ING

> INVESTMENT > INSURANCE
> SUPERANNUATION

>OneCare™

Product Disclosure Statements

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

September 2005

This book contains two documents:

- OneCare Product Disclosure Statement
- OneCare Super Product Disclosure Statement

Why ING?

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

ING Australia Limited (ING Australia) is one of Australia's leading fund managers, life insurers and superannuation providers with over $30 billion in assets under management. ING Australia is a joint venture between the global ING Group, which owns 51%, and one of Australia's major banks, ANZ, which owns 49%.

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

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

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

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

ING Foundation

The ING Foundation is supported by all ING businesses in Australia and is our way of giving back to the community. The ING Foundation helps children and families in need by providing financial and volunteer support through our charity partners, The Malcolm Sargent Cancer Fund for Children, The Spastic Centre and Barnardos.

Contents

OneCare

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

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

OneCare Super

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

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

If you are considering whether to apply for OneCare Super you should start by reading 'What is OneCare Super?' on page 64.

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Important information

An application for OneCare or OneCare Super as described in the enclosed PDSs must be made on a current OneCare Application Form. Your application is subject to acceptance by ING, who may accept or decline your application, or accept it on special conditions.

Any insurance policies arising from applications made are issued by ING Life. Such policies are neither a deposit nor a liability of:

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

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

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

The information in the PDS, including taxation information, is based on the continuance of present laws and our interpretation of those laws and is up to date at the time of its preparation.

However, some information may change from time to time. We will issue a supplementary or replacement PDS if there is a materially adverse change to information in this PDS, or there is a materially adverse omission from the PDS.

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

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

Why is it important to have insurance?

Have you ever thought about what would happen if you were ill or injured and unable to work? What would happen to you, your loved ones, or your business?

Who would pay the rent or the mortgage? Who would pay the mounting bills? Could you afford the best medical treatment? Could you still give your children the life and education you had planned for them? What would happen to your business that you have worked so hard to build?

These are all questions that none of us like to dwell on, but unfortunately unexpected things do happen and they are more common than most people realise.

Did you know:

- around 50% of Australians aged over 30 will suffer a major illness that can lead to long-term disability and long-term loss of income?*
- more than 85,000 new cases of cancers are being diagnosed in Australia each year?†
- there are over 28,000 hospital admissions in Australia for heart attacks each year?‡
- each year there are approximately 370,000 people in Australia with a brain injury, and over 160,000 people who are severely affected by acquired brain injury and need some form of personal assistance or supervision of everyday living?§

We have been able to help some of the people behind these statistics – the ones who were wise enough to have insurance. They are always grateful and relieved that they had recognised the importance of having adequate insurance to protect them and their families.

You work hard to accumulate savings and security for you and your family, but these can easily be jeopardised. Protecting your wealth and your future is an integral part of a sound financial plan.

Insurance gives you financial protection

Insurance protects you, your family and your business in the event of the unexpected. You can buy insurance that pays an amount if you:

- die
- become terminally ill
- become disabled
- suffer a specified trauma condition, e.g. heart attack, cancer, heart surgery.

This money will help you, your family or your business in so many ways.

In the event of your death, it could pay off your mortgage so that those you leave behind will have a roof over their heads. It could pay for the education you planned for your child. It could pay for child care so your spouse can return to work.

Many people make the mistake of thinking of insurance only as a way of leaving money behind when they die. They don't realise that many people need the insurance while they are living. You might need to pay for home care while you recover from a trauma, or make changes to enable you to stay in your home if you are disabled. You will need to keep up with your financial obligations as well as the everyday costs of living such as food, clothing, and electricity if you are unable to work.

Or perhaps you need the insurance for business purposes. Just because you can't work doesn't mean your business expenses disappear. You may still have to pay your lease, staff salaries, suppliers, amenities bills and many ongoing costs. It may also be used for key person insurance, loan guarantor cover or buy sell agreements.

Everyone's insurance needs differ depending on their personal circumstances. Your financial adviser can help you decide on the insurance that is most appropriate for your specific needs and circumstances.







* National Centre for Social and Economic Modelling, 'Income and Wealth Report', Issue 4, March 2003.
† Australian Institute of Health and Welfare and the Australasian Association of Cancer Registries 2003. Cancer in Australia 2000.
‡ Epidemic of coronary heart disease and its treatment in Australia, September 2002 – Australian Institute of Health and Welfare
§ Definition, incidence and prevalence of acquired brain injury in Australia, 1999 – Australian Institute of Health and Welfare

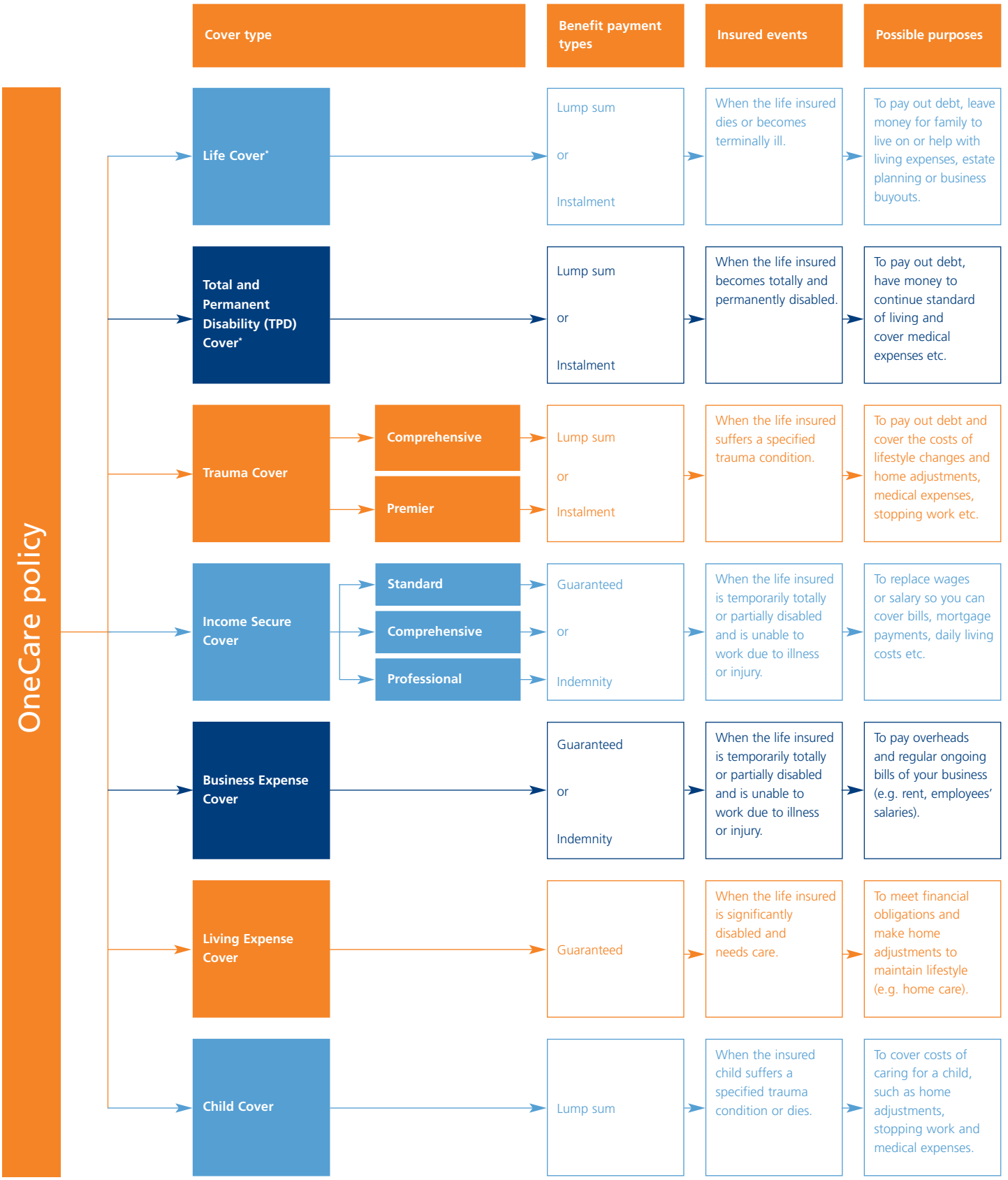
What is OneCare?

OneCare provides a range of insurance covers to suit your financial circumstances, no matter what your life stage, whether you are single, have a family or run a business.

The flexible nature of OneCare allows you to tailor insurance for all members of your family and/or business all under the one policy.

Your OneCare policy provides protection for the lives insured all day, anywhere in the world.

With the assistance of your financial adviser, you can design your own protection solution by choosing from the following range of covers offered by OneCare.



* Life Cover and/or TPD Cover may be purchased through superannuation. Please refer to each of the relevant cover sections for the conditions which apply. If you want to purchase Life Cover or TPD Cover through the ING MasterFund, please also refer to the OneCare Super PDS on page 64.

Each of the above covers is described in detail in sections of this Product Disclosure Statement. Each cover is divided into:

- built-in benefits – monetary benefits that come into effect when you make a claim. These are included in the cover at no extra cost
- built-in features – non-claim related features that make the cover flexible and adaptable. These are included in the cover at no extra cost
- options available at extra cost – options that allow you to tailor the cover to your needs.

Cover structure

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

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

Life Cover, TPD Cover and Trauma Cover can be purchased as:

- stand alone covers
- optional covers
- a combination of stand alone and optional covers.

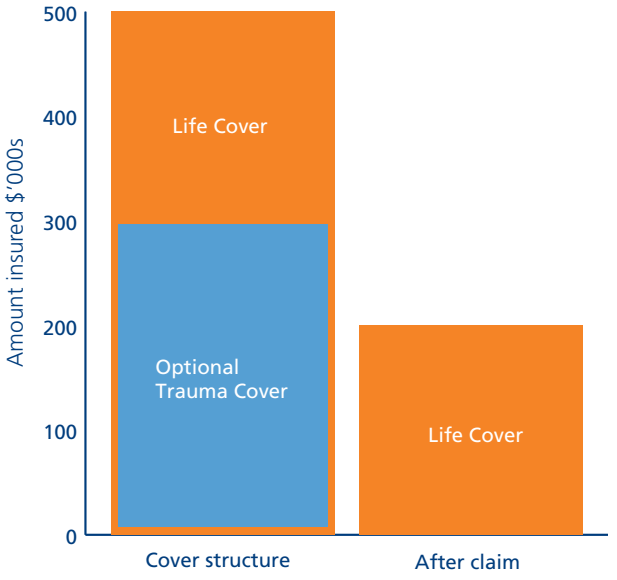
If you have stand alone covers then any benefit paid under one stand alone cover will not change any other cover you have.

If you choose to purchase cover as an option (for example, Life Cover with optional TPD Cover) any benefit paid under one cover will reduce the amount insured under the other cover.

Example – Life Cover with optional Trauma Cover

Joseph purchased Life Cover with an amount insured of $500,000. He added optional Trauma Cover with an amount insured of $300,000.

If Joseph suffers a trauma condition and we pay him the full Trauma Cover amount insured of $300,000, his Life Cover amount insured will be reduced by $300,000 to $200,000.

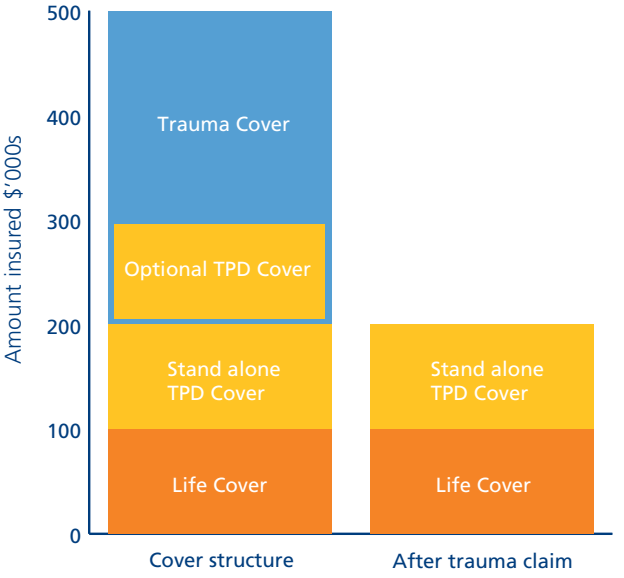


Example – Combination of stand alone and optional cover

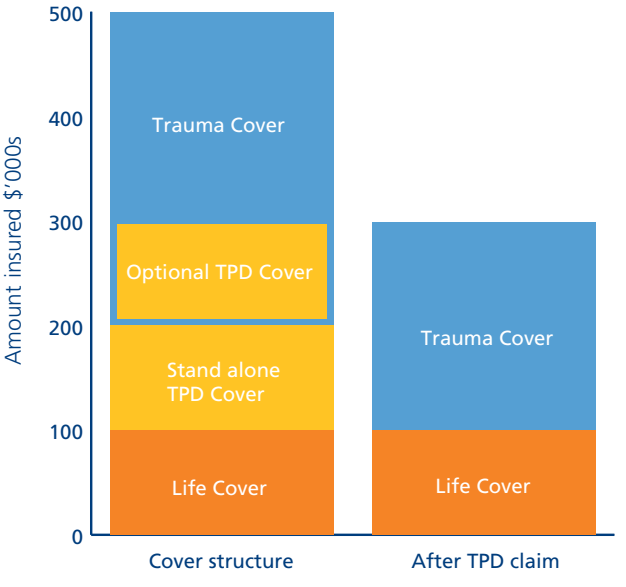
Janelle purchased the following covers:

- $100,000 Life Cover
- $100,000 stand alone TPD Cover
- $300,000 Trauma Cover with $100,000 of optional TPD Cover.

If Janelle suffers a trauma condition and we pay her the full Trauma Benefit of $300,000, her stand alone TPD Cover and Life Cover remain unchanged. She will no longer have the optional $100,000 of TPD Cover.



However, if Janelle had made a claim for her TPD Cover and we paid her total TPD Cover of $200,000 ($100,000 of stand alone TPD Cover and $100,000 of optional TPD Cover), her Life Cover would remain at $100,000 and her Trauma Cover would be reduced by the $100,000 optional TPD Cover paid to $200,000.



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

Multiple lives insured

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

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

There is a premium discount for multiple life policies. For details, please refer to 'What are the costs?' on page 71.

Example

Jim and Maria wanted to insure themselves and their two children, Paul and Josie. Their **financial adviser** recommended the following OneCare policy to cover all of them.

Jim	- Life Cover with optional TPD Cover and optional Trauma Comprehensive
	- Income Secure Comprehensive
Maria	- Life Cover
	- Trauma Premier
Paul	- Child Cover
Josie	- Child Cover

Amount insured

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

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

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

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

Benefit payment types

Life, TPD, Trauma and Child Cover

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

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

- Child Cover
- Life Cover and TPD Cover purchased through superannuation.

Lump sum

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

This allows you to choose the best way to use the money for your circumstances. You may want to pay off your debt, invest, modify your **home** for rehabilitation purposes, or use some of the money to go on a holiday to recuperate.

Instalment

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

It makes it easier to plan how much cover is required and provides a regular payment.

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

- a fixed term – 3, 5 or 10 years
- an age-based term – to the policy anniversary when the life insured is, or would have been, age 55 or 65.

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

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

Example

The Terminal Illness Benefit has a maximum amount insured of $2.5 million.

Fixed term

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

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

$$\frac{\$2{,}500{,}000}{5 \times 12} = \$41{,}666$$

Age-based term

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

* Age of the life insured at the policy anniversary on or prior to the occurrence of the event requiring calculation of equivalent instalment amount insured.

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

$$\frac{\$2{,}500{,}000}{(65-58) \times 12} = \$29{,}761$$

We will pay the instalment amount insured in arrears.

In the event of a claim, any amounts we pay as instalments will not increase with indexation.

Income Secure, Business Expense, Living Expense Cover

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

Guaranteed

If you choose the guaranteed benefit payment type, the amount we pay if the life insured is **totally disabled** will be the amount agreed on at the time of application. The life insured's income/expenses may have increased or decreased, however the monthly amount insured stays the same, hence the term 'guaranteed'.

Please refer to the individual cover sections for further detail.

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

Indemnity

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

Please refer to the individual cover sections for further detail.

Premiums

The amount you pay for a OneCare policy is called the premium.

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

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

The level premium option is not available for Child Cover.

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

You will need to consider other factors in regard to your premium. Please refer to 'What are the costs?' on page 71 for further details.

Guaranteed continuing cover

Your policy will continue each year upon payment of the premium, regardless of changes to the health of each life insured. The first policy anniversary is 12 months after the policy start date shown in the Policy Schedule.

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

Guaranteed upgrade of benefits

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

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

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

Interim Cover

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

Interim Cover starts when we receive a completed Application Form and a cheque, direct debit or credit card authorisation for the payment of the first premium.

For further information and conditions on Interim Cover please refer to 'Interim Cover certificates' on page 93.

If you are unsure of the meaning of highlighted terms throughout this PDS, you will find their definitions in the Dictionary on page 83.

What is Life Cover?

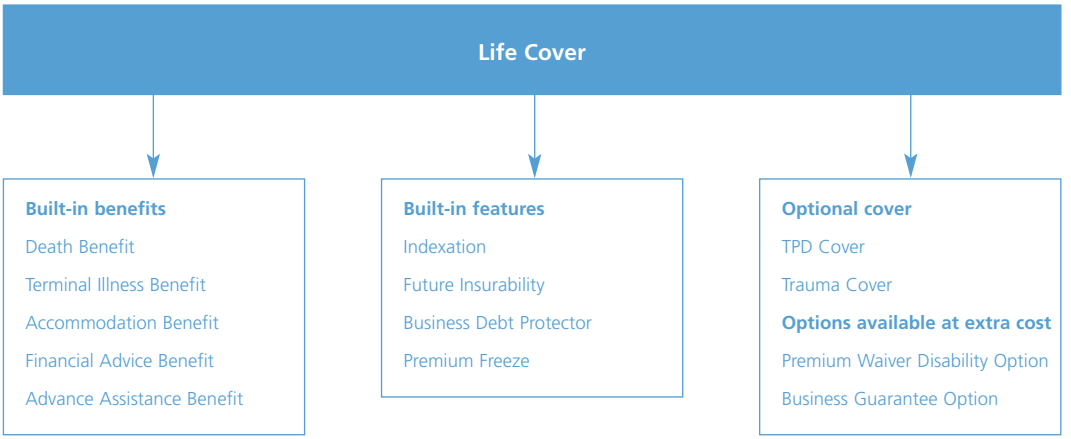
Life Cover offers the life insured peace of mind that their interests will be protected if they die or are diagnosed with a terminal illness.

Life Cover is paid as either a lump sum or instalments. It may be helpful to clear the mortgage and other debts, provide for the children's education and cover living expenses.

At a glance

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

The benefits, features and options of Life Cover are explained in detail in this section. To help you understand how they may apply, we have provided examples on page 32.



You need to make the following decisions to tailor Life Cover. Further information on each of these decisions can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim. You should discuss your choices with your **financial adviser**.

Amount insured How much would you like to be paid in the event of a claim? Page 11	→	Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.		
Benefit payment type How would you like the amount insured to be paid? Page 7	→	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age-based term (to age 55 or 65)
Premium type How would you like your premiums to be calculated? Page 8	→	Stepped premium	Level premium	
Optional cover How would you like your Life Cover structured? Page 6	→	Life Cover	Life Cover with optional TPD Cover	Life Cover with optional Trauma Cover Life Cover with optional Trauma Cover and optional TPD Cover
Options available at extra cost Which of the extra cost options would you like to add to Life Cover to meet your needs? Page 12	→	Premium Waiver Disability Option	Business Guarantee Option	
Nominated beneficiaries Who would you like the amount insured to be paid to in the event of your death? Page 11	→	You can only choose beneficiaries if you are both the life insured and the policy owner		

Life Cover may be purchased through superannuation. If you want to purchase Life Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 64.

Who can apply

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

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

* The Premium Waiver Disability Option and the Business Guarantee Option have different entry ages. Please refer to the relevant sections on page 30 and page 31.

Amount insured

When you purchase Life Cover, you need to decide the amount you would like to be paid if something was to happen to the life insured. The minimum amount insured for Life Cover is $50,000 lump sum or an equivalent instalment amount.

When you purchase Life Cover you will need to choose your benefit payment type. Please refer to 'Benefit payment types' on page 7.

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Nominating a beneficiary

Generally, benefits under the policy are paid to the policy owner. Where you are both the policy owner and the life insured you can nominate beneficiaries to receive the amount insured in the event of your death. If you do not nominate a beneficiary, the benefit will be paid to your estate.

A nomination will be cancelled if the ownership of the policy is transferred to a new policy owner or if a nominated beneficiary dies before the policy owner.

This option is not available for policies with joint owners, and differs for policies owned through superannuation. If you choose OneCare Super, please refer to page 66 for details of how to nominate beneficiaries in relation to benefits in the ING MasterFund.

Built-in benefits

Death Benefit

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

Terminal Illness Benefit

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured up to a maximum of $2.5 million lump sum or the equivalent instalment amount.

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

Accommodation Benefit

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

- the life insured is more than 100 kilometres from **home** and an **immediate family member** travels to be with them or
- an **immediate family member** travels more than 100 kilometres from their **home** to be with the life insured.

To be reimbursed for these costs, you will need to provide evidence of the life insured's confinement and the accommodation costs within six weeks of the date we pay the Terminal Illness Benefit.

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

Financial Advice Benefit

If we pay the amount insured for death or terminal illness, we will reimburse up to $2,000 for the preparation of a financial plan by a **financial adviser**. You will need to provide us with evidence of this financial advice within 12 months of the date we commence paying the amount insured.

If we paid the Life Cover amount insured to multiple beneficiaries, we will divide the maximum amount of $2,000 between them in the same proportion as we paid the amount insured.

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

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

Advance Assistance Benefit

If the amount insured is more than $25,000 when the life insured dies, we will pay an advance of $25,000 on receipt of a full Australian death certificate or other evidence satisfactory to us. This may assist with funeral and related costs.

The Life Cover amount insured will then be reduced by $25,000.

This benefit is only paid if you choose to receive the amount insured as a lump sum.

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

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

Built-in features

Indexation

To ensure your insurance keeps up with the cost of living, we will automatically increase the amount insured each policy anniversary by the **indexation factor**, subject to a guaranteed minimum of 5%. **The indexation factor** is based on the change in the Consumer Price Index (CPI) each year. We may offer a higher increase based on other economic factors.

