy Owner(s).
- Premium Illustration attached.
- If paying by cheque, a cheque made payable to Citicorp Life Insurance Limited marked non-negotiable is attached.
- Direct Debit Form or Payment Schedule completed (if required).

For enquiries call

**1300 134 669**

(Monday to Friday 8.00am to 6.00pm EST)

[www.citibank.com.au](http://www.citibank.com.au)

 **citi**insurance

Citicorp Life Insurance Limited, 2 Park Street, Sydney NSW 2000

ABN 75 004 274 882 AFSL No. 238096

Citibank Pty Limited ABN 88 004 325 080



# Personal Health Statement

	First Life Insured	Second Life insured
1. In the last 12 months, have you smoked tobacco or any other substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you EVER had high blood pressure, heart or vascular disease, stroke, diabetes, kidney, liver or bowel disease, asthma or any lung disease, blood disorder, epilepsy or fits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you EVER had any disease of or injury to the spine including neck or back, such as back strain, disc disorder, sciatica, or suffered a serious personal injury or had any injury, deformity or disease (eg. arthritis) involving any joint or limb?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you EVER had any mental disorder, depression, stress, anxiety or chronic fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you EVER had any tumour, cancer or malignant growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been advised to or do you intend to seek medical advice or treatment in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you EVER tested positive for HIV/AIDS, or have you ever been in a high risk category for contracting HIV? (eg. had a blood transfusion, injected drugs other than prescribed by a medical practitioner, shared needles, engaged in male-to-male sexual intercourse?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. During the past five (5) years, have you ever consulted a doctor or other health professional for medical or surgical advice or treatment of any kind (not including minor viral infections, colds or influenza)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the past 12 months, have you taken any drugs not prescribed by a Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any Parent, Brother, Sister, Grandparent living or deceased suffered from diabetes, heart disease, stroke, cancer, mental disorder, haemophilia, Huntington's Chorea or any hereditary disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For all 'Yes' Answers please provide full details below (if needed attach a separate page signed and dated by you):

## Full Details (please indicate First or Second Life Insured)

Q No.	Nature/Condition	Date Commenced	Duration of injury/illness	Degree of Recovery	What treatment did you receive eg: medication, operation	Name and address of Medical Practitioner or hospital

11. Please provide the name and address of your usual Medical Practitioner or the last Medical Practitioner attended if you do not have a regular doctor.

<p>Name</p> <input type="text"/> <p>Address</p> <input type="text"/> <p>Suburb</p> <input type="text"/> <p>State</p> <input type="text"/> <p>Post Code</p> <input type="text"/>	<p>Name</p> <input type="text"/> <p>Address</p> <input type="text"/> <p>Suburb</p> <input type="text"/> <p>State</p> <input type="text"/> <p>Post Code</p> <input type="text"/>
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12. When did you last consult this Medical Practitioner and for what reason?

<p>DD / MM / YYYY</p> <input type="text"/> <p>Result of Consultation</p> <input type="text"/>	<p>DD / MM / YYYY</p> <input type="text"/> <p>Result of Consultation</p> <input type="text"/>
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13. Have you EVER had an application for life or disability insurance declined, postponed, the premium increased, an exclusion applied, or had a current policy cancelled or renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you EVER claimed for benefits under any accident, sickness, life insurance or such benefits as Worker's Compensation or motor vehicle third party schemes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you EVER engaged in, or intend to engage in, any hazardous occupation or sport or other pursuit (eg. football, rock climbing, motor racing or scuba diving) or intend to engage in aviation other than as a fare-paying passenger on a registered commercial airline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For all 'Yes' Answers please provide full details below (if needed attach a separate page signed and dated by you):

Question Number	Details

## Marketing Opt-Out

CitiInsurance may keep you informed about other products, services and special offers from Citigroup companies and selected 3rd parties that may be of interest to you. However, if you do not wish us to communicate these offers to you please indicate here.

First Life Insured

Do Not Mail:

Do Not Phone:

Second Life Insured

Do Not Mail:

Do Not Phone:

## 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.**

## Application Declaration

### Declaration of Life Insured(s)

I/We declare that the information given in this application form is complete and correct and information relevant to the insurers decision to accept the risk has not been omitted.

I/We authorise any medical practitioner, hospital or clinic to provide CitiInsurance with information that relates to my/our medical history.

I understand that I may receive a telephone call from a CitiInsurance Underwriter to discuss my medical history and personal details to allow assessment of my application.

Please provide phone number and preferred time of call (between 8am and 6pm EST Mon - Fri).

Phone ( )

Preferred time to call:

Signed At

Suburb

State

Post Code

Date

DD / MM / YYYY

Signature of First Life Insured

X First Life Insured

Date

DD / MM / YYYY

Signature of Second Life Insured

X Second Life Insured

Date

DD / MM / YYYY

### Declaration of Policy Owner(s)

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 information contained in the PDS issued on the 7 October 2004 and my/our understanding of it.

I/We have read and understood the Duty of Disclosure printed above.

I/We declare that all statements made in this application are complete and accurate.

I/We understand that if I chose not to seek advice, or have not been provided with a Statement of Advice by my/our adviser, I/we risk making a financial commitment to a Life Policy that may not be appropriate for me/us.

I/We have read and understood the Privacy Statements in the PDS and agree to the collection, use and disclosure of personal information as described in those statements.

Where I/We have provided information about any other individual, I/We will make that individual aware of the provisions of the Privacy Statements.

Signature of First Policy Owner

X First Policy Owner

Date

DD / MM / YYYY

Signature of Second Policy Owner

X Second Policy Owner

Date

DD / MM / YYYY

## Your Authority to Citicorp Life Insurance

I/We

(Surname or Company Business Name)

(Given names or ABN/ARBN)

(Surname or Company Business Name)

(Given names 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 the User may charge me/us in accordance  
with the Application Form.

Customer Address

Suburb

State

Post Code

Name of Bank/Financial Institution

Address

Suburb

State

Post Code

Signature

X

Date

DD / MM / YYYY

Signature

X

Date

DD / MM / YYYY

## Payment Method

**Payment Options**  Cheque  Direct Debit  Credit Card

**Frequency**  Annually  Half Yearly  Monthly

## The Payment Schedule

Full Name of Account

Address

Suburb

State

Post Code

Account Type

Cheque  Non-Passbook Savings

Bank/State/Branch Number

Account/Member No.

**OR**

If paying by Credit Card

Mastercard  Visa  Bankcard  Diners Club

Cardholder's Name

Card Number

Expiry Date

DD / MM / YYYY

Cardholder's Signature

X

Date

DD / MM / YYYY

## Life Insurance Advisor Details

Authorised Representative

Name of AFSL

Contact Details

Phone ( )

Email

## Commission Option

S1  S5  L1

CitiInsurance Number

Signature

X

Fax ( )

Date DD / MM / YYYY

Mail to:

CitiInsurance, GPO BOX 4528 Sydney NSW 2001  
Toll Free 1300 134 669 Fax Toll Free 1300 131 049