The maximum Life Cover amount insured that is subject to indexation is $5 million. Cover in excess of this amount will not be indexed.

The above maximums are based on the lump sum benefit payment type. If you choose an instalment benefit payment type, the maximum will be the equivalent instalment amount insured.

If you want the amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation does not apply while Premium Freeze applies.

Indexation ceases on the policy anniversary when the life insured is age 70.

In the event of a claim, any amounts we pay as instalments will not increase with indexation.

Future Insurability

The Future Insurability feature allows you to apply to increase the amount insured, subject to defined limits, without having to supply further medical evidence when certain personal or business events occur.

Personal events

You can increase the amount insured when the life insured:

- gets married (this event is available once for the period of the policy)
- gives birth to or adopts a child (or their **spouse** gives birth to or adopts a child)
- takes out or increases a mortgage on their principal place of residence with an **accredited mortgage provider**
- has a salary package increase of 20% or more
- has a dependent child who starts secondary school
- completes an undergraduate university degree at a government recognised Australian university.

Business events

You can increase the amount insured when the life insured:

- is a key person in a business and their value to the business increases
- is a partner, shareholder or similar principal in a business and the policy supports a buy/sell, share purchase or business succession agreement and the value of their interest in the business increases.

Please refer to page 29 for further information on this feature.

Business Debt Protector

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

Please refer to page 30 for further information on this feature.

Premium Freeze

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

If the amount insured reduces to the Premium Freeze minimum of $10,000, we will recalculate the premium for the cover to ensure it does not reduce below this minimum and Premium Freeze will end.

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

Options available at extra cost

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

Premium Waiver Disability Option

If you choose this option, we will waive premiums:

- while the life insured is **on claim** under Income Secure, Business Expense or Living Expense Cover or
- if the life insured is **disabled** for a period of six consecutive months and continues to be **disabled**.

Please refer to page 30 further information on this option.

Business Guarantee Option

If you choose this option, you can apply to increase the amount insured without having to supply further medical evidence if there has been an increase in the value of the life insured's business which can be supported by financial evidence.

Please refer to page 31 for further information on this option.

Benefit reductions

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

- terminal illness
- the Advance Assistance Benefit
- TPD Cover where it is an option to Life Cover
- Trauma Cover where it is an option to Life Cover.

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

When we will not pay

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

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

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

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

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

When Life Cover ends

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

- the date we pay (or commence paying) the full Life Cover lump sum (or instalment) amount insured
- the date the cover is cancelled
- the date of the life insured's death
- the cover expiry date shown in the Policy Schedule (if applicable).

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

In Australia, premature death remains a real risk. 22% of male deaths and 14% of female deaths were people aged 25 – 64 years.

Australian Institute of Health and Welfare 2002 – Mortality – FAQs

What is Total and Permanent Disability Cover?

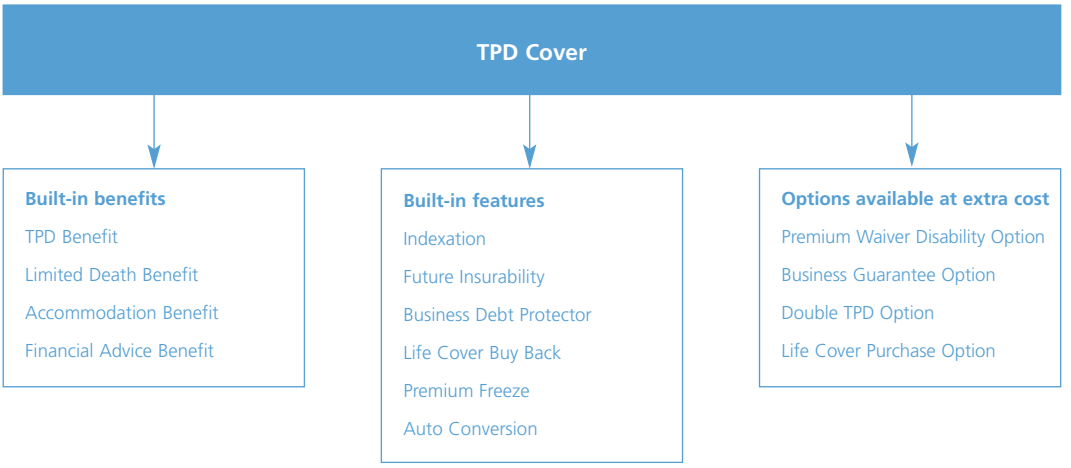
Total and Permanent Disability (TPD) Cover offers the life insured protection and financial peace of mind if they become totally and permanently disabled.

The amount insured is paid as either a lump sum or instalments. It will be useful to pay the ongoing medical expenses that may arise, to make necessary home modifications, or to hire home care services such as nursing, cleaning and cooking.

At a glance

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

The benefits, features and options of TPD Cover are explained in detail in this section. To help you understand how they may apply, we have provided examples on page 32.



You need to make the following decisions to tailor TPD Cover. Further information on each of these decisions can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim. You should discuss your choices with your **financial adviser**.

Amount insured How much would you like to be paid in the event of a claim? Page 16	Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities			
Benefit payment type How would you like the amount insured to be paid? Page 7	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age-based term (to policy anniversary at age 55 or 65)	
Total and permanent disability definition Which definition best suits your needs? Page 17	Own Occupation	Any Occupation	Home-maker	Non-working
Premium type How would you like your premiums to be calculated? Page 8	Stepped premium	Level premium		
Optional cover How would you like your TPD Cover structured? Page 6	Stand alone TPD Cover	TPD Cover as an option to Life Cover	TPD Cover as an option to Trauma Cover	
Options available at extra cost Which of the extra cost options would you like to add to TPD Cover ? Page 19	Premium Waiver Disability Option	Business Guarantee Option	Double TPD Option	Life Cover Purchase Option

TPD Cover may be purchased through superannuation. If you want to purchase TPD Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 64.

Who can apply

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

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

* The Premium Waiver Disability Option and the Business Guarantee Option have different entry ages. Please refer to the relevant sections on page 30 and page 31

Amount insured

When you purchase TPD Cover, you need to decide the amount you would like to be paid if something was to happen to the life insured. The minimum amount insured for TPD Cover is $50,000 and the maximum overall is $2.5 million.

However, if you choose the **Own Occupation** definition, the maximum is $2 million. If you choose the **Home-maker** or **Non-working** definition, the maximum is $500,000.

When you purchase TPD Cover you will need to choose your benefit payment type. Please refer to 'Benefit payment types' on page 7.

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Built-in benefits

Total and Permanent Disability Benefit

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

Some elements of the TPD definitions do not have a requirement that states the life insured must be unable to work for six months. For these elements, a survival period applies. The life insured must survive without life support for eight days from the date they satisfy the TPD condition if:

- the TPD Cover is stand alone
- the TPD Cover is an option to Trauma Cover or
- you choose the Double TPD Option.

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

Over 3,600,000 people reported one or more impairments that restricted everyday activities. Of these, over 2,380,000 were under 65 years of age.

Australia's Welfare 2003 Report, Australian Institute of Health and Welfare

Total and permanent disability definitions

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

The table below provides a summary of the TPD definitions. The full details of the terms and conditions of each element are shown in the Dictionary on page 88.

		TPD definition			
Elements	**As a result of illness or injury the life insured:**	**Own Occupation**	**Any Occupation**	**Home-maker**	**Non-working**
Unlikely ever again to be able to do own occupation	• has been unable to work for six months or has suffered permanent impairment of at least 25% of whole person function and • is unlikely to be able to do their own occupation ever again.	✓			
Unlikely ever again to be able to do any occupation	• has been unable to work for six months or has suffered permanent impairment of at least 25% of whole person function and • is unlikely to be able to ever do any occupation for which they are reasonably suited by education, training or experience.		✓		
Unlikely ever again to be able to do normal domestic duties	• has been unable to perform normal domestic duties, leave their **home** unaided or do any occupation for six months and requires the ongoing care of a **medical practitioner**, or suffers a permanent impairment of at least 25% of whole person function and • is unlikely to be able to ever do normal domestic duties or any occupation for which they are reasonably suited by education, training or experience.			✓	
Loss of limbs and/or sight	suffers the permanent loss of the use of: • two limbs • the sight in both eyes or • one limb and the sight in one eye.	✓	✓	✓	✓
Loss of independent existence	is totally and irreversibly unable to perform at least two out of five **activities of daily living**.	✓	✓	✓	✓
Cognitive loss	suffers total and permanent loss of intellectual capacity requiring continuous care and supervision.	✓	✓	✓	✓

Limited Death Benefit

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

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

Accommodation Benefit

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

- the life insured is more than 100 kilometres from **home** and an **immediate family member** travels to be with them or
- an **immediate family member** travels more than 100 kilometres from their **home** to be with the life insured.

To be reimbursed for these costs, you will need to provide evidence of the life insured's confinement and the accommodation costs within six weeks of the date we commenced paying the TPD Benefit.

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

Financial Advice Benefit

If we pay a TPD Benefit, we will reimburse up to $2,000 for the preparation of a financial plan by a **financial adviser**. You will need to provide us with evidence of this financial advice within 12 months of the date we commence paying the amount insured.

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

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

Built-in features

Indexation

To ensure your insurance keeps up with the cost of living, we will automatically increase the amount insured each policy anniversary by the **indexation factor**, subject to a guaranteed minimum of 5%. The **indexation factor** is based on the change in the Consumer Price Index (CPI) each year. We may offer a higher increase based on economic factors.

The indexation limits that apply to TPD Cover are in the following table. Maximum cover is determined across all ING policies covering the life insured.

TPD Cover	Maximum amount insured that can be indexed*	Maximum amount insured after indexation#
Overall	$2,500,000	$2,500,000
TPD **Any Occupation**	$2,500,000	$2,500,000
TPD **Own Occupation**	$2,000,000	$2,500,000
TPD **Home-maker**	$500,000	$1,000,000
TPD **Non-working**	$500,000	$1,000,000

* This is the maximum amount insured that is subject to indexation. Cover in excess of this amount will not be indexed.

\# This is the maximum to which the amount insured can increase under indexation.

The above maximums are based on the lump sum benefit payment type. If you choose an instalment benefit payment type, the maximum will be the equivalent instalment amount insured.

If you want the amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation does not apply while Premium Freeze is activated.

Indexation ceases on the policy anniversary when the life insured is age 65.

Indexation will not apply to Life Cover reinstated under the Double TPD Option (refer to page 19).

In the event of a claim, any amounts we pay as instalments will not increase with indexation.

Future Insurability

The Future Insurability feature allows you to apply to increase the amount insured, subject to defined limits, without having to supply further medical evidence when certain personal or business events occur.

Personal events

You can increase the amount insured when the life insured:

- gets married (this event is available once for the period of the policy)
- gives birth to or adopts a child (or their **spouse** gives birth to or adopts a child)
- takes out or increases a mortgage on their principal place of residence with an **accredited mortgage provider**
- has a salary package increase of 20% or more
- has a dependent child who starts secondary school
- completes an undergraduate university degree at a government recognised Australian university.

Business events

You can increase the amount insured when the life insured:

- is a key person in a business and their value to the business increases
- is a partner, share holder or similar principal in a business and the policy supports a buy/sell, share purchase or business succession agreement and the value of their interest in the business increases.

Please refer to page 29 for further information on this feature.

Business Debt Protector

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

Please refer to page 30 for further information on this feature.

Life Cover Buy Back

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

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

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

You cannot exercise Life Cover Buy Back if:

- a benefit for terminal illness has been paid for the life insured or
- you have chosen the Double TPD Option (refer to page 19).

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

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

Premium Freeze

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

If the amount insured reduces to the Premium Freeze minimum of $10,000, we will recalculate the premium for the cover to ensure it does not reduce below this minimum and Premium Freeze will end.

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

Auto Conversion

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

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

Options available at extra cost

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

Premium Waiver Disability Option

If you choose this option, we will waive premiums:

- while the life insured is **on claim** under Income Secure, Business Expense or Living Expense Cover or
- if the life insured is **disabled** for a period of six consecutive months and continues to be **disabled**.

Please refer to page 30 further information on this option.

Business Guarantee Option

If you choose this option, you can apply to increase the amount insured without having to supply further medical evidence if there has been an increase in the value of the life insured's business which can be supported by financial evidence.

Please refer to page 31 for further information on this option.

Double TPD Option

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

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

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

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

We will not reinstate Life Cover under this option if a benefit for terminal illness has been paid for the life insured.

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

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

Life Cover Purchase Option

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

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

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

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

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

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

Benefit reductions

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

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

If you have stand alone TPD Cover for a life insured, the amount insured is not reduced by any other amount paid for that life insured under the policy.

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

When we will not pay

We will not pay any benefits under TPD Cover:

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

When TPD Cover ends

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

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

The maximum expiry ages for TPD cover are:

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

† Converts to the **Non-working** TPD definition.

The Premium Waiver Disability Option and the Double TPD Option expire at the policy anniversary when the life insured is age 65.

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

What is Trauma Cover?

Trauma Cover allows you to be prepared for the financial impact of a trauma.

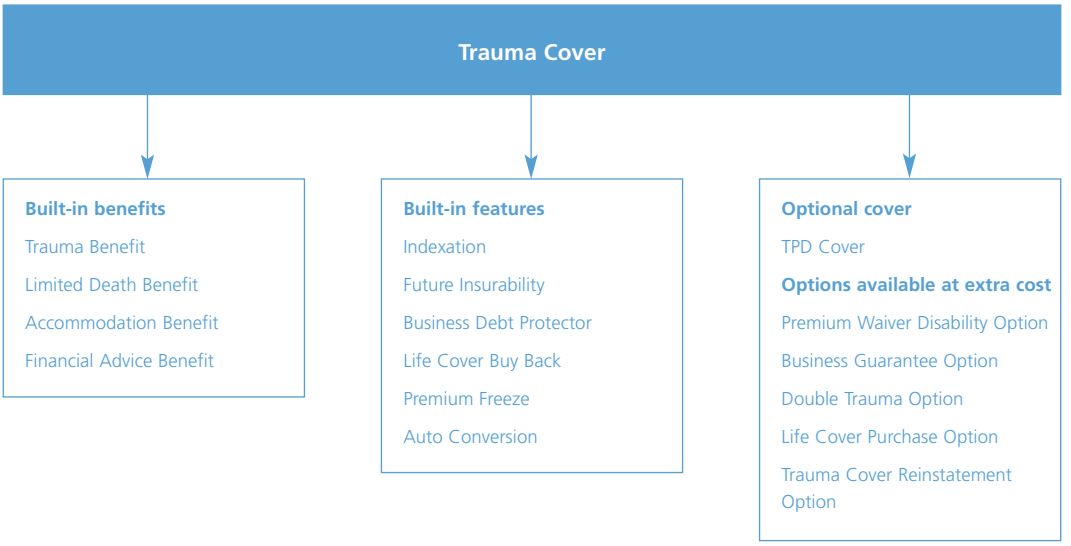
If the life insured suffers a specified trauma condition, we will pay the amount insured as a lump sum or instalments.

This may assist with medical costs, extra care and the day to day expenses that quickly accumulate. It may also clear debts so that the life insured can focus on a full recovery at their own pace.

At a glance

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

The benefits, features and options of Trauma Cover are explained in detail in this section. To help you understand how they may apply, we have provided examples on page 32.



You need to make the following decisions to tailor the Trauma Cover. Further information on each of these decisions can be found on the pages listed next to each question. The choices you make will affect the premium you pay and the benefits you may receive in the event of a claim. You should discuss your choices with your **financial adviser**.

Amount insured How much would you like to be paid in the event of a claim? Page 23	→	Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.		
Benefit payment type How would you like the amount insured to be paid? Page 7	→	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age-based term (to policy anniversary at age 55 or 65)
Cover type Which of the cover types offers the best protection for you? Page 23	→	Comprehensive	Premier	
Premium type How would you like your premiums to be calculated? Page 8	→	Stepped premium	Level premium	
Optional cover How would you like your Trauma Cover structured? Page 6	→	Stand alone Trauma Cover	Trauma Cover as an option to Life Cover	Trauma Cover with optional TPD Cover
Options available at extra cost Which of the extra cost options would you like to add to Trauma Cover to meet your needs? Page 26	→	Premium Waiver Disability Option	Business Guarantee Option	Double Trauma Option Life Cover Purchase Option Trauma Cover Reinstatement Option

Who can apply

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

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

* The Premium Waiver Disability Option and the Business Guarantee Option have different entry ages. Please refer to the relevant sections on page 30 and page 31.

Amount insured

When you purchase Trauma Cover, you need to decide the amount you would like to be paid if something was to happen to the life insured. The minimum amount insured for Trauma Cover is $50,000 and the overall maximum is $2 million.

When you purchase Trauma Cover you will need to choose your benefit payment type. Please refer to 'Benefit payment types' on page 7.

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Types of cover

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

Trauma Comprehensive – provides cover for 43 specified trauma conditions.

Trauma Premier – provides cover for 57 specified trauma conditions. We pay partial payments for the additional 14 conditions.

Trauma conditions

Please refer to the 'Dictionary' on page 83 for definitions of the following trauma conditions.

Trauma Comprehensive and Trauma Premier

Advanced dementia and Alzheimer's disease‡
Angioplasty*†‡
Aortic surgery*
Aplastic anaemia
Benign brain tumour‡
Blindness
Cancer*‡
Cardiomyopathy
Chronic kidney failure
Chronic liver disease
Chronic lung disease
Cognitive loss
Coma
Coronary artery by-pass surgery*‡
Deafness
Diplegia
Encephalitis
Heart attack*‡
Heart valve surgery*
Hemiplegia
Intensive care
Loss of independent existence
Loss of limbs and/or sight
Loss of speech
Major head trauma‡
Major organ transplant
Medically acquired HIV
Meningitis and/or meningococcal disease
Motor neurone disease
Multiple sclerosis‡
Muscular dystrophy‡
Occupationally acquired HIV
Open heart surgery*
Paralysis of a single limb
Paraplegia
Parkinson's disease‡
Pneumonectomy‡
Primary pulmonary hypertension
Quadriplegia
Severe burns
Stroke*‡
Terminal illness‡
Triple vessel angioplasty*

Trauma Premier

Adult insulin dependent diabetes mellitus*†‡
Carcinoma in situ of the breast*†‡
Carcinoma in situ of the cervix uteri*†‡
Chronic lymphocytic leukaemia*†‡
Diagnosed multiple sclerosis*†‡
Major organ transplant waiting list*†‡
Melanoma*†‡
Partial blindness*†
Partial deafness*†
Prostate cancer*†‡
Severe endometriosis*†
Severe osteoporosis*†
Severe rheumatoid arthritis*†
Systemic lupus erythematosus (SLE) with lupus nephritis*†

* Trauma Cover must be in force for a qualifying period of 90 days before cover for this trauma condition commences. Please refer to '90 day qualifying period' on page 24.

† These conditions are subject to a partial payment of the Trauma Cover amount insured. Please refer to 'Partial payments' on page 24.

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

Built-in benefits

Trauma Benefit

If the life insured suffers one of the specified trauma conditions shown in the table on page 23, we will pay the full or partial amount insured depending on the condition.

To be eligible for a claim:

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

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

- the Trauma Cover is stand alone
- the Trauma Cover has optional TPD Cover or
- you choose the Double Trauma Option.

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

90 day qualifying period

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

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

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

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

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

Partial payments

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

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

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

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

The Trauma Benefit is payable once for each condition. The one exception is **angioplasty**, where we will pay for multiple occurrences, when the first **angioplasty** procedure occurs after the end of the 90 day qualifying period and for each subsequent **angioplasty** procedure which occurs at least six months after the previous angioplasty procedure.

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

Limited Death Benefit

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

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

Accommodation Benefit

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

- the life insured is more than 100 kilometres from **home** and an **immediate family member** travels to be with them or
- an **immediate family member** travels more than 100 kilometres from their **home** to be with the life insured.

To be reimbursed for these costs, you will need to provide evidence of the life insured's confinement and the accommodation costs within six weeks of the date we commenced paying the full Trauma Benefit.

Financial Advice Benefit

If we pay the full Trauma Cover amount insured, we will reimburse up to $2,000 for the preparation of a financial plan by a **financial adviser**. You will need to provide us with evidence of this financial advice within 12 months of the date we commence paying the amount insured.

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

Built-in features

Indexation

To ensure your insurance keeps up with the cost of living, we will automatically increase the amount insured each policy anniversary by the **indexation factor**, subject to a guaranteed minimum of 5%. The **indexation factor** is based on the change in the Consumer Price Index (CPI) each year. We may offer a higher increase based on economic factors.

The maximum Trauma Cover amount insured that is subject to indexation is $2 million. Cover in excess of this amount will not be indexed.

The maximum to which the amount insured can increase under indexation is $2 million.

The above maximums are based on the lump sum benefit payment type. If you choose an instalment benefit payment type, the maximum will be the equivalent instalment amount insured.

If you want the amount insured to stay at the same level as applied in previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation does not apply while Premium Freeze applies.

Indexation ceases on the policy anniversary when the life insured is age 70.

Indexation will not apply to cover reinstated under the Double Trauma Option or the Trauma Cover Reinstatement Option.

In the event of a claim, any amounts we pay as instalments will not increase with indexation.

Future Insurability

The Future Insurability feature allows you to apply to increase the amount insured, subject to defined limits, without having to supply further medical evidence when certain personal or business events occur.

Personal events

You can increase the amount insured when the life insured:

- gets married (this event is available once for the period of the policy)
- gives birth to or adopts a child (or their **spouse** gives birth to or adopts a child)
- takes out or increases a mortgage on their principal place of residence with an **accredited mortgage provider**
- has a salary package increase of 20% or more
- has a dependent child who starts secondary school
- completes an undergraduate university degree at a government recognised Australian university.

Business events

You can increase the amount insured when the life insured:

- is a key person in a business and their value to the business increases
- is a partner, share holder or similar principal in a business and the policy forms part of a buy/sell, share purchase or business succession agreement and the value of their interest in the business increases.

Please refer to page 29 for further information on this feature.

Business Debt Protector

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

Please refer to page 30 for further information on this feature.

Life Cover Buy Back

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

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

If we pay the Trauma Benefit for any of the following trauma conditions, the specified period is six months:

- **advanced dementia and Alzheimer's disease**
- **blindness**
- **deafness**
- **diplegia**
- **hemiplegia**
- **loss of limbs and/or sight**
- **multiple sclerosis**
- **paraplegia**
- **Parkinson's disease**
- **quadriplegia.**

If we pay the Trauma Benefit for any of the other trauma conditions covered by Trauma Cover, the specified period is 12 months.

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

You cannot exercise Life Cover Buy Back if:

- a benefit for terminal illness has been paid for the life insured
- you have chosen the Double Trauma Option (refer to page 26) or
- only a partial payment was made, for example for **angioplasty**. However, you can exercise Life Cover Buy Back when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

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

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

Premium Freeze

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

If the amount insured reduces to the Premium Freeze minimum of $10,000, we will recalculate the premium for the cover to ensure it does not reduce below this minimum and Premium Freeze will end.

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

Auto Conversion

On the policy anniversary when the life insured is age 70, Trauma Cover will convert to TPD Cover with the **Non-working** TPD definition.

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

Options available at extra cost

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

Premium Waiver Disability Option

If you choose this option, we will waive premiums:

- while the life insured is **on claim** under Income Secure, Business Expense or Living Expense Cover or
- if the life insured is **disabled** for a period of six consecutive months and continues to be **disabled**.

Please refer to page 30 further information on this option.

Business Guarantee Option

If you choose this option, you can apply to increase the amount insured without having to supply further medical evidence if there has been an increase in the value of the life insured's business which can be supported by financial evidence.

Please refer to page 31 for further information on this option.

Double Trauma Option

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

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

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

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

We will not reinstate Life Cover under this option if:

- a benefit for terminal illness has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**. However, when multiple payments total the full amount insured, we will reinstate Life Cover for the sum of the Trauma Benefits paid.

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

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

Life Cover Purchase Option

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

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

If we pay the Trauma Benefit for any of the following trauma conditions, the specified period is six months:

- advanced dementia and Alzheimer's disease
- blindness
- deafness
- diplegia
- hemiplegia
- loss of limbs and/or sight
- multiple sclerosis
- paraplegia
- Parkinson's disease
- quadriplegia.

1 in 3 men and 1 in 4 females will be directly affected by cancer before they reach the age of 75.

Australian Institute of Health and Welfare and Australasian Association of Cancer Registries 2004

If we pay the Trauma Benefit for any of the other trauma conditions covered, the specified period is 12 months.

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

You cannot exercise this option if:

- a benefit for terminal illness has been paid for the life insured.
- only a partial payment was made, for example for **angioplasty**. However, you can exercise this option when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

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

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

Trauma Cover Reinstatement Option

If you choose stand alone Trauma Cover or Trauma Cover with optional TPD Cover, this option is only available if you also choose the Life Cover Purchase Option for Trauma Cover.

If you choose this option and we pay the full Trauma Cover amount insured, 12 months later you can reinstate Trauma Cover up to 75% of the Trauma Benefit paid without having to supply further medical evidence. You need to take up this offer within 30 days of our letter of offer.

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

You cannot exercise this option if:

- a TPD Benefit or a benefit for terminal illness has been paid for the life insured.
- only a partial payment was made, for example for **angioplasty**. However, you can exercise this option when multiple payments total the full amount insured, and for 75% of the sum of the Trauma Benefits paid.

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

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

We will not pay a claim under the reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original Trauma Cover
- **diplegia, hemiplegia, paraplegia, quadriplegia**, or **paralysis of a single limb,** if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **coronary artery by-pass surgery, open heart surgery, aortic surgery, triple vessel angioplasty, heart attack, cardiomyopathy, primary pulmonary hypertension** or **chronic kidney failure** if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **diplegia, hemiplegia, paraplegia, quadriplegia, blindness** (where any of these conditions are caused by a cerebrovascular accident) or **stroke**, if we paid a claim for **coronary artery by-pass surgery, open heart surgery, aortic surgery, triple vessel angioplasty, heart attack, cardiomyopathy** or **primary pulmonary hypertension** under the original Trauma Cover or
- **cancer, carcinoma in situ of the breast, carcinoma in situ of the cervix uteri, chronic lymphocytic leukaemia, melanoma,** or **prostate cancer** if we paid a claim for any of these trauma conditions under the original Trauma Cover.

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

Benefit reductions

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

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

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

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

When we will not pay

We will not pay any benefits under Trauma Cover:

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

When Trauma Cover ends

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

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

The maximum expiry age for Trauma Cover is the policy anniversary when age 70.

Trauma Cover converts to TPD Cover with the **Non-working** TPD definition at age 70.

The Premium Waiver Disability Option and Double Trauma Option expire at the policy anniversary when age 65.

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

Stroke is the leading cause of long-term disability in Australian adults. There are 48,000 strokes each year in Australia, that is one every 11 minutes.

Australian Institute of Health and Welfare and National Stroke Foundation 2004

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

Built-in features

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

Future Insurability

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

	Life Cover	TPD Cover and Trauma Cover
Personal events	You can increase the amount insured by up to the lesser of:	You can increase the amount insured by up to the lesser of:
The life insured marries (this event is available once for the period of the policy).* The life insured or their **spouse** gives birth to, or adopts, a child. The life insured has a dependent child who starts secondary school.* The life insured completes an undergraduate degree at a government recognised Australian university.*	• $200,000 lump sum or the equivalent instalment amount • 25% of the Life Cover amount insured at the cover start date.	• $50,000 lump sum or the equivalent instalment amount • 10% of the TPD/Trauma Cover amount insured (as applicable) at the cover start date.
The life insured takes out or increases a mortgage on their principal place of residence with an accredited mortgage provider (excludes re-draw and refinancing).*	• $200,000 lump sum or the equivalent instalment amount • 50% of the Life Cover amount insured at the cover start date • the amount of the mortgage, or increase to the mortgage, for lump sum or the equivalent instalment amount.	• $50,000 lump sum or the equivalent instalment amount • 10% of the TPD/Trauma Cover amount insured (as applicable) at the cover start date • the amount of the new mortgage or increase to the mortgage for lump sum or the equivalent instalment amount.
The life insured has a salary package increase of 20% or more.*	• $200,000 lump sum or the equivalent instalment amount • 25% of the Life Cover amount insured at the cover start date • five times the amount of the salary package increase for lump sum or the equivalent instalment amount.	• $50,000 lump sum or the equivalent instalment amount • 10% of the TPD/Trauma Cover amount insured (as applicable) at the cover start date • five times the amount of the salary package increase for lump sum or the equivalent instalment amount.

	Life Cover	TPD Cover and Trauma Cover
Business events	You can increase the amount insured by up to the lesser of:	You can increase the amount insured by up to the lesser of:
The life insured is a partner, shareholder or similar principal in a business and this policy supports a buy/sell, share purchase or business succession agreement and their value in the business increases.†	• the increase in the value of the life insured's financial interest in the business for lump sum or the equivalent instalment amount • $200,000 lump sum or the equivalent instalment amount. • 25% of the Life Cover amount insured at the cover start date	• the increase in the value of the life insured's financial interest in the business for lump sum or the equivalent instalment amount • 10% of the TPD/Trauma Cover amount insured (as applicable) at the cover start date • $50,000 for lump sum or the equivalent instalment amount.
The life insured is a key person in a business and their value to the business increases.†	• five times the average of the last three consecutive annual increases in the gross remuneration package for lump sum or the equivalent instalment amount • 25% of the Life Cover amount insured at the cover start date • $200,000 lump sum or the equivalent instalment amount.	• five times the average of the last three consecutive annual increases in the gross remuneration package for lump sum or the equivalent instalment amount • 10% of the TPD/Trauma Cover amount insured (as applicable) at the cover start date • $50,000 for lump sum or the equivalent instalment amount.

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

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

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

Your application needs to be made within 30 days of:

- a personal event occurring
- the policy anniversary date following a business event.

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

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

Increase limits	Life Cover	TPD Cover and Trauma Cover
Minimum for each increase	$10,000	$10,000
For the life of the policy the lesser of amount insured at cover start date and this maximum across all ING policies	$1,000,000	$250,000

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

Future Insurability is not available:

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

Business Debt Protector

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

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

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

When a benefit is paid for one of the lives insured under one of the covers, the cover for all lives insured is reduced in accordance with that cover's benefit reductions. For further information on benefit reductions please refer to page 13 for Life Cover, page 20 for TPD Cover and page 27 for Trauma Cover.

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

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

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

Options available at extra cost

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

Premium Waiver Disability Option

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

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

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

If we are waiving premiums for all covers under a policy for the life insured, we will also waive:

- the Policy Fee for that life insured
- premiums for any Child Cover under the policy

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

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

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

This option is not available if cover has been taken out under superannuation.

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

Business Guarantee Option

This option gives you flexibility to increase insurance as business requirements grow. It may be useful for any of the following purposes nominated by you and approved by us at the time of taking out the original cover:

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

If you choose this option, you can apply to increase the amount insured without having to supply further medical evidence if there has been an increase in the value associated with the nominated business insurance purpose which can be supported by financial evidence.

You may apply for one increase in a policy year.

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

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

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

- three times the original amount insured
- $10 million for Life Cover, $2.5 million for TPD Cover or $2 million for Trauma Cover.

The amount insured as a percentage of the life insured's share of the value associated with the business purpose must never increase. If the amount insured at the cover start date is less than 100% of the value associated with the business purpose, then it will always be less than 100%.

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

To apply for an increase under this option:

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

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

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

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

To apply for this option, the life insured must be:

- aged 15 to 70 (stepped premiums)
- aged 15 to 60 (level premiums) or
- within the entry ages shown in each of the covers.

This option is not available if cover has been taken out under superannuation.

Worked examples

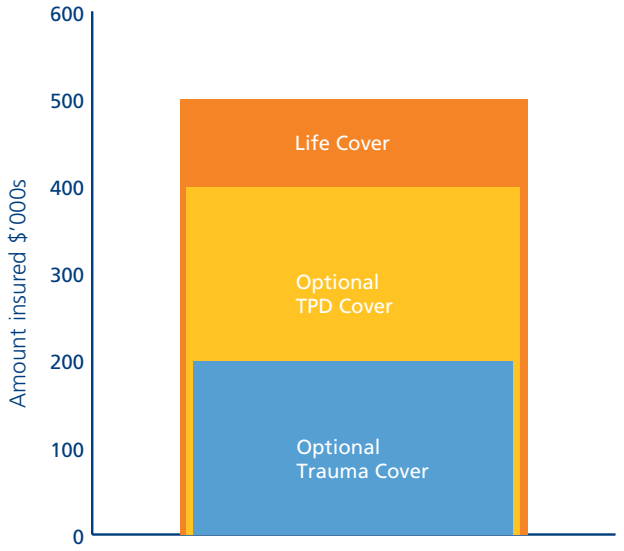
The following examples show in dollar terms how the significant benefits of Life Cover, Trauma Cover and TPD Cover work. They are not intended to explain all benefits, features and options or cover all possible situations. The examples should be read in conjunction with the information set out on pages 9 to 31 that describes the benefits, features and options of Life Cover, Trauma Cover and TPD Cover in more detail. Claims are assessed based on the full terms and conditions of the policy and any benefits payable will depend on all the circumstances of each individual claim.

Example 1 – Life Cover with optional TPD and Trauma Cover

Sue purchases the following covers with lump sum amounts insured:

- $500,000 of Life Cover
- $400,000 of optional TPD Cover
- $200,000 of optional Trauma Premier.

Sue also chooses the Trauma Cover Reinstatement Option at extra cost under Trauma Cover (refer to page 27).



Over the next few years the following benefits, features and options are used and this example helps explain how these work.

a. Indexation

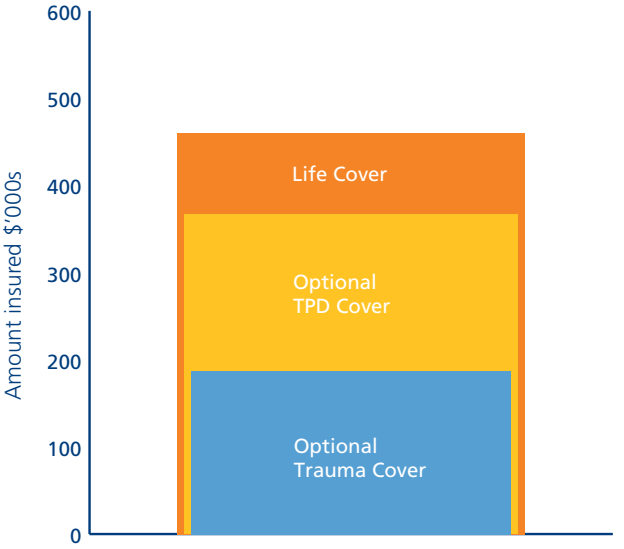
Sue decides not to take up indexation for the first three policy anniversaries.

b. Trauma claim – partial payment

Shortly after the third policy anniversary, Sue is diagnosed with a **carcinoma in situ of the breast**. Under Trauma Premier, for this trauma condition we pay a partial Trauma Benefit of 20% of the Trauma Cover amount insured, up to a maximum of $100,000.

In Sue's case, 20% of the Trauma Cover amount insured is $40,000, so we pay Sue $40,000. We reduce the Life Cover, TPD Cover and Trauma Cover amounts insured by the amount we pay:

- Life Cover: $500,000 - $40,000 = $460,000
- TPD Cover: $400,000 - $40,000 = $360,000
- Trauma Cover: $200,000 - $40,000 = $160,000

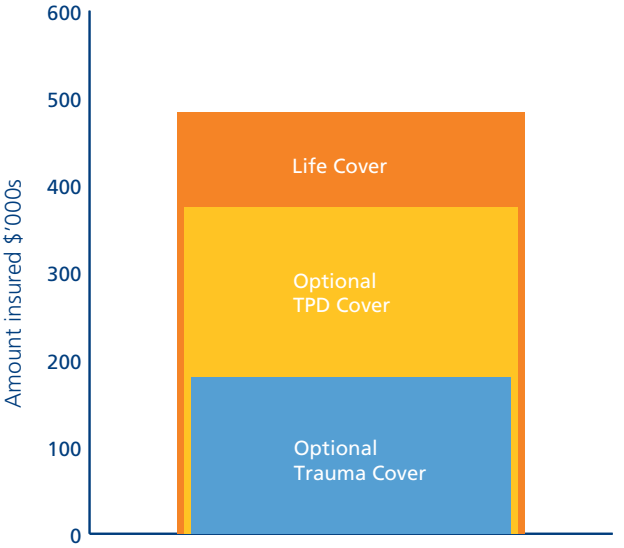


We adjust the premium in line with the reduced amounts insured.

c. Indexation

At the fourth policy anniversary we increase the amounts insured by a guaranteed minimum of 5%:

- Life Cover: $460,000 x 105% = $483,000
- TPD Cover: $360,000 x 105% = $378,000
- Trauma Cover: $160,000 x 105% = $168,000



We adjust the premium in line with the increased amounts insured.

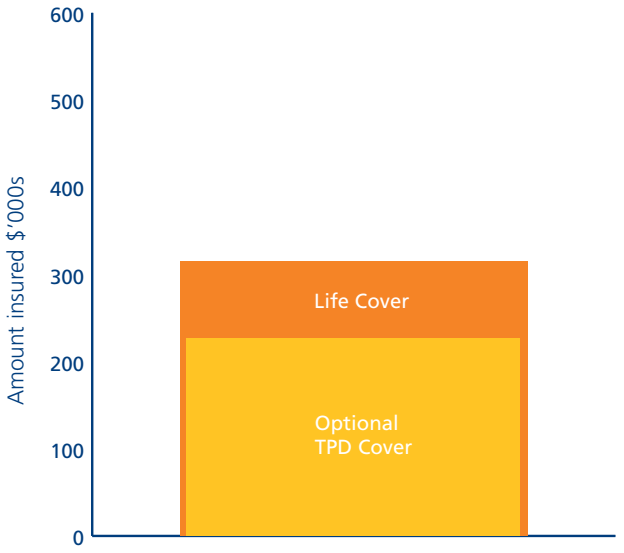
d. Trauma claim – full payment

In the fifth year of the policy, Sue is diagnosed with **cancer**, for which we pay the Trauma Cover amount insured of $168,000.

We reduce the Life Cover, TPD Cover and Trauma Cover amounts insured by the amount we pay:

- Life Cover: $483,000 - $168,000 = $315,000
- TPD Cover: $378,000 - $168,000 = $210,000
- Trauma Cover: $168,000 - $168,000 = $0

In total, we have paid Trauma Benefits of $40,000 + $168,000 = $208,000.

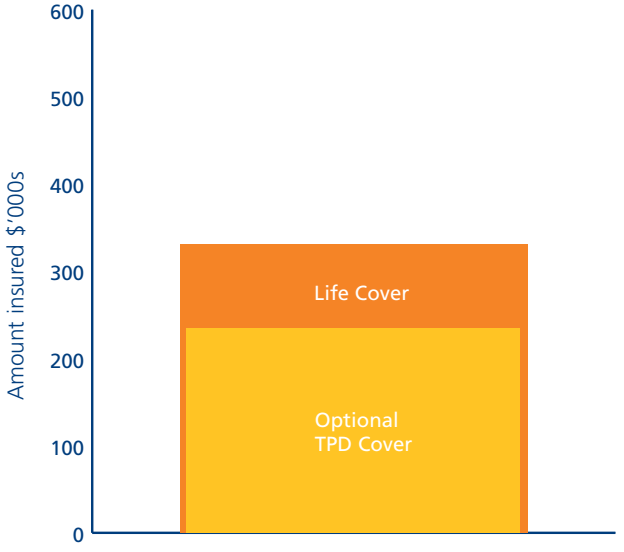


We adjust the premium in line with the reduced amounts insured for Life and TPD Cover.

e. Indexation

At the fifth policy anniversary we increase the amounts insured by a guaranteed minimum of 5%:

- Life Cover: $315,000 x 105% = $330,750
- TPD Cover: $210,000 x 105% = $220,500
- Trauma Cover: $0



We adjust the premium in line with the increased amounts insured.

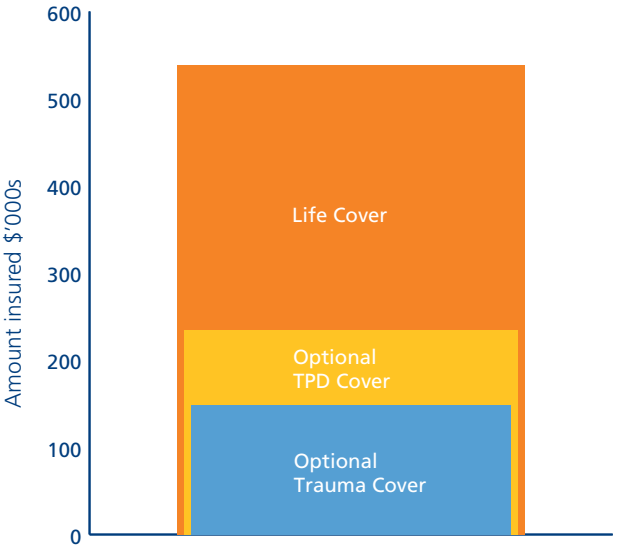
f. Life Cover Buy Back and Trauma Cover Reinstatement Option

Twelve months after we pay the full Trauma Cover amount insured, Sue is able to exercise Life Cover Buy Back which is a built-in feature of Trauma Cover (refer to page 25). This means Sue can buy back Life Cover up to the full amount of Trauma Benefits paid which is $208,000.

Also, when Sue purchased her Trauma Cover she purchased the Trauma Cover Reinstatement Option. Therefore, 12 months after we pay the full Trauma Cover amount insured, Sue reinstates Trauma Cover* for 75% of the total of Trauma Benefits paid.

Therefore, Sue's amounts insured are now:

- Life Cover: $330,750 + $208,000 = $538,750
- TPD Cover: $220,500
- Trauma Cover: 75% x $208,000 = $156,000



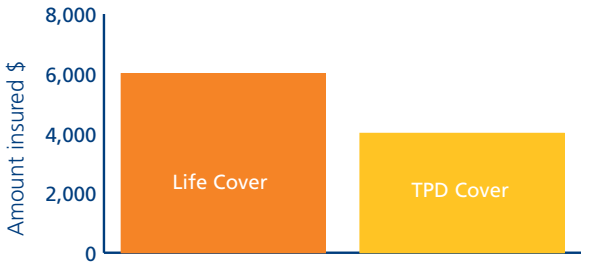
The premium is calculated in line with the new amounts insured.

* Trauma conditions related to those for which claims have been paid are not covered under Trauma Cover reinstated under this option. Please refer to page 27 for more details.

Example 2 – Stand alone cover

Elizabeth purchases the following cover with instalment amounts insured:

- $6,000 per month of Life Cover for a fixed term of five years
- $4,000 per month of stand alone TPD Cover (Own Occupation definition) for a fixed term of five years.



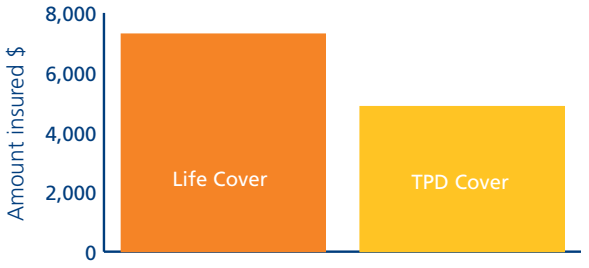
Elizabeth also chooses the Life Cover Purchase Option at extra cost under stand alone TPD Cover (refer to page 19).

Over the next few years the following benefits, features and options are used and this example helps explain how these work.

a. Indexation

At each policy anniversary we increase the instalment amounts insured by a guaranteed minimum of 5%. The amounts insured increase over the next four policy anniversaries:

- Life Cover: $6,000 x 105% x 105% x 105% x 105% = $7,293*
- TPD Cover: $4,000 x 105% x 105% x 105% x 105% = $4,863*



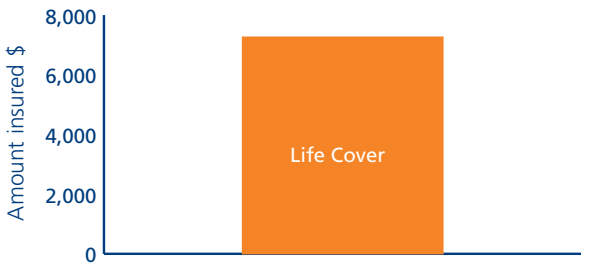
* At each policy anniversary the amount insured is rounded to the nearest dollar.

b. TPD claim

In the fifth year of the policy, Elizabeth's health has deteriorated significantly and as a result she must cease work. After a period of six months, she is assessed as being unlikely ever again to be able to work in her own occupation.

We begin to pay the then current TPD Cover amount insured of $4,863 per month.

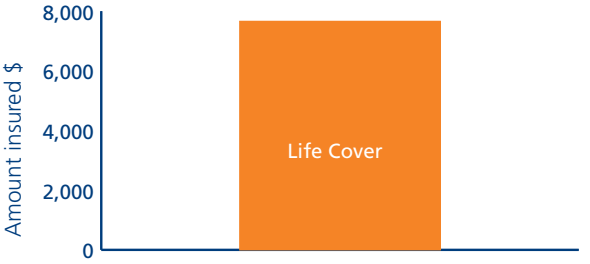
The Life Cover amount insured is not affected by the payment under stand alone TPD Cover.



c. Indexation

At the fifth policy anniversary we increase the amounts insured by a guaranteed minimum of 5%:

- Life Cover: $7293 x 105% = $7,658
- TPD Cover: $0

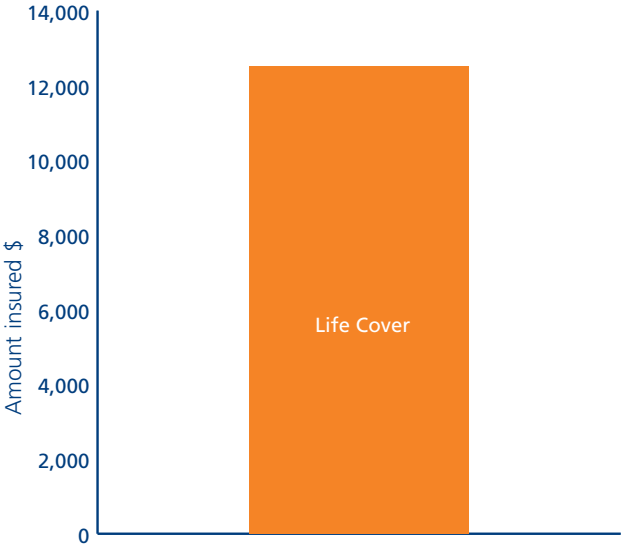


d. Life Cover Purchase Option

When Elizabeth purchased her TPD Cover she purchased the Life Cover Purchase Option. Twelve months after we commence paying the TPD Cover amount insured she is able to exercise Life Cover Purchase Option even though we are still paying instalments under the TPD Cover claim. This means Elizabeth can purchase Life Cover up to the TPD Benefits paid which is $4,863 per month.

Therefore, Elizabeth's instalment amount insured payable over a term of five years is now:

- Life Cover: $7,658 + $4,863 = $12,521 per month



At this time, we have paid Elizabeth 12 instalments of $4,863 per month which equals $58,356.

Over the coming years, we will pay a further 48 instalments for her TPD claim of $4,863 per month which equals $233,424). The total amount to be paid for her TPD claim is $291,780.

What is Income Secure Cover?

Income Secure Cover is income protection insurance that pays up to 80% of the life insured's income while they are unable to work due to injury or illness. We will pay a monthly benefit until the life insured recovers, or until the end of an agreed benefit period.

These monthly payments allow the life insured to meet their regular expenses and maintain their lifestyle while they are unable to work.

OneCare offers three types of Income Secure Cover which offer a different level of protection for different premiums. You should talk to your **financial adviser** about which of these covers best suits the life insured's occupation and financial responsibilities.

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

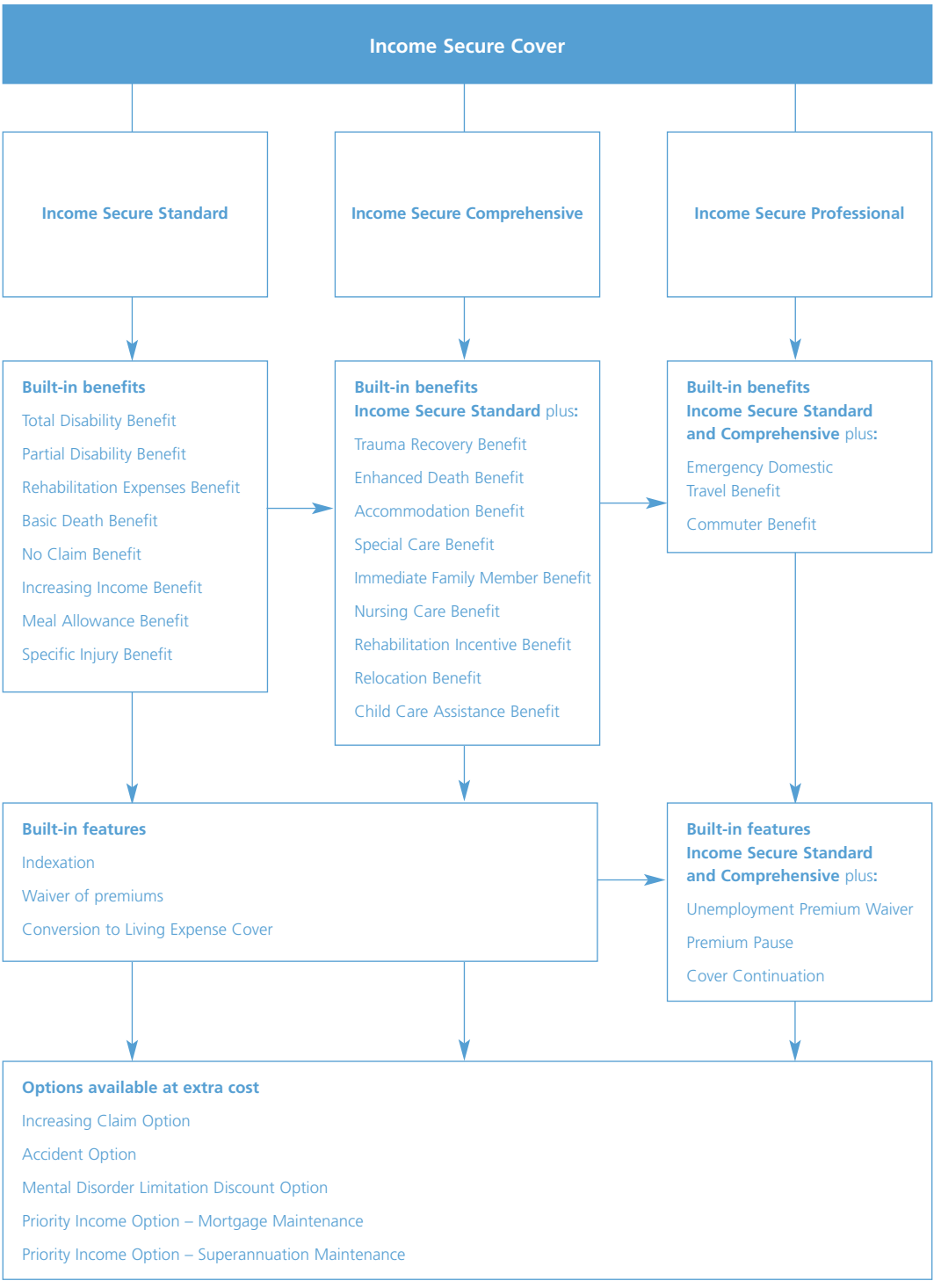
Income Secure Comprehensive – extends on Income Secure Standard by offering additional benefits to assist with expenses incurred as a result of **illness** or **injury** such as special care, rehabilitation and child care assistance.

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

At a glance

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

The benefits, features and options of Income Secure Cover are explained in detail in this section. To help you understand how they may apply, we have provided examples on page 47.



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

You should discuss your choices with your **financial adviser**.

Cover type Which of the cover types offers the best protection for you? Page 36	Income Secure Standard	Income Secure Comprehensive	Income Secure Professional
Benefit payment type How would you like the monthly amount insured payable to be calculated? Page 7	Guaranteed	Indemnity	
Monthly amount insured How much would you like to be paid in the event of a claim? Page 38	Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.		
Premium type How would you like your premiums to be calculated? Page 8	Stepped premium	Level premium	
Waiting period How long would you be able to wait after the life insured is disabled and unable to work before being paid benefits? Page 38	14 days	30 days	60 days	90 days	180 days	1 year	2 years
Benefit period What is the maximum period you would like to be paid benefits while the life insured is disabled and unable to work? Page 39	2 years	6 years	To age 55	To age 60	To age 65
Options available at extra cost Which of the extra cost options would you like to add to Income Secure Cover to meet your needs? Page 42	Increasing Claim Option	Accident Option	Mental Disorder Limitation Discount	Priority Income Option – Mortgage Maintenance	Priority Income Option – Superannuation Maintenance

Who can apply

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

Income Secure Professional is available to people who we classify as having one of the following **occupational categories**:

Occupational category	Description	Example
A	Legal industry	Lawyer
C	Community professionals	University lecturer
D	Medical/dental	Doctor
E	Executive	Executive earning over $80,000 p.a.
F	Finance industry	Actuary
I	Indoor sedentary	Business consultant
P	Qualified professionals	Architect

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

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

If the life insured is not eligible to apply for Income Secure Cover, please consider Living Expense Cover on page 56.

Monthly amount insured

When you apply for Income Secure Cover you decide the monthly amount insured. It can be up to 75% of the life insured's **monthly earnings** subject to certain maximums. The minimum monthly amount insured for Income Secure Cover is $1,250 per month and the overall maximum is $20,000 per month.

If you nominate some of the life insured's income as Priority Income you can insure up to 80% of their **monthly earnings** subject to certain maximums and the amount of Priority Income nominated. Please refer to page 42 for more information on the Priority Income Option.

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

- 75% of the first $250,000 of annual income as at the cover start date
- 55% of the balance.

The monthly amount insured referred to in this PDS and shown in the Policy Schedule includes any Priority Income selected.

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

Monthly amount insured payable

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

Guaranteed benefit payment type

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application. The life insured's income may have increased or decreased, however the monthly amount insured payable stays the same, hence the term 'guaranteed'.

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

- reduced if the life insured receives certain other payments (refer to 'Benefit reductions' on page 46).
- increased if the life insured chooses the Increasing Claim Option (refer to page 42).

Indemnity benefit payment type

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

The monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule
- 75% of the life insured's **pre-claim earnings**, or up to 80% if you choose Priority Income (refer to 'Priority Income Option' on page 42).

It may be:

- reduced if the life insured receives certain other payments (refer to 'Benefit reductions' on page 46)
- increased if the life insured chooses the Increasing Claim Option (refer to page 42).

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

Waiting period

When you apply for Income Secure Cover you choose a waiting period.

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

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

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

The waiting period starts the day a **medical practitioner** confirms the life insured is **totally disabled**.

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

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

A separate waiting period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

Benefit period

When you apply for Income Secure Cover you choose a benefit period.

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

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

- 2 years
- 6 years
- to age 55
- to age 60
- to age 65.

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

- the end of the selected benefit period. If the benefit period is to age 55, to age 60, or to age 65 the benefit period ends at the policy anniversary when the life insured is age 55, 60 and 65 respectively
- the cover expiry date
- the date the life insured is no longer **totally** or **partially disabled**
- 36 months from the date on which we started paying the Partial Disability Benefit if the life insured's occupation category is H (heavy trade) or HH (heavy duty)
- the end of the maximum benefit period under the Mental Disorder Limitation Discount Option if selected and if applicable
- the date the cover ends (refer to 'When Income Secure Cover ends' on page 47).

A separate benefit period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

Income Secure Standard, Comprehensive and Professional

Built-in benefits

Total Disability Benefit

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

- **totally disabled** for at least 7 out of 12 consecutive days during the waiting period (if the occupation category is H (heavy trade) or HH (heavy duty) 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period) and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 91).

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

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

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

Partial Disability Benefit

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

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

- **totally disabled** for at least 7 out of 12 consecutive days during the waiting period (if the occupation category is H (heavy trade) or HH (heavy duty) 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 91).

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

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

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

where:

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

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

C = is the monthly amount insured payable as defined on page 38.

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

Rehabilitation Expenses Benefit

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

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

This benefit is not payable during the waiting period.

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

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

Basic Death Benefit

If the life insured dies, we will pay a lump sum equal to three times the monthly amount insured, up to a total of $60,000 across all Income Secure Cover for a life insured under a OneCare policy. The life insured does not need to be **on claim** for this benefit to apply.

This Basic Death Benefit applies to Income Secure Standard. Please refer to page 43 for details on the Enhanced Death Benefit which applies to Income Secure Comprehensive and Professional.

No Claim Benefit

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

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

Increasing Income Benefit

If the life insured's income increases, this benefit allows you to increase the monthly amount insured without medical underwriting.

Each year, on the policy anniversary, you may increase the monthly amount insured, in addition to any indexation increase, by an amount up to the lesser of:

- 10% of the monthly amount insured after the indexation increase applicable on that policy anniversary is applied
- $1,000. This maximum amount is applied across all Income Secure Cover for the life insured.

The total of all increases under this option cannot exceed the original monthly amount insured at the cover start date.

You need to exercise this option within 30 days of the policy anniversary.

You need to provide appropriate financial evidence to support the increase in cover. This will include confirmation that the life insured is actively at work and expects their income to continue at the current level.

This benefit is available if:

- the life insured is less than age 50 when the cover commenced and
- no medical loadings are shown in the Policy Schedule.

The benefit can be exercised if:

- the life insured is not **on claim**, or eligible to make a claim
- the life insured is less than age 55 at the time of the request and
- the monthly amount insured across all Income Secure Cover for the life insured is less than $30,000.

Meal Allowance Benefit

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

If the period of payment is part of a month, we will pay $^{1}/_{30}$ of the Meal Allowance Benefit for each day the life insured is confined to bed.

This benefit will be offset by any payment made under the Immediate Family Member Benefit and is not payable during the waiting period.

Specific Injury Benefit

If the life insured sustains a specific injury, we will pay the monthly amount insured payable regardless of whether the life insured is **totally disabled**, needs ongoing medical treatment or is working. This benefit is payable during the waiting period.

This amount is paid in advance each month until the earlier of:

- the end of the specific injury payment period (refer to table below)
- the cover expiry date
- the date of the life insured's death.

The following table shows the specific injuries and their relevant payment periods.

Specific injuries	Payment period
Paralysis (**paraplegia, quadriplegia, hemiplegia or diplegia**)	60 months*
Total and permanent loss of the use of either: • both feet from the ankle joint • both hands from the wrist • sight in both eyes (irrecoverable)	24 months
Total and permanent loss of the use of any combination of two of: • a hand from the wrist • a foot from the ankle joint • sight in one eye (irrecoverable)	24 months
Total and permanent loss of the use of either: • one leg from the knee joint • one arm from the elbow	12 months
Total and permanent loss of the use of either: • one foot from the ankle joint • one hand from the wrist • sight in one eye (irrecoverable).	12 months
Total and permanent complete severance of the thumb and index finger from the phalangeal joint of the same hand	6 months
Fracture of the thigh or pelvis	3 months
Fracture of the leg (between knee and foot) or knee cap	2 months
Fracture of the upper arm (including the elbow and shoulder bone)	2 months
Fracture of the skull (except bones of the nose or face)	2 months
Fracture of the lower arm (including the wrist but excluding the elbow, hands and fingers)	1 month
Fracture of the jaw or collarbone	1 month

* If you have selected a two year benefit period, this payment period is reduced to 24 months.

If the life insured suffers either another specific injury or a trauma recovery event while we are paying a Specific Injury Benefit, we will pay one benefit only. The benefit we will pay is that which provides for the greatest payment.

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

- the end of the payment period for the specific injury
- the end of the waiting period.

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

Built-in features

Indexation

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

The maximum Income Secure Cover amount insured that is subject to indexation is $20,000 per month. Cover in excess of this amount will not be indexed.

If you want the monthly amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation does not apply while premiums are paused.

Indexation ceases on the cover expiry date.

If the life insured is **on claim** under Income Secure Cover, indexation will not apply (unless the Increasing Claim Option applies).

Waiver of premiums

You do not have to pay premiums for Income Secure Cover while the life insured is **on claim** under Income Secure Cover.

Conversion to Living Expense Cover

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

The monthly amount insured converted will be the lesser of the then current:

- Income Secure Cover monthly amount insured
- maximum monthly amount insured allowable for Living Expense Cover.

The benefit will be offered at the stepped premium rates applicable to Living Expense Cover at the time of conversion.

Please refer to Living Expense Cover on page 56 for more details.

Options available at extra cost

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

Increasing Claim Option

If you choose this option, the monthly amount insured payable will increase every three months while the life insured is **on claim** by the lesser of:

- a quarter of the **indexation factor**
- a quarter of 10%.

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

Accident Option

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

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

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

Mental Disorder Limitation Discount Option

This option reduces your premium. You can choose this option at the time of application or at a policy anniversary date.

If you choose this option, the maximum cumulative benefit period is 12 months for all claims for any **mental disorder** or for any condition arising from or contributed to by a **mental disorder** (as determined by a registered and qualified psychiatrist who is a **medical practitioner**) during the period of the cover.

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

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

Priority Income Option

If you choose this option, it will assist the life insured in maintaining their mortgage and superannuation commitments during periods of **disability**.

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

The combinations allowed under the Priority Income Option are:

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

A minimum combination allowed is a total of 5% of **monthly earnings**.

You can apply for a monthly amount insured of:

[75% + 25% (S+M)] x **monthly earnings**, where:

M = selected percentage of **monthly earnings** used for Mortgage Maintenance

S = selected percentage of **monthly earnings** used for Superannuation Maintenance

subject to certain maximums (as outlined in section on monthly amount insured on page 38).

Example

Beth has an annual income of $60,000 and her share of the minimum monthly mortgage repayments is $550 at the time of application.

Beth has chosen to take the Priority Income Option for:

- 9% of her **monthly earnings** for Superannuation Maintenance (S)
- 11% for Mortgage Maintenance (M).

Beth's **monthly earnings** are $5,000.

We use the formula to calculate Beth's monthly amount insured:

(75% + 25% [9% + 11%]) x $5,000

= (75% + 5%) x $5,000

= 80% x $5,000

= $4,000

This would be made up of:

Superannuation Maintenance (9%)	= $450
Mortgage Maintenance (11%)	= $550
Monthly amount insured (excl. SM and MM)	= $3,000
Monthly amount insured	**= $4,000**

Priority Income is included in the monthly amount insured and monthly amount insured payable as defined on page 38.

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the monthly amount insured shown in the Policy Schedule which includes the Priority Income.

If you choose the indemnity benefit payment type the monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule
- [75% + 25% x (S+M)] of **pre-claim earnings**, where M and S are:

M = selected percentage used for Mortgage Maintenance at application as shown on the Policy Schedule.

S = selected percentage used for Superannuation Maintenance at application as shown on the Policy Schedule.

In the event of a claim the monthly amount insured payable will be split between Superannuation Maintenance, Mortgage Maintenance and the monthly amount insured (excluding Priority Income) in the same proportion they had to the monthly amount insured at application.

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

Income Secure Comprehensive and Professional

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

Built-in benefits

Trauma Recovery Benefit

If a trauma recovery event happens to the life insured, we will pay the monthly amount insured payable for a payment period of six months, regardless of whether the life insured is **totally disabled**, needs ongoing medical treatment or is working. This benefit is payable during the waiting period.

This amount is paid in advance each month until the earlier of:

- the end of the six month payment period
- the cover expiry date
- the date of the life insured's death.

If the life insured suffers either another trauma recovery event or a specific injury while we are paying a Trauma Recovery Benefit, we will pay one benefit only. The benefit we will pay is that which provides for the greatest payment.

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

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

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

The trauma recovery events are:

- **aortic surgery***
- **benign brain tumour**
- **cancer***
- **coronary artery by-pass surgery***
- **heart attack***
- **heart valve surgery***
- **major head trauma**
- **major organ transplant***
- **medically acquired HIV**
- **motor neurone disease**
- **multiple sclerosis**
- **occupationally acquired HIV**
- **Parkinson's disease**
- **severe burns**
- **stroke***.

There is no Trauma Recovery Benefit payable in respect of the conditions marked with an '*' if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** during the first 90 days after:

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

The trauma recovery event must be diagnosed by a **medical practitioner** who is an appropriate specialist physician approved by us.

Please refer to the trauma conditions section of the 'Dictionary' on page 83 for the definitions of the trauma recovery events.

Enhanced Death Benefit

This replaces the Death Benefit included in Income Secure Standard on page 40.

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

Accommodation Benefit

If a **medical practitioner** certifies that the life insured is **totally disabled** and must remain confined to bed, we will reimburse accommodation costs of up to $250 per day for a maximum of 30 days across all Income Secure Cover under a OneCare policy if:

- the life insured is more than 100 kilometres from **home** and an **immediate family member** travels to be with them or
- an **immediate family member** travels more than 100 kilometres from their **home** to be with the life insured.

The Accommodation Benefit is payable during the waiting period and is in addition to any monthly amount insured payable.

Special Care Benefit

The Special Care Benefit is payable while all of the following apply:

- the life insured is **totally disabled**
- a Total Disability Benefit has been paid for more than 30 consecutive days for **total disability**
- the life insured is confined to bed due to **illness** or **injury**
- a **medical practitioner** certifies that the life insured needs the care of a registered nurse or a housekeeper (who are not **immediate family members**) within their **home**.

We will reimburse the costs of employing a registered nurse or housekeeper for a maximum of six months up to the lesser of:

- the monthly amount insured payable each month
- $3,000 per month across all Income Secure Cover for a life insured under a OneCare policy.

This benefit is payable in addition to any monthly amount insured payable. It is not payable during the waiting period.

This benefit will be reduced by any amounts we have paid under the Immediate Family Member Benefit for the same **illness** or **injury**.

Immediate Family Member Benefit

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

This benefit is payable in addition to any monthly amount insured payable. It is not payable during the waiting period.

This benefit will be reduced by any amounts paid under the Special Care Benefit or Meal Allowance Benefit for the same **illness** or **injury**.

Nursing Care Benefit

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

We will pay $^{1}/_{30}$ of the monthly amount insured payable for each day nursing care is certified to be needed. This benefit will be payable from the first day of nursing care until the earlier of:

- the end of the waiting period
- 90 days.

This benefit is payable during the waiting period. If we pay this benefit, we will not pay any other benefit in respect of the **illness** or **injury** during the waiting period other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit or the Commuter Benefit if they apply.

Rehabilitation Incentive Benefit

We will pay a single payment if the life insured:

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

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

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

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

Relocation Benefit

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

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

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

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

This benefit is payable in addition to any other benefits. It is payable during the waiting period.

There are more than 2 million people of working age in Australia with a disability, which is nearly a quarter of the possible working population.

Australian Institute of Health and Welfare 2003

Child Care Assistance Benefit

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

The maximum amount we reimburse is the lesser of:

- 5% of the monthly amount insured
- $400 per month across all Income Secure Cover for a life insured under a OneCare policy.

This benefit is payable for a maximum of three months. It is not payable during the waiting period.

Each child must be under the age of 12 at the time for which you are claiming the benefit. You need to supply evidence each month that the child care fees to be reimbursed are from a licensed government or non-government external child care provider and not by you or an **immediate family member** of the child.

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

Income Secure Professional

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

Built-in benefits

Emergency Domestic Travel Benefit

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

The amount we will pay is the lesser of:

- the expenses actually incurred for the emergency transportation
- two times the monthly amount insured payable
- $2,000 across all Income Secure Cover for a life insured under a OneCare policy.

This benefit is payable once per claim.

This benefit is payable in addition to any monthly amount insured payable. It is payable during the waiting period.

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

Commuter Benefit

If the life insured incurs expenses for travel to and from work when they attempt to return to work during the waiting period, and subsequently goes **on claim** at the end of the waiting period, we will reimburse travel expenses approved by us that cannot be reclaimed from another source.

We will reimburse the cost of travel expenses directly incurred as a result of the life insured's **illness** or **injury** up to a maximum of the lesser of:

- the expenses actually incurred in travelling to and from work
- one third of the monthly amount insured payable
- $500 across all Income Secure Cover for a life insured under a OneCare policy.

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

Built-in features

Unemployment Premium Waiver

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

This feature is available if Income Secure Professional has been continually in force for at least six months before the date of unemployment. We will require proof of the involuntary unemployment before we waive the premiums. This benefit may be used three times during the period of your policy.

This feature will end if the life insured returns to work, whether in their **regular occupation** or any other occupation.

Premium Pause

If the life insured becomes **unemployed** or takes long-term leave from work, you can apply to pause your premium payments for up to 12 consecutive months. You must have paid premiums for the previous 24 months and there must be no premium amount outstanding when you activate the Premium Pause.

You can cease the Premium Pause at any time during the 12 month period by notifying us in writing and paying the premium payable.

Benefits will not be paid while the Premium Pause is active nor within 90 days of the premiums being reinstated. Indexation will not apply while the Premium Pause is active.

The Premium Pause automatically ceases after 12 months. We will advise you 30 days beforehand.

Cover recommences if you pay the premium within 30 days of the due date. If the premium is unpaid, cover will be cancelled and subsequent reinstatement will be subject to underwriting.

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

Cover Continuation

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

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

To continue this cover, we will require evidence that the life insured is working and plans to continue to work full time, and information about their occupation.

The continuing cover will be on the following terms:

- The waiting period will be the greater of 30 days and the current waiting period.
- The benefit period will be one year per claim.
- The monthly amount insured will be the lesser of $10,000 or the current monthly amount insured.
- The Accident Option will not apply.
- Indexation will not apply.

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

Additional information

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

Benefit limitations

One benefit payable

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

Unemployment or maternity, paternity or sabbatical leave

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

Benefit reductions

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

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

- the benefit otherwise payable
- 75%* of the life insured's **pre-claim earnings** less 75%* of life insured's monthly earnings while disabled.

* This may be up to 80% if you choose Priority Income (refer to 'Priority Income Option' on page 42).

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

'Other payments' for Income Secure Standard and Income Secure Comprehensive are:

- Workers' Compensation or Accident Compensation
- payments made under statute, regulation or ordinance
- payments received from any other disability income, injury or illness policies, including group insurance policies, that were not disclosed to us at the time of application or application for an increase in benefits and
- any sick leave payments received. This does not include an entitlement to sick leave when it is not received by the life insured.

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

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

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

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

Workers' Compensation only covers you for injuries or illnesses that are a direct result of your employment. In NSW, the full benefit is only paid for 26 weeks and the amount is capped, according to the type of incident that occurs.

Work Cover Guide 2003

When we will not pay

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

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

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

When Income Secure Cover ends

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

- the date the cover is cancelled
- the date of the life insured's death
- the cover expiry date shown in the Policy Schedule.

The maximum expiry ages for Income Secure Cover are:

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

* Refer to 'Conversion to Living Expense Cover' on page 42.

Worked examples

The following examples show in dollar terms how the significant benefits of Income Secure Cover work. They are not intended to explain all possible benefits and features or cover all possible situations. The examples should be read in conjunction with the information set out on pages 35 to 47 that describes the benefits and features of Income Secure Cover in more detail. Claims are assessed based on the full terms and conditions of the policy and any benefits payable will depend on all the circumstances of each individual claim.

Tom runs his own business and applies for Income Secure Cover to protect his income if he is unable to work due to **illness** or **injury**. He chooses a waiting period of 30 days. His income at the time of application is $60,000 p.a. The monthly amount insured he applies for is $3,750 calculated as follows:

$$\text{Monthly amount insured} = 75\% \times \frac{60{,}000}{12}$$

$$= \$3{,}750$$

Five years after taking out the cover, Tom makes a claim on his policy. He has not altered his level of cover since the start date except for taking up offers to increase the monthly amount insured by indexation at each policy anniversary. Due to indexation of 3% p.a., the monthly amount insured has increased during this time to $4,348.

Indemnity benefit payment type

The examples show how we work out Total Disability and Partial Disability Benefits where the indemnity benefit payment type applies, depending on Tom's earnings in the 12 months immediately prior to his disability. In example 1, Tom earns $72,000 in the 12 months immediately prior to his disability, while in example 2, he earns only $54,000.

Monthly amount insured payable

Benefits are calculated using the monthly amount insured payable. The monthly amount insured payable is 75% of **pre-claim earnings** up to a maximum of the monthly amount insured, and **pre-claim earnings** are based on the income in the 12 months immediately prior to disability.

	Example 1	Example 2
75% of **pre-claim earnings**	$75\% \times \frac{72{,}000}{12} = \$4{,}500$	$75\% \times \frac{54{,}000}{12} = \$3{,}375$
Monthly amount insured	$4,348	$4,348
Monthly amount insured payable	$4,348	$3,375

Total disability

At the end of the 30 day waiting period Tom is still off work due to his **illness** and qualifies as **totally disabled**. The Total Disability Benefit of the monthly amount insured payable will be paid 30 days after the end of the waiting period.

	Example 1	Example 2
Total Disability Benefit	We pay $4,348	We pay $3,375

Partial disability

After three months of **total disability**, Tom's condition improves and he is able to return to work on a part-time basis with **monthly earnings** of $3,000. Tom qualifies as **partially disabled** and we calculate the Partial Disability Benefit as a proportion of the monthly amount insured payable using the formula:

$\frac{(A - B)}{A}$ x monthly amount insured payable

where:

A = **pre-claim earnings**

B = **monthly earnings** while **partially disabled**

Pre-claim earnings for the indemnity benefit payment type means the average of the **monthly earnings** in the 12 months immediately prior to disability.

	Example 1	Example 2
Pre-claim earnings	$\frac{72,000}{12}$ = $6,000	$\frac{54,000}{12}$ = $4,500
Partial Disability Benefit	$\frac{6,000 - 3,000}{6,000}$ x 4,348 = 50% x 4,348 = $2,174	$\frac{4,500 - 3,000}{4,500}$ x 3,375 = 33.33% x 3,375 = $1,125
As a result, the total amount Tom receives per month from the operation of his business and in benefits from us is:	3,000 + 2,174 = $5,174	3,000 + 1,125 = $4,125

Guaranteed benefit payment type

The examples show how we work out Total Disability and Partial Disability Benefits where the guaranteed benefit payment type applies. In example 3, Tom earns $72,000 in the 12 months immediately prior to his disability, while in example 4, he earns only $54,000.

Monthly amount insured payable

Benefits are calculated using the monthly amount insured payable. The monthly amount insured payable is the monthly amount insured. That is, it does not depend on **pre-claim earnings.**

	Example 3	Example 4
Monthly amount insured	$4,348	$4,348
Monthly amount insured payable	$4,348	$4,348

Total disability

At the end of the 30 day waiting period Tom is still off work due to his **illness** and qualifies as **totally disabled**. The Total Disability Benefit of the monthly amount insured payable will be paid 30 days after the end of the waiting period.

	Example 3	Example 4
Total Disability Benefit	We pay $4,348	We pay $4,348

Partial disability

After three months of **total disability**, Tom's condition improves and he is able to return to work on a part-time basis with **monthly earnings** of $3,000. Tom qualifies as **partially disabled** and we calculate the Partial Disability Benefit as a proportion of the monthly amount insured payable using the formula:

$\frac{(A - B)}{A}$ x monthly amount insured payable

where:

A = **pre-claim earnings**

B = **monthly earnings** while **partially disabled**

Pre-claim earnings for the guaranteed payment type means the highest average of **monthly earnings** for 12 consecutive months between two years before the cover start date and the start of the waiting period and so cannot be less than the earnings in the two years prior to the cover start date.

This means that in example 4, **pre-claim earnings** is based on earnings of $60,000 p.a. rather than $54,000 p.a.

	Example 3	Example 4
Pre-claim earnings	$\frac{72,000}{12}$ = $6,000	$\frac{60,000}{12}$ = $5,000
Partial Disability Benefit	$\frac{6,000 - 3,000}{6,000}$ x 4,348 = 50% x 4,348 = $2,174	$\frac{5,000 - 3,000}{5,000}$ x 4,348 = 40% x 4,348 = $1,739
As a result, the total amount Tom receives per month from the operation of his business and in benefits from us is:	3,000 + 2,174 = $5,174	3,000 + 1,739 =$4,739

What is Business Expense Cover?

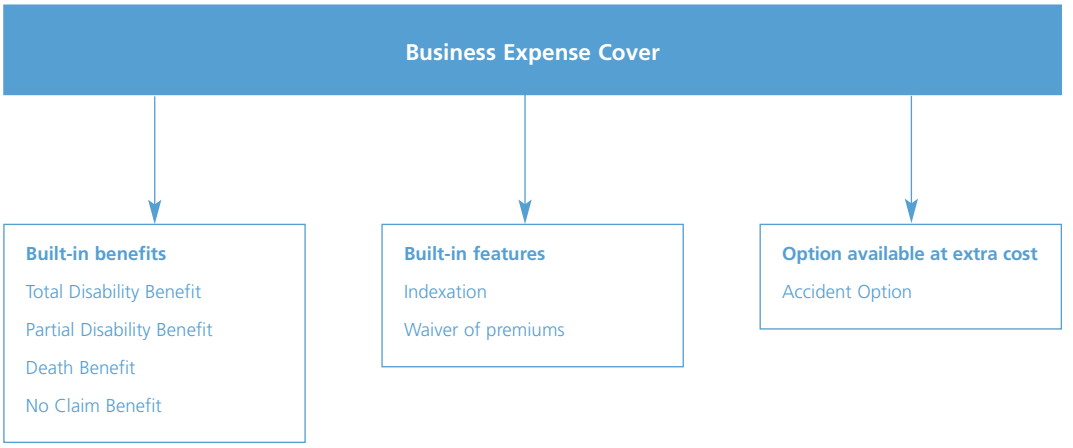
A successful business plan considers contingencies and is prepared for the unexpected. A successful business plan includes Business Expense Cover.

Business Expense Cover will pay a monthly benefit to assist with the day to day running expenses of the life insured's business if they are totally or partially disabled and unable to work. This will help with salaries, rent or mortgage payments, amenities bills and many other allowable business expenses.

At a glance

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

The benefits, features and options of Business Expense Cover are explained in detail in this section. To help you understand how they may apply, we have provided examples on page 54.



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

You should discuss your choices with your **financial adviser**.

Monthly amount insured

How much would you like to be paid in the event of a claim? Page 51

→ Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Benefit payment type

How would you like the monthly amount insured payable to be calculated? Page 7

→ Guaranteed | Indemnity

Premium type

How would you like your premiums to be calculated? Page 8

→ Stepped premium | Level premium

Waiting period

How long would you be able to wait after the life insured is disabled before being paid benefits? Page 51

→ 14 days | 30 days | 60 days | 90 days

Option available at extra cost

Would you like to add the extra cost option to the Business Expense Cover to meet the life insured's needs? Page 53

→ Accident Option

Who can apply

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

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

Monthly amount insured

When you purchase Business Expense Cover, you need to decide the monthly amount insured. It can be up to 100% of the life insured's monthly **business expenses**. The minimum amount insured for Business Expense Cover is $1,250 per month and the overall maximum is $25,000 per month.

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

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

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Monthly amount insured payable

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

Guaranteed benefit payment type

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

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application. The life insured's **business expenses** may have increased or decreased, however the monthly amount insured payable stays the same, hence the term 'guaranteed'.

The monthly amount insured payable will be the monthly amount insured shown in the Policy Schedule. It may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 53.

Indemnity benefit payment type

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

The monthly amount insured payable will be the lesser of:

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

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

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

The amount we pay may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 53).

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

Waiting period

When you apply for Business Expense Cover you choose a waiting period.

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

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

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

The waiting period starts the day a **medical practitioner** confirms the life insured is **totally disabled**.

If the life insured returns to work during the waiting period for no more than five consecutive days (or nor more than 10 consecutive days if the waiting period is 60 days or more), the days spent at work will be added to the remaining waiting period.

Of the working population, 1 in 6 men and 1 in 4 females are expected to suffer a disability from the age of 35 to 65 that causes a loss of 6 months or more work.

Institute of Actuaries. Table IAD 89-83

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

A separate waiting period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

Benefit period

The benefit period for Business Expense Cover is 12 months. This gives you enough time to make new arrangements for the running of the business.

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

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

- the end of the benefit period
- cover expiry date
- the date the life insured is no longer **totally** or **partially disabled**
- the date the cover ends (refer to 'When Business Expense Cover ends' on page 53).

A separate benefit period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

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

Built-in benefits

Total Disability Benefit

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

- **totally disabled** for at least 7 out of 12 consecutive days during the waiting period (if the occupation category is H (heavy trade) or HH (heavy duty) 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period) and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 91).

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

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

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

Partial Disability Benefit

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

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

- **totally disabled** for at least 7 out of 12 consecutive days during the waiting period (if the occupation category is H (heavy trade) or HH (heavy duty) 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 91).

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

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

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

where:

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

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

C = is the monthly amount insured payable as defined on page 51.

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

Death Benefit

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

No Claim Benefit

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

Built-in features

Indexation

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

The maximum amount of Business Expense Cover that is subject to indexation is $25,000 per month. Cover in excess of this amount will not be indexed.

If you want the monthly amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation ceases on the policy anniversary when the life insured is age 65.

If the life insured is **on claim** under Business Expense Cover, indexation will not apply.

Waiver of premiums

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

Option available at extra cost

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

Accident Option

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

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

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

Benefit limitations

One benefit payable

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

Unemployment or maternity, paternity or sabbatical leave

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

Benefit reductions

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

When we will not pay

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

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

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

When Business Expense Cover ends

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

- the date the cover is cancelled
- the date of the life insured's death
- the cover expiry date shown in the Policy Schedule
- the policy anniversary when the life insured is age 65.

Almost 3 million Australians reported a current injury or lasting condition because of injury.

National Health Survey, Australian Bureau of Statistics 2000

Worked examples

The following examples show in dollar terms how the significant benefits of Business Expense Cover work. They are not intended to explain all benefits and features or cover all possible situations. The examples should be read in conjunction with the information set out on pages 49 to 53 that describes the benefits and features of Business Expense Cover in more detail. Claims are assessed based on the full terms and conditions of the policy and any benefits payable will depend on all the circumstances of each individual claim.

David runs his own business and applies for Business Expense Cover so that if he is unable to work due to **illness** or **injury** he will be paid a benefit to cover some operating expenses of his business. At the time of applying for cover, David's business is generating **business income** of $10,000 per month and incurring **business expenses** of $4,000 per month. The monthly amount insured he applies for is $4,000 which is 100% of his **business expenses** at that time. He chooses a waiting period of 30 days.

Three years after taking out the cover, David makes a claim on his policy. He has not changed his level of cover since the start date except for taking up offers to increase the monthly amount insured by indexation at each policy anniversary. Due to indexation of 3% p.a., the monthly amount insured has increased during this time to $4,371.

Indemnity benefit payment type

The examples show how we work out Total Disability and Partial Disability Benefits where the indemnity benefit payment type applies, depending on the level of **business income** and **business expenses**. In example 1, David's business is generating **business income** of $10,000 per month on average in the 12 months immediately prior to his disability and in example 2, his business is generating **business income** of $15,000 per month on average.

Monthly amount insured payable

Benefits are calculated using the monthly amount insured payable. The monthly amount insured payable in any month is the life insured's share of the **business expenses** which are incurred in that month while disabled, up to a maximum of the monthly amount insured. As David is a sole trader, his share of the **business expenses** is 100%. The monthly amount insured payable varies each month depending on the **business expenses** actually incurred.

	Example 1	Example 2
Business expenses incurred in a month	$4,000	$5,000
Monthly amount insured	$4,371	$4,371
Monthly amount insured payable in that month	$4,000	$4,371

Total disability

At the end of the 30 day waiting period David is still off work due to his **illness** and qualifies as **totally disabled**. The Total Disability Benefit of the monthly amount insured payable will be paid 30 days after the end of the waiting period.

	Example 1	Example 2
Total Disability Benefit	We pay $4,000	We pay $4,371

Partial disability

After three months of **total disability**, David's condition improves and he is able to return to work on a part-time basis. David qualifies as **partially disabled** and we calculate the Partial Disability Benefit as a proportion of the monthly amount insured payable, taking into account the **business income** that continues to be generated, using the formula:

$$\frac{(A - B)}{A} \times \text{monthly amount insured payable}$$

where:

A = David's share of pre-claim **business income** (average of monthly **business income** in the 12 months before his disability)

B = David's share of **business income** for the month in which he is **partially disabled**

	Example 1	Example 2
Business expenses incurred in the month	$4,000	$5,000
Pre-claim **business income** (A)	$10,000	$15,000
Business income in the month (B)	$6,000	$7,500
Partial Disability Benefit	$\frac{(10,000 - 6,000)}{10,000} \times 4,000$ = 40% x 4,000 = $1,600	$\frac{(15,000 - 7,500)}{15,000} \times 4,371$ = 50% x 4,371 = $2,186

Guaranteed benefit payment type

The examples show how we work out Total Disability and Partial Disability Benefits for David where the guaranteed benefit payment type applies, depending on **business income** and **business expenses**. Note that the guaranteed benefit payment type can only be selected for Business Expense Cover where Income Secure Cover with the guaranteed benefit payment type has also been selected.

In example 3, David's business is generating **business income** of $10,000 per month on average in the 12 months immediately prior to his disability and in example 4, his business is generating **business income** of $15,000 per month on average.

Monthly amount insured payable

Benefits are calculated using the monthly amount insured payable. The monthly amount insured payable is the monthly amount insured. That is, it does not depend on **business expenses** actually incurred while disabled.

	Example 3	Example 4
Monthly amount insured	$4,371	$4,371
Monthly amount insured payable	$4,371	$4,371

Total disability

At the end of the 30 day waiting period David is still off work due to his **illness** and qualifies as **totally disabled**. The Total Disability Benefit of the monthly amount insured payable will be paid 30 days after the end of the waiting period.

	Example 3	Example 4
Total Disability Benefit	We pay $4,371	We pay $4,371

Partial disability

After three months of **total disability**, David's condition improves and he is able to return to work on a part-time basis. David qualifies as **partially disabled** and we calculate the Partial Disability Benefit we pay as a proportion of the monthly amount insured payable, taking into account the **business income** that continues to be generated, using the formula:

$$= \frac{(A - B)}{A} \times \text{monthly amount insured payable}$$

where:

A = David's share of pre-claim **business income** (average of monthly **business income** in the 12 months before his disability)

B = David's share of **business income** for the month in which he is **partially disabled**

	Example 3	Example 4
Business expenses incurred in the month	$4,000	$5,000
Pre-claim **business income** (A)	$10,000	$15,000
Business income in the month (B)	$6,000	$7,500
Partial Disability Benefit	$\frac{(10,000 - 6,000)}{10,000} \times 4,371$ = 40% x 4,371 = $1,749	$\frac{(15,000 - 7,500)}{15,000} \times 4,371$ = 50% x 4,371 = $2,186

What is Living Expense Cover?

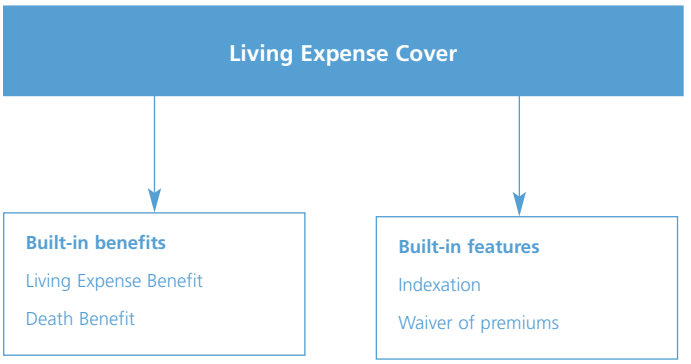
Living Expense Cover is designed for casual employees, home-makers, those not eligible for Income Secure Cover, or those who just want a basic level of cover. It may also be helpful for retired people.

This cover may enable the life insured to pay day-to-day living costs and stay in their own home longer, or can help with the costs of either in-home carers or a long-term care facility.

It provides a monthly benefit if the life insured becomes significantly disabled.

At a glance

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



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

You should discuss your choices with your **financial adviser**.

Monthly amount insured

How much would you like to be paid in the event of a claim? Page 58

→ Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Premium type

How would you like your premiums to be calculated? Page 8

→ Stepped premium | Level premium

Waiting period

How long would you be able to wait after the life insured is disabled before being paid benefits? Page 58

→ 30 days | 90 days | 1 year

Benefit period

What is the maximum period you would like to be paid benefits while the life insured is disabled? Page 58

→ 2 years | To age 65 | To age 80

Who can apply

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

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

Monthly amount insured

When you purchase Living Expense Cover, you need to decide the amount you would like to be paid if something was to happen to the life insured. The minimum monthly amount insured for Living Expense Cover is $1,250 per month and the overall maximum is $3,000 per month.

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

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Monthly amount insured payable

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

Waiting period

When you apply for Living Expense Cover you choose a waiting period.

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

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

- 30 days
- 90 days
- 1 year.

The waiting period starts the day a **medical practitioner** confirms the life insured is **significantly disabled**.

A separate waiting period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

Benefit period

When applying for Living Expense Cover you choose the benefit period.

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

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

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

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

- the end of the selected benefit period. If benefit period is to age 65, or to age 80, the benefit period ends at the policy anniversary when the life insured is 65 and 80 respectively
- cover expiry date
- the date the life insured is no longer **significantly disabled**
- the date the cover ends (refer to 'When Living Expense Cover ends' on page 60).

A separate benefit period applies for each separate **illness** or **injury** for which the life insured can claim under this cover, unless it is a **recurring claim** (refer to page 91).

2,500,000 Australians provided unpaid care to someone with a disability or to the elderly in 2002. Nearly one in five were defined as primary carers – the main providers of assistance to people with self-care, mobility and communication difficulties.

Australia's Welfare 2003 Report, Australian Institute of Health and Welfare

Built-in benefits

Living Expense Benefit

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

- **significantly disabled** during the waiting period and
- continuously **significantly disabled** since the end of the waiting period (unless claiming as a **recurring claim** – refer to page 91).

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

The Living Expense Benefit will be the monthly amount insured.

If the life insured is **on claim** the monthly amount insured payment may be reduced if you or the life insured receive any other money for this disability (refer to 'Benefit reductions' on page 59).

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

Death Benefit

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

Built-in features

Indexation

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

The maximum amount of Living Expense Cover that is subject to indexation is $3,000 per month. Cover in excess of this amount will not be indexed.

If you want the monthly amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Indexation ceases on the policy anniversary when the life insured is age 65.

If the life insured is **on claim** under Living Expense Cover, indexation will not apply.

Waiver of premiums

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

Benefit reductions

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

Other payments include:

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

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

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

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

When we will not pay

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

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

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

When Living Expense Cover ends

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

- the date the cover is cancelled
- the date of the life insured's death
- the cover expiry date shown in the Policy Schedule.

The maximum expiry ages for Living Expense Cover are:

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

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

Life expectancy for a male at 65 is another 17 years and for a female 21 years. This means that having made it to 65, on average a male can expect to live to 82 and a female 86.

Australian Bureau of Statistics 2003

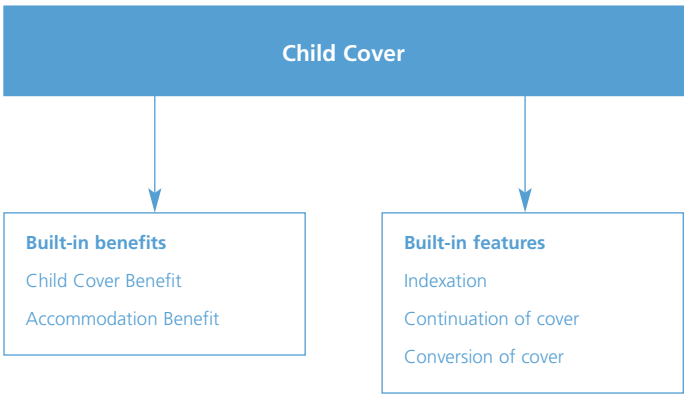
What is Child Cover?

You may not be able to protect your children from everything but you can be prepared financially so you can focus on helping them in every other way possible.

If your child suffers a specified trauma condition or dies, we will pay the amount insured. This may help with medical expenses, rehabilitation and home modifications.

At a glance

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



Amount insured

When you purchase Child Cover, you need to decide the amount you would like to be paid if something was to happen to the insured child. The minimum amount insured for Child Cover is $10,000 and the maximum is $150,000.

The amount insured under Child Cover is payable as a lump sum.

Your **financial adviser** will be able to assist you by assessing your individual needs and financial responsibilities.

Who can apply

You can apply for Child Cover if the insured child is between the ages of 2 and 15.

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

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

Built-in benefits

Child Cover Benefit

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

- aplastic anaemia
- benign brain tumour†
- blindness
- brain damage†
- cancer*†
- cardiomyopathy
- chronic kidney failure
- deafness
- diplegia
- encephalitis
- hemiplegia
- loss of limbs and/or sight
- loss of speech
- major head trauma†
- major organ transplant
- meningitis and/or meningococcal disease
- paralysis of a single limb
- paraplegia
- quadriplegia
- severe burns
- stroke*†
- terminal illness†.

* Child Cover must be in force for a qualifying period of 90 days before cover for this trauma condition commences. Please refer to '90 day qualifying period' on page 63.

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

Please refer to the 'Dictionary' on page 83 for detailed definitions of each trauma condition.

To be eligible for a claim:

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

90 day qualifying period

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

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

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

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

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

Accommodation Benefit

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

- the insured child is more than 100 kilometres from **home** and an **immediate family member** travels to be with them or
- an **immediate family member** travels more than 100 kilometres from their **home** to be with the insured child.

To be reimbursed for these costs, you will need to provide evidence of the insured child's confinement and the accommodation costs within six weeks of the date we paid the full Child Cover Benefit.

Built-in features

Indexation

To ensure your insurance keeps up with the cost of living, we will automatically increase your amount insured each policy anniversary by the **indexation factor**, subject to a guaranteed minimum of 5%. The **indexation factor** is based on the change in the Consumer Price Index (CPI) each year. We may offer a higher increase based on economic factors.

The maximum Child Cover amount insured that is subject to indexation is $150,000. Cover in excess of this amount will not be indexed.

The maximum to which the amount insured can increase under indexation is $200,000.

If you want the amount insured to stay at the same level as applied in the previous year, you need to notify us in writing within 30 days of the policy anniversary. The amount insured will remain unchanged, and we will recalculate your premium based on rates applicable at the time.

Continuation of cover

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

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

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

Conversion of cover

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

The new cover will include Trauma Cover that we decide, at the time of conversion, is most like Trauma Comprehensive.

If you choose additional options or apply for an increase in the amount insured, underwriting will be required.

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

When we will not pay

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

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

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

When Child Cover ends

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

- the date we pay the Child Cover amount insured
- the date the cover is cancelled
- the date of the life insured's death
- the cover expiry date shown in the Policy Schedule
- the policy anniversary when the insured child is age 21.

What is OneCare Super?

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

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

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

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

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

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

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

MasterFund

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

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

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

Eligibility to contribute to the MasterFund

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

Who can make contributions to superannuation

The superannuation contribution rules have been outlined below.

If you are under age 65:

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

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

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

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

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

If you are at least age 75:

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

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

SG contributions are not compulsory over age 70.

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

Government co-contribution

If you have made a personal undeducted contribution to the MasterFund or any other complying superannuation fund, you may qualify for a Government co-contribution. Your entitlement will be assessed by the Australian Taxation Office (ATO) upon completion of your income tax return.

The Government co-contribution is designed to assist certain taxpayers with their retirement savings objectives. The Federal Government will co-contribute $1.50 per $1 of personal contributions made. The maximum co-contribution that you may qualify for in a financial year is $1,500.

However, if you are eligible for the co-contribution, you are able to direct the co-contribution to another superannuation fund. Please contact the ATO on 131 020 for further details. Alternatively, you may seek the assistance of your **financial adviser**.

Generally, you should qualify for a Government co-contribution in respect of the 2005/2006 financial year if you have satisfied the following criteria:

- You have made a personal superannuation contribution for which no tax deduction has been claimed.
- Your total income was less than $28,000 (a partial co-contribution may be available where your total income was less than $58,000).
- You derived at least 10% of your total income from eligible employment (i.e. income earned as an employee).
- You were under age 71 as at 30 June.
- You were not a temporary resident at anytime during the financial year.

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

Salary sacrificing (employer contribution)

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

The concessional rate of tax on superannuation means that employees on higher personal tax rates may benefit from tax savings by receiving part of their remuneration as superannuation. This can be particularly useful for employees on higher marginal tax rates.

Spouse contribution

The contribution must be made from after-tax monies and will be treated as an undeducted contribution.

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

Death Benefit

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

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

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

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

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

Who can be a dependant

A dependant includes:

- your spouse (including a de facto spouse who lives with you on a bona fide domestic basis as your husband or wife, and your widow or widower or surviving de facto spouse)
- your children (including an adopted child, a step-child or an ex-nuptial child)
- any other person who is financially dependent on you at the time of your death and
- any other person with whom you have an 'interdependency' relationship (see page 66).

Interdependency relationship

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

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

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

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

Nominating a beneficiary

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

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

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

1. Binding nomination

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

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

Your nomination must not be defective – refer to 'Defective nominations' below.

2. Non-binding nomination

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

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

It is important to note that a non-binding nomination will not override a previous, valid binding nomination made by you. If you have already made a binding nomination you must revoke it first and then make a non-binding nomination.

Your nomination must not be defective – refer to 'Defective nominations' below.

Defective nominations (either binding or non-binding)

Your nomination will be defective if:

- it is unclear to the Trustee (e.g. because it is illegible or because the nominated proportions do not total 100%) or
- you did not sign or date the form.

Also, a non-binding nomination will be defective if the Trustee receives information before paying the benefit that, when you made the nomination, you did not understand the consequences of making it.

A binding nomination will be defective if the nomination has not been confirmed or amended within three years after the day it was first signed, last confirmed or amended by you.

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

3. No nomination, defective nomination or cancelled nomination

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

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

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

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

Keeping your nomination up to date

Please note that you should update your beneficiary nominations as your personal circumstances change due to, for example, marriage, divorce, or having children.

Death benefits paid as an allocated pension

Death benefits paid from the MasterFund are generally paid as a lump sum. However, there may be circumstances where the payment of benefits as an allocated pension may be more advantageous for beneficiaries. In such circumstances, and where requested by either the member or beneficiaries, the Trustee can pay benefits as an allocated pension to dependants. The Trustee will do this by establishing a OneAnswer Allocated Pension account (or an account under a similar product available at the time of the claim) for the dependant with their share of the insurance benefits. More information on how the allocated pension works, including the fees that apply, is available in the OneAnswer Allocated Pension PDS which is available on request from your adviser or by contacting Customer Services on 133 665.

Benefits paid from the ING MasterFund as an allocated pension will generally be assessed against the Reasonable Benefit Limit (RBL) of the recipient (other than a pension paid to a dependant child of less than age 18 which is not assessed for RBL purposes). To the extent that an allocated pension commences within RBLs, any taxable income payments will attract a 15% tax offset, irrespective of the age of the recipient.

Where the pension is purchased with amounts that exceed the relevant RBL, the assessable income payments will not be eligible for the full 15% tax offset.

An allocated pension will not suit all beneficiaries and appropriate advice should be sought prior to requesting payment in this form.

Terminal Illness Benefit

If a Terminal Illness Benefit is payable, any Life Cover amount insured under the OneCare Super policy up to a maximum of $2.5 million will be paid by ING Life to the Trustee.

The Trustee may only release the benefit to you as a member of the MasterFund, if you meet a condition of release (refer to 'When your benefits can be paid' on page 67). If the Trustee is unable to release your benefit, then the benefit will be held in the MasterFund on your behalf until you meet a condition of release.

Total and Permanent Disablement Benefits

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

When your benefits can be paid

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

- permanent retirement on or after you reach your preservation age (for details on preservation ages refer to the table below)
- reaching age 60 and ceasing a gainful employment relationship (including self-employment)
- reaching age 65 whether you have retired or not
- your inability to continue working due to permanent incapacity
- severe financial hardship (there are approved guidelines that the Trustee must follow to determine severe financial hardship)
- specified compassionate grounds (there are strict guidelines for release on compassionate grounds and Australian Prudential Regulation Authority and the Trustee must approve the release)
- some former temporary residents of Australia will have the option of accessing their superannuation benefits after permanently departing Australia. Payments will generally be subject to tax at a flat rate of 30% (other than amounts that represent undeducted contributions or a post-June 1994 invalidity component, which are available tax free).

Preservation ages

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

Taxation

This section is of a general nature only. Your personal circumstances will determine how the tax system applies to you. For this reason you should seek professional advice on your own tax position.

Tax on contributions

The following contributions are subject to 15% contributions tax in the MasterFund:

- all employer contributions
- personal contributions for which a tax deduction has been claimed.

Salary sacrifice contributions that you have arranged with your employer are treated as employer contributions and are therefore subject to contributions tax.

The MasterFund is entitled to a tax deduction in respect of OneCare Super premiums and this will reduce the taxable income of the fund such that contributions tax is not payable in respect of your policy.

Deductions for contributions

Employer contributions

Limits apply to the amount of tax deduction that your employer can claim for superannuation contributions made on your behalf. These are based on your age and are shown in the table below.

Age*	Age based deduction limit 2005/2006†	Personal deductible contribution required for maximum deduction‡
Under age 35	$14,603	$17,804
35 to 49 years	$40,560	$52,413
Age 50 and over	$100,587	$132,449

Personal deductible contributions

If you are under the age of 70, and are an eligible person, you may be entitled to a tax deduction (subject to the age based deduction limits) for your personal contributions to the Fund. You should seek tax advice to determine your eligibility. The deduction is available for the first $5,000 of personal superannuation contributions plus 75% of additional contributions, up to the age based deduction limits.

The deduction limits for employer contributions and personal deductible contributions are:

* At date of last contribution made in a year.

† The annual deduction limits are indexed to Average Weekly Ordinary Time Earnings (AWOTE) at 1 July each year.

‡ Eligible persons making personal contributions must make the contribution indicated in order to get the full tax deduction under the age based deduction limits above.

Undeducted contributions

An undeducted contribution includes personal contributions for which a tax deduction has not been claimed, and eligible spouse contributions. Undeducted contributions will not be subject to contributions tax on entry, nor will they incur the superannuation surcharge.

Superannuation surcharge

Employer superannuation contributions, or personal superannuation contributions for which a tax deduction is claimed, made in respect of higher income earners (those with 'adjusted taxable income' of over $104,496§ for 2005/2006) are generally subject to an additional superannuation surcharge of up to 12.5% (2005/2006). However, ING currently pays any superannuation surcharge liability in respect of contributions made to the MasterFund to pay OneCare Super premiums, provided that you are still a member of the Fund when the surcharge assessment is received. ING reserves the option to review this practice in the future.

The surcharge may also apply if you do not supply your Tax File Number (TFN).

The Government has announced, but not yet legislated, that the surcharge will not be payable from 1 July 2005.

§ ATI is indexed to Average Weekly Ordinary Time Earnings (AWOTE) at 1 July each year.

Spouse superannuation contributions tax offset

A tax offset is available for superannuation contributions made on behalf of a non-working or low income spouse.

Generally, the contributing spouse will be able to claim a tax offset of 18 cents in the dollar on the first $3,000 of spouse contributions. In order for the contributing spouse to be able to claim this offset, the recipient spouse (the life insured under the OneCare Super policy) must have assessable income (plus reportable fringe benefits) of $13,800 or less.

The maximum offset of $540 is available where a $3,000 spouse contribution has been made and the assessable income plus reportable fringe benefits of the recipient spouse is $10,800 or less.

Taxation of death benefits

The tax treatment of death benefits depends on whether a dependant or non dependant ultimately receives the benefit.

Dependant

Any amount of a lump sum benefit up to the deceased person's pension Reasonable Benefit Limit (RBL) ($1,297,886 for the 2005/06 year or higher for members with a higher transitional RBL) paid to a tax dependant will not be taxed. Amounts in excess of this, paid as a lump sum, will generally be taxed at 48.5%. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

For taxation purposes, a 'dependant' includes a spouse, former spouse, child under 18 years of age, anyone who at the relevant time had an interdependency relationship with the deceased or can show they were financially dependent on the deceased.

Non-dependant

This benefit will be assessed against the deceased person's pension RBL and will be taxed in the same way as a lump sum benefit up to this limit, except that a maximum rate of 16.5% applies to the portion of the benefit relating to the taxed post-June 1983 component. Where the Death Benefit ETP includes insurance proceeds from Death Cover and is within the deceased person's pension RBL, it will be taxed at a maximum rate of 31.5%. Any amount in excess of the deceased person's pension RBL will generally be taxed at the highest marginal tax rate of 48.5%, however, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Deceased estate

Tax will be determined as above depending on whether a dependant or non dependant receives the benefit. The legal personal representative is responsible for taxation arrangements when the estate pays the benefit to a beneficiary.

Tax on Permanent Incapacity Benefits

When the Trustee approves the release of a member's benefit due to permanent incapacity (which may include the proceeds of TPD insurance cover) the total benefit may be classed as an ETP. If an ETP is paid and the member satisfies prescribed criteria, a portion of the benefit called the post-June 1994 invalidity component is calculated based on the period between the date of disablement and your normal retirement date and is tax free. The post-June 1994 invalidity component does not count towards your RBL. The balance of the benefit will be a normal ETP and will be taxed accordingly.

Please refer to the table below to see how ETP components are taxed.

Tax at the withdrawal stage

Tax on lump sum withdrawals

Lump sum withdrawals are generally classified as Eligible Termination Payments (ETPs). ETPs may have a number of components. These components are taxed at different rates depending on the nature of the component and your age.

A summary of tax on lump sum withdrawals

ETP component	Age of person at the date payment is made	Assessable amount of	Maximum rate of income tax ETP component (including Medicare levy)
Pre-July 1983	All ages	5%	Taxed at individual's marginal tax rate (plus Medicare levy)
Post-June 1983 – taxed	Under 55 55 and over	Whole First $129,751* Balance above $129,751	21.5% Nil 16.5%
Post-June 1983 – untaxed	Under 55 55 and over	Whole First $129,751* Balance over $129,751	31.5% 16.5% 31.5%
Concessional	All ages	5%	Taxed at individual's marginal tax rate (plus Medicare levy)
CGT exempt	All ages	Nil	Nil
Undeducted contributions	All ages	Nil	Nil
Post-June 1994 invalidity	All ages	Nil	Nil
Excessive	All ages	Whole	48.5%†

The rates above include the Medicare levy. The Medicare levy surcharge of 1% may also apply.

* Low rate threshold for 2005/2006 is $129,751 (indexed annually). This is a lifetime concession and generally applies to taxed and untaxed post-June 1983 components received as a lump sum on or after your 55th birthday.

† A rate of 39.5% may apply to the post-June 1983 taxed element of any excessive component.

Tax File Number (TFN)

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

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

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not provide your TFN, either now or later:

- you may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment)
- it may be difficult to locate or amalgamate your superannuation benefits in the future
- a surcharge may apply to your superannuation contributions (in some circumstances the surcharge may be reclaimed through the ATO).

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

What are the risks?

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

Insurance risks

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

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

Repayment of benefits

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

OneCare Super

You will need to satisfy a condition of release to access a benefit through OneCare Super. Please refer to page 67 for conditions of release.

What are the costs?

Premiums

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

Premium type

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

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

The level premium option is not available for Child Cover.

Premium factors

The premium is affected by the product choices you make and a range of other factors. The table below provides a general guide to the impact different factors have on premiums.

Premium factors	General impact on premium
Policy factors	
Grouping of policies	A discount may apply if policies are linked to each other and there is a clear group relationship between the lives on the linked policies. An allowable group for discount purposes is where there is a clear 'family' group relationship (e.g. husband and wife) or clear 'business related' group relationship (e.g. close business partners) of which we approve. The discount applied is based on the number of lives in an allowable group excluding children covered for Child Cover only.
Number of lives insured on a policy	A discount may apply if multiple lives are insured on the one policy.
Number of covers	A discount may apply where multiple covers are on the one policy.
Premium frequency	If premiums are paid by instalments, an additional charge applies. The charge is currently 3% for half yearly payments and 5% for monthly payments.
Cover choices	
Premium type – stepped premium or level premium	Generally at the commencement of the policy, level premiums are higher than stepped premiums, but over time the level premium will be less than the stepped premium.
Amount insured	The larger the amount insured the larger the premium. Please note, larger amounts insured may attract discounts on the base premium rates, but generally the premium will be higher as the amount insured increases.
TPD definition	In order of cost from highest to lowest: 1. **Own Occupation** 2. **Any Occupation** 3. **Home-maker** 4. **Non-working**
Trauma Cover type	Trauma Comprehensive is more affordable than Trauma Premier.
Income Secure Cover type	In order of expense from highest to lowest: 1. Income Secure Professional 2. Income Secure Comprehensive 3. Income Secure Standard
Benefit payment type – Lump sum or instalment	Where you choose instalment payments (rather than lump sum), the premium will depend on the instalment amount insured and premium rates that relate to the instalments.
Benefit payment type – Guaranteed or Indemnity	The guaranteed benefit payment type is more expensive than the indemnity benefit payment type.
Waiting period	The longer the waiting period the more affordable the cover.
Benefit period	The shorter the benefit period the more affordable the cover.

Premium factors	General impact on premium
Cover choices	
Options purchased	The more options selected, the more expensive the premium (with exception of Mental Disorder Limitation Discount Option which reduces the premium if selected).
Indexation factor	Indexation will generally increase the amount insured at each policy anniversary if accepted, and therefore the premium payable.
Factors – life insured*	
Age	If stepped premiums are selected, the premium generally increases with age. If level premiums are selected, the premium for a particular level of cover is calculated based on the life insured's age at application.
Gender	Rates vary by the gender of the life insured.
Occupation	Rates vary by occupation of the life insured. Generally occupations with hazardous duties or higher occupational risk have higher premium rates.
Pastimes	Rates vary according to the pastimes of the life insured. The greater the risk of the activities the life insured participates in, the more expensive the premium.
Smoking status	Rates are more expensive for smokers than non smokers.
State of health	Rates may vary depending on the life insured's state of health, and their family's medical history.

* Note that some of these factors may result in no cover being made available.

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

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

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

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

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

Policy Fee

The Policy Fee is currently $80 p.a. across all covers for each life insured covered under the policy. The Policy Fee will be adjusted at 1 May each year by the **indexation factor**.

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

Premium discounts

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

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

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

Your personalised Product Illustration (quotation) prepared by your **financial adviser** should reflect the discounts that apply to you. Your **financial adviser** will be able to assist you by describing these discounts.

The significant factors affecting your premium are shown in the table on page 71 and 72.

Payment of premiums

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

Payment frequency	Payment method			Frequency loading
	Cheque	Credit card	Direct Debit Request	
Yearly	✔	✔	✔	-
Half yearly	✔	✔	✔	3%
Monthly	✘	✔	✔	5%

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

If you choose to pay your premiums by Direct Debit Request, you should read the Direct Debit Request Service Agreement on page 81.

Government charges

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

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

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

Financial adviser commission

If you purchase your OneCare or OneCare Super policy through a financial adviser, we may pay your financial adviser a commission for selling you this product. This payment is already incorporated into your premium. If you choose not to purchase your policy through a financial adviser, your premium will not differ. We recommend you seek advice from a financial adviser before purchasing this product.

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

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

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

Processing your application

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

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

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

Confirming transactions

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

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

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

How do I apply?

Financial advice

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

To apply for a OneCare policy fully complete the current OneCare Application Form which includes:

- attaching the Product Illustration (quotation) from your **financial adviser**
- including a cheque, or completed Direct Debit Request or Credit Card Request, for the payment of the first premium
- providing any additional information we may require.

When we receive your application, we will assess it for risks and the terms under which we can provide the insurance. Our decision to issue insurance is based on the information you provide to us. If we accept your application and your policy premium has been paid, we will provide you with written confirmation that you have cover and send you a Policy Schedule, Policy Terms and a Welcome Kit. After we issue your policy you have a cooling-off period where you may change your mind. Please refer to 'Cooling-off period' on page 75 for details.

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

Your duty of disclosure

Before you enter into a Contract of Life Insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a Contract of Life Insurance. Your duty, however, does not require disclosure of a matter:

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

Non-disclosure

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

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

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

About the application

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

i) confirm that:

- each of them has received, read and understood the Product Disclosure Statement dated September 2005
- each of them has read and understood the questions in the Application Form
- the signatures in the Application Form are the true signatures of each of them

ii) acknowledge that:

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

iii)authorise:

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

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

If you apply for Life Cover and/or TPD Cover through OneCare Super

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

- are applying to join the MasterFund
- agree to be bound by the rules of the MasterFund and have read the information on pages 64 to 69
- understand that payments to and from the MasterFund may only be made in accordance with the rules governing the MasterFund and are subject to superannuation law
- acknowledge that the Application Form and any statement made by the life insured will be relied upon by ING Life and the Trustee of the MasterFund and declares that they have not withheld any material information in connection with the Application Form
- understand that the Trustee will be free from all liability until the Application Form has been accepted and the Policy Schedule is issued.

Cooling-off period

You may cancel your policy or individual covers under the policy within 14 days of the earlier of:

- the date you receive the Policy Schedule, confirming our acceptance of your application
- the end of the fifth day after we issue your policy.

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

For OneCare Super, if you have not met a condition of release (refer to page 67) and you choose to cancel your membership, money you have paid cannot be paid directly to you. In accordance with superannuation laws, this money, less any eligible adjustments, can only be transferred to another eligible superannuation fund.

How do I make a claim?

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

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

Advising a claim

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

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

Completing and returning the claim form

Answer all of the questions on the claim form and return the completed form along with any additional requirements we requested within 30 days of the event that led to the claim or as soon as it is reasonably possible to do so.

For us to pay a claim, you need to be able to provide evidence that the policy conditions have been met.

You will need to assist us in establishing entitlement by providing the following basic requirements:

- a certified copy of the death certificate (for death claims only)
- proof of age of the life insured in the form of a certified copy of the Birth Certificate or other documentation we may consider as an acceptable substitute
- the original Policy Document, which includes the Policy Schedule and Memorandum of Transfer (not required for Income Secure Cover)
- satisfactory evidence that you are entitled to claim
- evidence of being under the regular care of your **medical practitioner**, following their advice and recommended treatment (applicable for Income Secure Cover, Business Expense Cover and Living Expense Cover)
- any other evidence we may consider necessary to assess the claim.

Assessment process

We will make an initial assessment of your claim when we receive your completed claim form. We will keep you up to date on the progress of the claim and any further requirements.

Depending on the type of claim, when reasonably required by us and at our expense, you may:

- be examined by a **medical practitioner** nominated by us who must confirm the condition suffered
- undergo vocational assessment and/or rehabilitation
- be interviewed
- agree to an audit of your financial circumstances.

When we have completed our full assessment in line with the terms and conditions of the policy, we will make a decision regarding the approval of the claim.

Payments

If your claim is approved, we will pay the benefit as soon as practically possible.

The mode of payment(s) varies depending on the type of claim and the benefit payment type you choose when you apply for the cover.

Lump sum payments are generally made by cheque. Instalments may be transferred into your chosen account. You will be asked for your account details and authority when you complete the claim form.

What do I need to know about taxation?

The taxation considerations are based on our view of the law currently in force and its interpretation by the courts and the Commissioner of Taxation. The law may change and affect the taxation considerations for you. This section sets out general information on the possible taxation consequences of various events in relation to the covers available under OneCare. However, as individual circumstances may differ, you should seek professional advice on your own taxation position.

Please note, all tax rates shown in this section include the Medicare levy of 1.5%.

Life Cover

Self

Where the policy is to be used for personal purposes, the premium paid by the policy owner is not tax deductible and benefits paid under the policy are, with one exception, generally not assessable as income. The exception is where the owner was not the original owner of the policy and consideration was paid to obtain ownership of the policy. In those circumstances, the benefits paid will be assessable to capital gains tax.

Generally, where an employer pays the premium on behalf of the policy owner, the premium is tax deductible to the employer but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are paid to the estate of the policy owner or to the nominated beneficiary. Benefits paid under the policy are not assessable as income to the employer and fringe benefits tax does not apply.

Electing to receive the amount insured under the instalment benefit payment type should not change the tax outcome of the payment.

Superannuation fund

The premium paid by the superannuation fund is tax deductible in the fund. Benefits paid under the policy are not assessable as income to the fund and payment of the proceeds out of the fund is not tax deductible.

Where the fund pays the amount as a lump sum to a dependant of the deceased, the amount is not subject to income tax in the hands of the dependant provided the amount, when combined with other superannuation benefits of the deceased, does not exceed the deceased's Pension Reasonable Benefit Limit (PRBL). Lump sums in excess of the PRBL are assessable as income and taxed at the highest marginal rate. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Where the fund pays the amount other than to a dependant of the deceased, the amount is an Eligible Termination Payment (ETP). Amounts up to the deceased's PRBL are subject to concessional tax treatment as an ETP subject to a maximum rate of tax on the post-June 1983 taxed component of 16.5% or untaxed component of 31.5%. Amounts in excess of the PRBL are assessable to income tax at the highest marginal rate of tax. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Employer (over the life of an employee)

The taxation consequences will depend upon the purpose of the policy.

Generally, where the policy is to be used to provide death benefits to the dependants or estate of the deceased employee, the premium paid by the employer is tax deductible but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are assessable as income to the employer. The payment of the proceeds by the employer to the estate of the employee is tax deductible.

Where the recipient is a dependant of the employee the amount is not subject to income tax in the hands of the dependant provided the amount does not exceed the deceased's Pension Reasonable Benefit Limit (PRBL). Amounts in excess of the PRBL are assessable as income and taxed at the highest marginal rate. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component. Where the employer pays the amount other than to a dependant of the deceased, the amount is an Eligible Termination Payment (ETP). Amounts up to the deceased's PRBL are subject to concessional tax treatment as an ETP subject to a maximum rate of tax on the post-June 1983 taxed component of 16.5% or untaxed component of 31.5%. Amounts in excess of the PRBL are assessable to income tax at the highest marginal rate of tax. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Key person/business succession arrangements

As this is a complex area that is impacted by circumstances within individual businesses, it is not possible to summarise the taxation considerations in this PDS. Please refer to your **financial adviser** or taxation consultant for more information.

Key person arrangements are those as defined in ATO ruling IT155. Business succession arrangements encompass self ownership arrangements which support written buy sell or share purchase agreements and joint or cross ownership arrangements involving business owners.

TPD Cover and the Terminal Illness Benefit

Self

Where the policy is to be used for personal purposes, the premium paid by the policy owner is not tax deductible and benefits paid under the policy are not assessable as income. Generally, where an employer pays the premium on behalf of the policy owner, the premium is tax deductible to the employer but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are paid to the policy owner and are not assessable as income to the employer. Fringe benefits tax does not apply.

Electing to receive the amount insured under the instalment benefit payment type should not change the tax outcome of the payment.

Superannuation fund

The premium paid by the superannuation fund is tax deductible in the fund. Benefits paid under the policy are not assessable as income to the fund, and payment of the proceeds out of the fund is not tax deductible.

Where the Trustee determines that it can pay a benefit relating to the amount to a member, the amount is an Eligible Termination Payment (ETP). Part of the benefit paid may qualify as a post-June 1994 invalidity component, which is not assessable to income tax. Amounts up to the member's Reasonable Benefit Limit (RBL) are subject to concessional tax treatment as an ETP, while amounts in excess of the RBL are assessable to income tax at the highest marginal rate of tax. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Employer (over the life of an employee)

The taxation consequences will depend upon the purpose of the policy.

Generally, where the policy is to be used to provide benefits to the employee, the premium paid by the employer is tax deductible but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are assessable as income to the employer. The payment of the proceeds by the employer to the **disabled** employee is tax deductible. Where the proceeds are paid to the employee as a result of the termination of their employment, the amount will be an Eligible Termination Payment (ETP). Amounts up to the member's Reasonable Benefit Limit (RBL) are subject to concessional tax treatment as an ETP, while amounts in excess of the RBL are assessable to income tax at the highest marginal rate of tax. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component. An exception is where the amount (or part of it) qualifies as a post-June 1994 invalidity component, which is not assessable to income tax.

Key person/business succession arrangements

As this is a complex area that is impacted by circumstances within individual businesses, it is not possible to summarise the taxation considerations in this PDS. Please refer to your **financial adviser** or taxation consultant for more information.

Key person arrangements are those as defined in ATO ruling IT155. Business succession arrangements encompass self ownership arrangements which support written buy sell or share purchase agreements and joint or cross ownership arrangements involving business owners.

Trauma Cover

Self

Where the life insured under the policy is the policy owner or a relative of the policy owner, the premium paid by the policy owner is not tax deductible and benefits paid under the policy are not assessable to income tax. Generally, where an employer pays the premium on behalf of the policy owner, the premium is tax deductible to the employer but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are paid to the policy owner and are not assessable as income tax to the employer. Fringe benefits tax does not apply.

Electing to receive the amount insured under the instalment benefit payment type should not change the tax outcome of the payment.

Superannuation fund

OneCare Trauma Cover is not available under superannuation.

Employer (over the life of an employee)

The taxation consequences will depend upon the purpose of the policy.

Generally, where the policy is to be used to provide benefits to the employee, the premium paid by the employer is tax deductible but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are assessable as income to the employer. The payment of the proceeds by the employer to (or in respect of) an employee is tax deductible.

Where the recipient employee is still in employment, the amount is assessable as income to the employee and taxed at his/her marginal rate of tax. If paid on termination of employment, the amount is an Eligible Termination Payment (ETP). Amounts up to the employee's Reasonable Benefit Limit (RBL) are subject to concessional tax treatment as an ETP, while amounts in excess of the RBL are assessable to income tax at the highest marginal rate of tax. However, a rate of 39.5% may apply to the post-June 1983 taxed element of the excessive component.

Key person/business succession arrangements

As this is a complex area that is impacted by circumstances within individual businesses, it is not possible to summarise the taxation considerations in this PDS. Please refer to your **financial adviser** or taxation consultant for more information.

Key person arrangements are those as defined in ATO ruling IT155. Business succession arrangements encompass self ownership arrangements which support written buy sell or share purchase agreements and joint or cross ownership arrangements involving business owners.

Income Secure Cover

Self

Where the policy is to be used for personal purposes, the premium paid by the policy owner is tax deductible and benefits paid under the policy are assessable as income. This is because the benefits replace income that would be assessable income. Where an employer pays the premium on behalf of the policy owner, the premium is tax deductible to the employer. Fringe benefits tax does not apply in respect of the premium. Benefits paid under the policy are paid to the policy owner and are not assessable to income tax to the employer. Fringe benefits tax does not apply. The benefits received by the employee are assessable as income and taxed at their marginal rate of tax. This is because benefits replace income that would be assessable income.

Employer (over the life of an employee)

The taxation consequences will depend upon the purpose of the policy.

Where the policy is to be used to pay benefits to the employee, the premium paid by the employer is tax deductible. Fringe benefits tax does not apply in respect of the premium. Benefits paid under the policy are assessable as income to the employer. The payment of the proceeds by the employer to an employee is tax deductible. The amount is assessable as income to the employee and taxed at their marginal rate of tax. This is because the benefits replace income that would be assessable income.

Key person

As this is a complex area that is impacted by circumstances within individual businesses, it is not possible to summarise the taxation considerations in this PDS. Please refer to your **financial adviser** or taxation consultant for more information.

Key person arrangements are those as defined in ATO ruling IT155. Business succession arrangements encompass self ownership arrangements which support written buy sell or share purchase agreements and joint or cross ownership arrangements involving business owners.

Superannuation fund

Unless the Trustee has the appropriate APRA determination the deduction for premiums will only be available to the extent that the premiums relate to benefit periods of two years or less.

Benefits paid to the fund under the policy are not assessable as income to the fund. The payment of the proceeds out of the fund to the member is not tax deductible. The amount is assessable as income to the member and taxed at their marginal rate of tax. This is because the benefits replace income that would be assessable income.

Business Expense Cover

Self

The premium paid by the policy owner is tax deductible and benefits paid under the policy are assessable to income tax.

Living Expense Cover

The treatment of Living Expense Cover depends on the purpose for which it was purchased.

Self

If the Living Expense Cover was purchased for the purpose of replacing income in the event of disability, the premium paid by the policy owner is tax deductible and benefits paid under the policy are assessable to income tax.

Where the Living Expense Cover was not purchased to replace income (for example, where the life insured is not engaged in paid employment), but to assist with meeting the costs of caring for the life insured in the event of disability, the premium paid by the policy owner is not tax deductible and benefits paid under the policy are not assessable to income tax.

Child Cover

Where the insured child is a relative of the policy owner, the premium paid by the policy owner is not tax deductible and benefits paid under the policy are not assessable to income tax.

Generally, where an employer pays the premium on behalf of the policy owner, the premium is tax deductible to the employer but fringe benefits tax applies in respect of the premium. Benefits paid under the policy are paid to the policy owner and are not assessable as income to the employer. The benefit received by the policy owner will not be assessable to the policy owner if the insured child is a relative of the life insured under the main cover to which the Child Cover is attached.

Policy Fee

For each life insured under a OneCare policy, a Policy Fee may be included in the premiums for each of the individual covers selected. In our view it is reasonable for the tax deductibility of the Policy Fee to be determined in accordance with the deductibility of the premiums. To the extent that the premiums qualify for a tax deduction we consider it reasonable that the Policy Fee also be treated as tax deductible.

Goods and Services Tax

Goods and Services Tax (GST) is not charged on life insurance premiums. Currently, GST is not added to any OneCare premium or Policy Fee.

What else do I need to know?

Changing policy owner

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

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

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

When the policy ends

A OneCare policy will end on the earlier of:

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

Statutory funds

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

The only exception to this is if the policy is written through OneCare Super, in which case the premiums will be placed in our Statutory Fund 3 and any claims will be paid from that fund.

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

Customer concerns

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

The Complaints Resolution Manager
ING Life Limited
GPO Box 5306
Sydney NSW 2001

Phone 133 667
Fax 02 9234 8095

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

Concerns to FICS can be directed to:

The Manager
Financial Industry Complaints Service Limited
PO Box 579
Collins Street West
Melbourne VIC 8007
Toll-free 1300 780 808
Fax 03 9621 2291

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

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001
Phone 1300 884 114
Fax 03 8663 5588

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

You must first contact the Trustee and attempt to resolve any complaints before calling the SCT.

Financial Services Guide

A Financial Services Guide (FSG) is an important document that outlines the type of products and services that each of ING's licensed entities is authorised to provide under their Australian Financial Services licence. Please refer to www.ing.com.au for a copy of the FSG.

Direct Debit Request Service Agreement

Our commitment to you

We will:

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

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

Your commitment to us

It is your responsibility to:

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

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

Your rights

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

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

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

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

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

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

Privacy

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

You may request access to information held by us about you, your policy(ies) and any other ING products or services which you may hold by contacting the ING Privacy Officer. You may assist us by contacting Customer Services if any of your personal information is incorrect, has changed or requires updating.

If you notify us of a change in your personal information, we will make this change on other life risk insurance policies where you are a policy owner, life insured, nominated beneficiary or nominated medical practitioner.

In order to undertake the management and administration of your life risk policy, it may be necessary for us to disclose your personal information to certain third parties. Unless you consent to such disclosure we will not be able to process the application or administer your policy. The types of organisations to whom we may routinely disclose your personal information include:

- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of underwriting or assessing the application or assessing any claims
- reinsurance organisations for the purpose of underwriting your application and assessing claims
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations maintaining our information technology systems and providing information technology services
- authorised financial institutions, such as banks, credit unions and building societies, providing account details as a mechanism for providing payments or receipt of payments
- organisations providing mailing services and undertaking printing of our standard documents and correspondence.

We will only disclose your personal information to these organisations to enable them to undertake specified management and administration services.

For life risk products we collect health information with your consent. Your health information will only be disclosed to providers such as doctors, reinsurers and assessors who are directly involved in collecting, collating or assessing such information for the purpose of underwriting or assessing your application or assessing any claim. Your health information will not be disclosed by ING for any other purpose.

We will also disclose your personal information in circumstances where we are required by law to do so.

The Family Law Act 1975 enables certain persons to request information about your interest in a superannuation fund. We may, if requested, be required to provide information about your interest in a superannuation fund to your spouse or a person who intends to enter into an agreement with you about splitting your superannuation interests in the event of separation of marriage. The request must be in a form prescribed by law. The law prevents us from telling you about any such request for information and from providing your address to a person requesting the information.

We will provide information relating to your policy to your **financial adviser** where you authorise them to receive such information on your behalf. You may change your **financial adviser**, appoint a **financial adviser** or decide that you do not want your **financial adviser** to access your information by notifying us in writing.

Where you wish to authorise any other parties to receive information and/or undertake transactions, please notify us in writing.

We and other members of ING Group may send you information about our financial products or services from time to time. You may elect not to receive such information at any time by contacting Customer Services.

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

ING Privacy Officer
GPO Box 75
Sydney NSW 2001

Phone 02 9234 8111
Fax 02 9299 3979
Email privacy@ing.com.au

Please note that all documentation relating to the policy is sent to the policy owner.

Dictionary

The dictionary provides the definitions of terms used within this book. For easy reference, they have been divided into:

- trauma conditions
- total and permanent disability definitions
- key terms.

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

Trauma conditions

Adult insulin dependent diabetes mellitus means the diagnosis of insulin dependent diabetes mellitus (IDDM) by an appropriate consultant physician after the age of 30.

Advanced dementia and Alzheimer's disease means the unequivocal diagnosis of dementia including Alzheimer's disease made by a **medical practitioner** who is a consultant neurologist confirming dementia due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision.

Angioplasty means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Aortic surgery means the undergoing of surgery that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Aplastic anaemia means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow.

Benign brain tumour means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment as confirmed by a **medical practitioner** who is a consultant neurologist. The tumour must result in permanent neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness** or **injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Cancer means the presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. The following cancers are not covered:

- tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant

  * Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- prostatic cancers which are histologically described as TNM Classification T1 (or are of another equivalent or lesser classification) and
- chronic lymphocytic leukaemia less than Rai Stage 1.

Carcinoma in situ of the breast means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the breast (ICD = D05), where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.

Carcinoma in situ of the cervix uteri means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the cervix uteri (must be at or above CIN 3 grading) where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

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

Chronic kidney failure means end stage renal disease which requires permanent dialysis or renal transplantation.

Chronic liver disease means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Chronic lung disease means end stage lung disease requiring permanent supplementary oxygen, with FEV1 test results of consistently less than one litre.

Chronic lymphocytic leukaemia means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

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

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours and resulting in a neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Coronary artery by-pass surgery means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Deafness means the total, irreversible and irreparable loss of hearing, in both ears, whether aided or unaided.

Diagnosed multiple sclerosis means the diagnosis of multiple sclerosis made by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and Magnetic Resonance Imaging (MRI) evidence of lesions of the central nervous system.

Diplegia means the total and permanent loss of function of both sides of the body. Diplegia facialis is excluded.

Encephalitis means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Heart attack means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L

If the above is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

Heart valve surgery means the undergoing of surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Hemiplegia means the total and permanent loss of function of one side of the body.

Intensive care means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Intensive care as a result of drug or alcohol intake is excluded.

Loss of independent existence means a condition whereby the life insured is totally and irreversibly unable to perform at least two **activities of daily living** without the assistance of another adult person.

Loss of limbs and/or sight means the total and permanent loss of the use of:

- two limbs (where limb is defined as the whole hand or the whole foot)
- the sight in both eyes or
- one limb and the sight in one eye.

Loss of speech means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain.

Loss of speech related to any psychological cause is excluded.

Major head trauma means cerebral **injury** resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Major organ transplant means the undergoing of organ transplant from a human donor to the life insured of one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel or
- the transplant of bone marrow.

This treatment must be deemed the most appropriate treatment and medically necessary. The transplantation of all other organs or of any other tissue is excluded.

Major organ transplant waiting list means the life insured has been placed on an Australian waiting list, approved by us, for an organ transplant from a human donor that is listed in the definition of the major organ transplant trauma condition and that is considered medically necessary and untreatable by any means other than organ transplant, as confirmed by a specialist physician.

Medically acquired HIV means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

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

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if any medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

Melanoma means the presence of one or more malignant melanomas. The melanoma can be less than 1.5mm maximum Breslow thickness and also less than Clark Level 3 depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Meningitis and/or meningococcal disease means meningitis or meningococcal septicaemia causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Motor neurone disease means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease as confirmed by a medical practitioner who is a consultant neurologist.

Multiple sclerosis means a disease characterised by demyelination of nervous tissue and more than one episode of well defined neurological deficit with persisting neurological abnormalities, which results in:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The disease must be diagnosed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and Magnetic Resonance Imaging (MRI) evidence of lesions of the central nervous system.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of your normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must be reported to us within seven days of the incident and supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

Open heart surgery means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Paralysis of single limb means the total and permanent loss of the use of one arm or one leg as a result of spinal cord injury.

Paraplegia means the total and permanent loss of the use of both arms or both legs.

Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Partial blindness means the permanent loss of sight in one eye, whether aided or unaided, such that visual acuity is 6/60 or less in that eye, or such that the visual field is reduced to 20 degrees or less of arc.

Partial deafness means the total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Primary pulmonary hypertension means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Prostate cancer means the presence of prostate cancer that is histologically described as TNM Classification T1 (or of an equivalent classification).

Quadriplegia means the total and permanent loss of the use of both arms and both legs.

Severe burns means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

Severe endometriosis means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions.

Mild and moderate endometriosis and adenomyosis are excluded.

Severe osteoporosis means the life insured:

- before the age of 50, suffers at least two vertebral body fractures or a **fracture** of the neck of femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis means a definite diagnosis of severe rheumatoid arthritis by a consultant rheumatologist. The diagnosis must confirm all of the following:

- morning stiffness of the joints
- swelling and pain in the joints of at least three joint groups, involving the corresponding joints in both sides of the body. One of these groups must be joints on the fingers or toes, the knuckles of the hand or the wrist
- small nodular swelling beneath the skin
- a positive rheumatoid factor test
- x-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis and
- diffuse osteoporosis with severe hand and spinal deformity.

Stroke means a cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours. There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a stroke has occurred and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Systemic lupus erythematosus (SLE) with lupus nephritis means the unequivocal diagnosis of SLE according to internationally accepted criteria. Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'.

The requirements for a doctor to make a diagnosis of systemic lupus erythematosus in the clinical setting are the presence of any four or more of the 11 criteria listed in the table below.

In addition to the diagnosis of systemic lupus erythematosus, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Criteria	Definition
1. Malar rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds.
2. Discoid rash	Erythematosus, raised patches with adherent kerotic scaling and follicular plugging, atrophic scarring may occur in older lesions.
3. Photosensitivity	Skin rash as a result of unusual reaction to sunlight, evidenced by patient history or physician's report.
4. Oral ulcers	Oral or nasopharyngeal ulceration reported by physician.
5. Arthritis	Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion.
6. Serositis	Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a physician or evidence of pleural effusion OR Pericarditis – documented by ECG or rub or evidence of pericardial effusion.
7. Renal disorder	Persistent proteinuria greater than 0.5 grams per day or greater than 2+ if quantitation not performed. OR Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed.
8. Neurological disorder	Seizures – in the absence of offending drugs or known metabolic derangements, e.g. uraemia, ketoacidosis, or electrolyte imbalance.
9. Hematologic disorder	Hemolytic anaemia – with reticulocytosis OR Leucopoenia – less than 3,500/mm^3 on two or more occasions. OR Thrombocytopenia – less than 100,000/mm^3 in the absence of offending drugs.
10. Immunologic disorder	Positive LE cell preparation OR Anti-DNA: antibody to native DNA in abnormal titre OR Anti-Sm: presence of antibody to Sm (Smooth Muscle) nuclear antigen OR False positive serologic test for syphilis known to be positive for at least six months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test.
11. Antinuclear antibody	An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with 'drug-induced lupus' syndrome.

Terminal illness means an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Triple vessel angioplasty means the undergoing of angioplasty, with or without an insertion of a stent or laser therapy, to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence indicating at least 50% obstruction of three or more coronary arteries.

Total and permanent disability definitions

Any Occupation definition

As a result of **illness** of **injury**, the life insured:

1. a) has been unable to engage in any occupation for six consecutive months and

   b) is **disabled** at the end of the period of six months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience

or

2. a) suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and

   b) is **disabled** to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience

or

3. suffers the total and permanent loss of the use of:
   - two limbs (where 'limb' is defined as the whole hand or the whole foot)
   - the sight in both eyes or
   - one limb and the sight in one eye

or

4. suffers **loss of independent existence**

or

5. suffers **cognitive loss**.

Own Occupation definition

As a result of **illness** of **injury**, the life insured:

1. a) has been unable to engage in any occupation for six consecutive months and

   b) is **disabled** at the end of the period of six months, to such an extent that they are unlikely ever again to be able to engage in their Own Occupation

or

2. a) suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and

   b) is **disabled** to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in their Own Occupation

or

3. suffers the total and permanent loss of the use of:
   - two limbs (where 'limb' is defined as the whole hand or the whole foot)
   - the sight in both eyes or
   - one limb and the sight in one eye

or

4. suffers **loss of independent existence**

or

5. suffers **cognitive loss**.

Own Occupation means the occupation in which the life insured was engaged immediately prior to the date of disability.

If the life insured has not been working in any capacity for less than 12 months immediately prior to the date of disability, the Own Occupation definition will apply and Own Occupation means that occupation in which the life insured was engaged immediately prior to ceasing work.

If the life insured has not been working in any capacity for more than 12 months prior to the date of disability then the **Any Occupation** definition will replace the Own Occupation definition.

Home-maker definition

As result of **illness** of **injury**, and where wholly engaged in full time unpaid domestic duties in their own residence, the life insured:

1. a) is under the regular care of a **medical practitioner** and is unable, for a period of six consecutive months, to perform **normal domestic duties**, leave their **home** unaided, or be engaged in any occupation and

   b) is **disabled,** at the end of the period of six months, to such an extent that they require ongoing medical care and are unlikely ever again to be able to perform any **normal domestic duties** or be engaged in any occupation for which they are reasonably suited by their education, training or experience

or

2. a) suffers a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us) and

   b) is **disabled** to such an extent, as a result of this impairment, that they are unlikely ever again to be able to perform any **normal domestic duties** or be engaged in any occupation for which they are reasonably suited by their education, training or experience.

or

3. suffers the total and permanent loss of the use of:
   - two limbs (where 'limb' is defined as the whole hand or the whole foot)
   - the sight in both eyes or
   - one limb and the sight in one eye

or

4. suffers **loss of independent existence**

or

5. suffers **cognitive loss**.

Non-working definition

As a result of **illness** or **injury**, the life insured:

1. suffers the total and permanent loss of the use of:
   - two limbs (where 'limb' is defined as the whole hand or the whole foot)
   - the sight in both eyes or
   - one limb and the sight in one eye

or

2. suffers **loss of independent existence**

or

3. suffers **cognitive loss**.

Key terms

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

Activities of daily living are:

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

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

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

The following business expenses cannot be included:

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

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

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

Disabled means totally disabled or partially disabled, except in the context of the Premium Waiver Disability Option (see page 30), where disabled means that, as a result of illness or injury, the life insured:

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

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

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

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

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

Home means the principal place of residence.

Illness means an illness or disease which first becomes reasonably apparent during the period of cover.

Immediate family member means:

- a **spouse**
- a son, daughter, father, mother, father-in-law or mother-in-law
- a person in a bona fide domestic living arrangement and is financially interdependent. The policy owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

The indexation factor is determined from the percentage increase in the Consumer Price Index (CPI) (weighted average of eight Capital Cities combined) as published by the Australian Bureau of Statistics or its successor for the 12 month period ending at 31 December each year. The indexation factor will apply from 1 May following the calculation of the indexation factor. If the CPI is not published we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.

Injury means a bodily injury which occurs during the period of the cover.

Loss of independent existence means the life insured is totally and irreversibly unable to perform at least two **activities of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by us. A medical practitioner cannot be the life insured or the policy owner, or the **spouse**, partner, business partner or other **immediate family member** of the life insured or the policy owner.

Mental disorder means any mental disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Volume IV, published by the American Psychiatric Association (APA) (or such replacement or successor publication we approve, or if none, then such a comparable publication as selected by us) which is current at the start of the period of **total disability**. Such mental disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders, or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

For the purposes of the Mental Disorder Limitation Discount, mental disorders do not include dementia (except where the dementia is related to any substance abuse or dependency), Alzheimer's disease or head injuries.

Monthly earnings means either:

- if the life insured is self employed or a working director, the gross income generated by the business as a result of their personal exertion calculated on a monthly basis after allowing for the costs and expenses incurred in deriving that income or
- if the life insured is employed, their monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration calculated on a monthly basis.

Normal domestic duties mean the tasks performed by a person whole sole occupation is to maintain their family **home**. These tasks include unassisted:

- cleaning of the **home**
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food
- taking care of dependent children (where applicable).

Normal domestic duties do not include duties performed outside the person's **home** for salary, reward or profit.

Occupational categories group together occupations with similar risk levels.

Your **financial adviser** will have a copy of the occupational categories ING uses when assessing applications.

On claim means that we are paying a benefit with respect to the life insured under the policy.

Partially disabled/partial disability

If the life insured's occupation category shown in the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, partially disabled means that due to **illness** or **injury** the life insured is either:

- unable to perform at least one duty of their **regular occupation** necessary to produce income, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**
- able to perform all duties of their **regular occupation** necessary to produce income, but due to the **illness** or **injury** is not able to work at the same capacity that they were able to work at before the **illness** or **injury** (including when no work is available) and has **monthly earnings** less than their **pre-claim earnings**

and is **following the advice of a medical practitioner** in relation to their **illness** or **injury**.

If the life insured's occupation category shown in the Policy Schedule is H or HH, partially disabled means that due to **illness** or **injury** during the first three years from the date of that disability the life insured is either:

- unable to perform at least one duty of their **regular occupation** necessary to produce income, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
- able to perform all duties of their **regular occupation** necessary to produce income, but due to the illness or injury is not able to work at the same capacity that they were able to work at before the **illness** or **injury** (including when no work is available) and has **monthly earnings** less than their **pre-claim earnings**.

After three years from the date of that disability the life insured is either:

- unable to perform at least one duty of any occupation that the life insured is reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings** or
- able to perform all duties of any occupation that the life insured is reasonably capable of performing having regard to their education, training or experience, but is not able to work at the same capacity that they were able to work at before the **illness** or **injury** (including when no work is available) and has **monthly earnings** less than their **pre-claim earnings**

and is **following the advice of a medical practitioner** in relation to their **illness** or **injury**.

Pre-claim business income

If the guaranteed monthly amount insured applies, **pre-claim business income** means the highest average of monthly **business income** for any period of 12 consecutive months between immediately prior to the life insured becoming totally disabled and two years prior to the cover start date.

If the indemnity monthly amount insured applies, **pre-claim business income** means the highest average of the monthly **business income** in the 12 months immediately prior to the life insured becoming totally disabled.

Pre-claim earnings means:

- for the **guaranteed benefit payment** type, the highest average of **monthly earnings** for 12 consecutive months between two years before the cover commencement date and the start of the waiting period
- for the **indemnity benefit payment** type, the average of the **monthly earnings** in the 12 months immediately before the start of the waiting period. If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the pre-claim earnings will be the average of the **monthly earnings** in the 12 months immediately before the leave commenced.

Pre-claim earnings will be increased by the **indexation factor** after each 12 month period the life insured remains **on claim**.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Recurring claims

If you lodge another claim which arises from the same or a related cause as a previous claim, we will treat this subsequent claim as a continuation of the first claim and we will waive the waiting period with the following conditions.

Income Secure Cover and Business Expense Cover

- **For benefit periods for fixed term (e.g. two years, six years)**
  - If the **illness** or **injury** recurs within six months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.
  - If a claim recurs after six months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full time work for at least six continuous months in order for us to consider the claim as a separate claim.
- **For benefit periods for age based (e.g. to age 55, to age 65, to age 65)**
  - If the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.
  - If such a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Living Expense Cover

- If the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.
- If a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Regular occupation means the occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury**. If the life insured's occupation is limited to a recognised specialty within the scope of their degree or licence, the life insured's specialty is their occupation.

If the life insured is **totally disabled** or **partially disabled** while **unemployed** or on maternity, paternity or sabbatical leave, their regular occupation is the last occupation they performed before one of these events occurred. After 12 months of any of these events occurring, the life insured's regular occupation is any occupation that they are reasonably capable of performing with regard to their education, training or experience.

Significantly disabled means that as a result of **illness** or **injury** the life insured:

(a) is totally unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

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

Certification by a **medical practitioner** is required.

or

(b) is suffering from a total deterioration or loss of intellectual capacity that requires the life insured to be under continuous care and supervision by another adult.

Certification by a **medical practitioner** is required.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement where one or each of them provides the other with financial support, domestic support and personal care.

Totally disabled/total disability

If the life insured's occupation category shown in the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, totally disabled means that due to **illness** or **injury** the life insured:

- is unable to perform one or more of the duties of their **regular occupation** necessary to produce income as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and
- is **following the advice of a medical practitioner**.

If the life insured's occupation category shown in the Policy Schedule is H or HH, totally disabled means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that disability, is unable to perform one or more of the duties of their **regular occupation** necessary to produce income as confirmed by a **medical practitioner**
- after three years from the date of that disability, is unable to perform one or more of the duties necessary for any occupation they are reasonably capable of performing having regard to their education, training or experience as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and
- is **following the advice of a medical practitioner**.

Unemployed means that the life insured is not actively engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

Interim Cover certificates

Interim Cover certificate for OneCare

ING Life Limited ABN 33 009 657 176 AFSL 238341 (ING Life) can provide the policy owner with Interim Cover on the life/lives insured at no cost. It is subject to:

- the terms and conditions which apply to the cover(s) being applied for as set out in the OneCare Policy Terms
- the descriptions in the OneCare Product Disclosure Statement (PDS)
- the additional terms and conditions set out in this Interim Cover Certificate.

Terms used in this certificate

Application Form means an application form completed in respect of a OneCare policy as described in the OneCare PDS dated September 2005.

Life insured means the person(s) nominated in the application as the life to be insured.

Policy owner(s) means the person(s) nominated in the application as the policy owner(s).

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, which is issued to the Trustee of the ING MasterFund (MasterFund), we provide the Interim Cover to the life insured while we assess the application for insurance and the application for membership of the MasterFund. Any benefits payable under this Interim Cover do not form part of the life insured's superannuation entitlements held in the MasterFund.

Eligibility for Interim Cover

Interim Cover is only available if the life insured is:

- for Life Cover, TPD Cover or Trauma Cover – aged between 15 and 60 years
- for Income Secure Cover or Business Expense Cover – aged between 19 and 55 years, and **gainfully employed** or self-employed, performing his/her normal duties and in receipt of salary, reward or profit (at work)
- for Living Expense Cover – aged between 19 and 55 years.

Interim Cover does not apply if the cover applied for in the Application Form:

- is to replace existing insurance which is still in force, whether with ING Life or another insurer or
- would normally be declined or deferred under ING Life's current underwriting rules.

Commencement of Interim Cover

Interim Cover will only commence when ING Life or a **financial adviser** receives a fully completed, signed and dated OneCare Application Form which includes a cheque, or completed Direct Debit or Credit Card Request, for the payment of the first premium.

Interim Cover Benefit

Life Cover

If you have applied for Life Cover for a life insured, and that life insured dies during the term of this Interim Cover, we will pay the Interim Cover Benefit for Life Cover.

TPD Cover

If you have applied for TPD Cover for a life insured, and that life insured becomes totally and permanently disabled during the term of the Interim Cover, and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for TPD Cover.

The definition of TPD will be that applied for in the application and as outlined in the OneCare Product Disclosure Statement except for the **Own Occupation** definition where the **Any Occupation** definition will apply.

If the life insured does not meet the survival period conditions set out in the PDS and:

- has applied for Life Cover with optional TPD Cover, we will pay the Interim Cover Benefit for Life Cover
- has applied for stand alone TPD Cover or Trauma Cover with optional TPD Cover, we will pay a Limited Death Benefit of $10,000.

Trauma Cover

If you have applied for Trauma Comprehensive or Trauma Premier for a life insured, and that life insured suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover, and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for Trauma Cover.

The trauma conditions are:

- **blindness**
- **coma**
- **deafness**
- **diplegia**
- **hemiplegia**
- **intensive care**
- **loss of limbs and/or sight**
- **major head trauma**
- **paraplegia**
- **quadriplegia**
- **severe burns.**

If the life insured does not meet the survival period conditions set out in the PDS and:

- has applied for Trauma Cover as an option to Life Cover, we will pay the Interim Cover Benefit for Life Cover
- has applied for stand alone Trauma Cover or Trauma Cover with optional TPD Cover, we will pay the Limited Death Benefit of $10,000.

The diagnosis and certification of the trauma condition must be made by a **medical practitioner** and agreed to by ING Life's medical adviser.

Income Secure Cover, Business Expense Cover and Living Expense Cover

If you have applied for these covers for a life insured, and that life insured is **totally disabled** (or in the case of Living Expense Cover, **significantly disabled**) we will pay a monthly Interim Cover Benefit from the end of the waiting period applied for in the application, for the lesser of:

- the period of **total disability** or **significant disability** (as applicable)
- six months.

The definitions of **totally disabled** and **significant disabled** for Income Secure Cover, Business Expense Cover and Living Expense Cover, and the terms which apply to the benefits we pay are as outlined in the OneCare Product Disclosure Statement.

Child Cover

If you have applied for Child Cover for an insured child, and that insured child dies or suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover, we will pay the Interim Cover Benefit for Child Cover.

The trauma conditions are:

- **blindness**
- **brain damage**
- **deafness**
- **diplegia**
- **hemiplegia**
- **loss of limbs and/or sight**
- **major head trauma**
- **paraplegia**
- **quadriplegia**
- **severe burns.**

The diagnosis and certification of the trauma condition must be made by the **medical practitioner** and agreed to by ING Life's medical adviser.

Interim Cover Benefit

For each type of cover the Interim Cover Benefit we will pay the lesser of:

- the amount insured applied for
- the maximum amount payable under Interim Cover for each type of cover as specified below:

Life Cover	–	$1,000,000 lump sum*
TPD Cover	–	$500,000 lump sum*
Trauma Cover	–	$500,000 lump sum*
Income Secure Cover	–	$5,000 per month†
Business Expense Cover	–	$5,000 per month†
Living Expense Cover	–	$2,000 per month
Child Cover	–	$150,000 lump sum

* We will pay this amount or the **equivalent instalment amount** calculated by ING Life based on the nominated term of the instalment on the Application Form.

† A maximum of $30,000 will be payable in total benefits across both Income Secure Cover and Business Expense Cover.

- the difference between the benefit amount applied for and any existing insurance with ING Life which is to be replaced
- where under its current underwriting rules ING Life would offer a lower amount insured to that applied for in the Application Form, the reduced amount insured that would be offered
- where under its current underwriting rules ING Life would apply, or has offered to accept the application with, a premium loading, the reduced amount insured the loaded premium would purchase when compared to the standard premium.

Where under our current underwriting rules we would offer cover subject to special terms and conditions, such special terms and conditions will apply to the interim cover.

If cover was applied for on a life insured across multiple policies and we pay less than the amount insured applied for, the amount we will pay each policy owner is a share of the total amount paid in proportion to the amounts applied for.

Exclusions on Interim Cover

No benefit will be payable in respect of Interim Cover if the Interim Cover event results directly or indirectly from:

- anything happening to the life insured in war (this exclusion does not apply to a claim arising as a result of the life insured dying)
- an intentional or deliberate act, or omission
- the life insured engaging in any sport, pastime or occupation which would not normally be covered under ING Life's current underwriting rules or accepted only with a loading
- any condition that the life insured knew about before the commencement of the Interim Cover

- any condition for which the life insured consulted a **medical practitioner** before the date of the Application Form
- for Income Secure Cover, Business Expense Cover and Living Expense Cover only – the life insured falling pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured spends more than three months **totally disabled** (or in the case of Living Expense Cover, **significantly disabled**) from the date the pregnancy ends and continues to be **disabled**, we will pay benefits from the end of that three month period, or the end of the waiting period if greater.

Duration of Interim Cover

Interim Cover, in respect of the cover applied for, will automatically cease on the earlier of:

- the date ING Life accepts, declines or defers the application in respect of the life insured
- the date the policy owner(s) withdraws the application
- the date ING Life cancels this Interim Cover at its complete discretion by written notice to the policy owner
- 21 days from the date ING Life offers varied terms of acceptance of the application, such as a premium loading or an exclusion, requiring acceptance by the policy owner
- the expiration of 90 days from the commencement of the Interim Cover
- the date the life insured ceased to be at work for Income Secure Cover and Business Expense Cover
- the life insured attaining the cover expiry age specified below:
  - Life Cover, TPD Cover and Trauma Cover – 60 years
  - Income Secure Cover, Business Expense Cover and Living Expense Cover – 55 years
  - Child Cover – 21 years.

Conditions of Interim Cover

You have no entitlement to claim under this Interim Cover if this original document is not produced to ING Life Limited at the time of claim.

Trauma conditions

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage as a result of an **injury**, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Coma means total failure of cerebral function, as a result of **injury,** characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours and resulting in a neurological deficit causing:

- a permanent **impairment of at least 25% of whole person function** as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one 'activity of daily living' without the assistance of another adult person.

Deafness means, as a result of **injury**, the total, irreversible and irreparable loss of hearing, in both ears, whether aided or unaided.

Diplegia means the total and permanent loss of function of both sides of the body as a result of **injury**. Diplegia Facialis is excluded.

Hemiplegia means the total and permanent loss of function of one side of the body as a result of **injury**.

Intensive care means as a result of an accident the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

We will not pay where the accident is as a result of drug or alcohol intake, or other self-inflicted means.

Loss of limbs and/or sight means as a result of **injury**, the total and permanent loss of the use of:

- two limbs (where limb is defined as the whole hand or the whole foot)
- the sight in both eyes or
- one limb and the sight in one eye.

Major head trauma means, as a result of **injury**, cerebral injury resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one 'activity of daily living' without the assistance of another adult person.

Paraplegia means the total and permanent loss of use of both arms or both legs as a result of **injury**.

Quadriplegia means the total and permanent loss of use of both arms and both legs as a result of **injury**.

Severe burns means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of the face, requiring surgical debridement and/or grafting.

Definitions

Immediate family member means:

- a **spouse**
- a son, daughter, father, mother, father-in-law or mother-in-law
- a person in a bona fide domestic living arrangement and is financially interdependent. The policy owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

Medical practitioner means a registered and qualified medical practitioner in Australia, or in another country, as approved by us. A medical practitioner cannot be the life insured or the policy owner, or a **spouse**, partner, business partner or other **immediate family member** of the life insured or the policy owner.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement where one or each of them provides the other with financial support, domestic support and personal care.

Policy owner must sign and date

This Interim Cover is not valid unless you sign and date this certificate on the same date as the completed Application Form.

If applying for a OneCare Super policy issued to the Trustee of the ING MasterFund) the life insured should sign.

Name of policy owner

Signature of policy owner

D D M M Y Y

Date







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