

*Security*

# Financial Protection Plan



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Expiry date: 28 September 2003  
Suncorp Life & Superannuation Limited ABN 87 073 979 530

You should read this Customer Information Brochure carefully, especially the Key Features Statement. This summarises the important information you must know about this product.

Life insurance is provided by Suncorp Life & Superannuation Limited ABN 87 073 979 530 ('SLSL'). Suncorp-Metway Limited ABN 66 010 831 722 and its related companies (except SLSL) do not guarantee SLSL and are not liable for any of the policies, products or services provided by SLSL.

You cannot make an application for any products contained in this Customer Information Brochure (CIB) after the expiry date of the CIB.

Customer Information Brochure

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# Key Features Statement

## SUNCORP TERM LIFE INSURANCE

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

- **decide whether this product will meet your needs; and**
- **compare this product against others you may be considering.**

### IMPORTANT NOTICE

This is not a savings plan. The primary purpose is to provide a benefit in the event of the Insured Person's death. If you terminate your policy at any time, you will not get anything back.

**When reading this Customer Information Brochure (CIB) please refer to the Definitions section on pages 19 and 20.**

## Suncorp Term Life Insurance

Suncorp Term Life Insurance ("Term Life Insurance") pays a lump sum benefit if the Insured Person dies. You can choose between having Suncorp Yearly Renewable Term Life Insurance ("Yearly Renewable Term Life Insurance") or Suncorp Superannuation Term Life Insurance ("Super Term Life Insurance"). A Yearly Renewable Term Life Insurance Policy may be taken out on your life or on the life of another person. There are other optional benefits available. A Super Term Life Insurance Policy will be owned by Suncorp Superannuation Pty Ltd, as Trustee, on the life of the Insured Person.

## Premiums

The cost of your Policy is called your Premium. Your Premium pays for your insurance cover and the costs necessary to set up and administer your Policy and service your needs. All premiums for Yearly Renewable Term Life Insurance policies are paid into the Suncorp Life No. 1 Statutory Fund.

If you take out Super Term Life Insurance you will become a member of the Suncorp Metway Personal Superannuation Fund.

The Trustee of the Suncorp Personal Superannuation Fund is Suncorp Superannuation Pty Ltd ABN 59 009 931 435. The Trustee's registered office is at Level 18, Suncorp Centre, 36 Wickham Terrace, Brisbane QLD 4000. Phone 1800 810 012 Fax (07) 3362 4944.

All monies will be paid as insurance premiums for your Super Term Life Insurance Policy, and will be paid into the Capital Guaranteed Superannuation No.1 portfolio of the Suncorp Life No.1 Statutory Fund. However, the premiums are not an investment and therefore are not affected by the fund's investment performance.

The amount of your annual Premium will depend on many factors including the Insured Person's age, health, sex, occupation, smoking status and the amount of cover selected. Please refer to page 7 for more information on the composition of your Premium. Tables of premium rates are available on request.

Your first Premium is payable on the Policy Commencement Date and then on the anniversary of that date ("Renewal Date") for as long as you want the Policy to continue up to the Renewal Date immediately prior to the Insured Person's 99th birthday. However, Super Term Life Insurance cover will cease on the Renewal Date immediately prior to the Insured Person's 65th birthday (this will be extended to the Insured Person's 75th birthday provided he/she is eligible to remain a member of the Suncorp Personal Superannuation Fund).

Your second and subsequent Premiums must be paid within 30 days of the Renewal Date. This period is called the “days of grace”. If you don’t pay the full amount of the Premium you are required to pay within the days of grace, then your Policy will lapse without any refund of premiums. This means that your Policy will be terminated, and the Insured Person will no longer be insured.

A minimum Premium of \$200 (including Policy fee) applies. Further, a minimum Sum Insured of \$75,000 is applicable.

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may

vary the rate of premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

Your Premiums will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person’s age and an increase in your Sum Insured which is indexed each year by the increase in CPI over the year.

You can however decline the CPI increase, in which case your Sum Insured remains the same, or you can elect a “premium freeze”, in which case you do not have to pay the age increase but your Sum Insured will reduce (see page 7 for further details).

## Benefits

Benefits Included at no additional cost	Yearly Renewable Term Life Insurance	Super Term Life Insurance
Interim Cover	✓	✓
Terminal Illness Benefit	✓	✓
Life Cover Advance Payment Benefit	✓	✗
Automatic Indexation	✓	✓

  

Optional Benefits at additional cost	Yearly Renewable Term Life Insurance	Super Term Life Insurance
Total & Permanent Disablement		
• Any Occupation	✓	✓
• Own Occupation	✓	✗
• Death Cover Retention Benefit (as an addition to “Any” or “Own” definition TPD)	✓	✗
Trauma Insurance		
• Standard Critical Cash	✓	✗
• Comprehensive Critical Cash	✓	✗
Future Insurability	✓	✗
Waiver of Premium on Trauma	✓	✓ *

\* Where a Stand Alone Trauma Policy is taken in addition to Super Term Life Insurance.

Note: For further details of these benefits please refer to pages 8-14.

Suncorp will not pay a Death Benefit:

- if the Insured Person commits suicide within 13 months of the Policy Commencement Date, the date of increase in cover (excluding CPI increases) or reinstatement of the Policy. In this instance, the Policy will become void and all money held will be retained by Suncorp; or

- for any exclusion stated on your Policy Document Notice.

If there is more than one Insured Person under the Policy and one of them dies, then the Sum Insured in respect of the deceased will be paid and the Policy will continue for the other Insured Persons still living.

Additional exclusions apply for Total and Permanent Disablement Insurance and Trauma Insurance (see pages 10 and 36 for details).

## What are the Charges?

**All the charges of the Policy are fully described in this section. Suncorp undertakes not to apply any other charges (other than Government taxes and charges which will be applied to your premium) without your specific consent.**

### Policy Fee and Payment Frequency<sup>▲</sup>

For each Policy, a Policy fee will apply and the amount payable will be dependent on the frequency of payment. If you choose to pay more frequently than yearly, or to pay by payroll deduction, your Premium and your Policy Fee will include a loading to cover administration costs associated with these payments as illustrated in the following table.

Payment Option	Frequency Loading	Policy Fee Payable	Annual Equivalent
Fortnightly Payroll Deduction	8%	\$2.49	\$64.74
Monthly	8%	\$5.40	\$64.80
Half-yearly	4%	\$31.20	\$62.40
Yearly	Nil	\$60.00	\$60.00

There is no additional Policy fee for optional Benefits included, or where more than one person is insured.

The Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the calendar year and 10%. The increase will be applied to your Policy from your next Renewal Date.

### Policy Document Replacement Fee<sup>▲</sup>

If you lose your CIB or Policy Document Notice you will need to complete a "Lost Policy Declaration" which can be obtained by ringing one of our Customer Service Consultants on 1800 810 012. A fee of \$50 will be charged to replace your CIB and Policy Document Notice except where you have selected a Super Term Life policy. In this instance the fee will be waived, as the original policy document will be held by Suncorp Superannuation Pty Ltd.

**<sup>▲</sup>These charges can alter. If we decide at any time in the future to alter these charges, you will be given at least 3 months' written notice.**

## What is Paid to your Adviser?

Part of the Premium paid on this Policy is paid as commission to your adviser selling you this Policy. In some instances, your adviser is paid a salary instead of a commission.

The commission is for the professional advice and service provided initially and every year for the life of your Policy. Your adviser has to pay for some of the business expenses they incur from this commission as well as it being their source of income.

If you increase your insurance cover and your Premium increases, commission will be paid on the increase.

Commissions are not additional costs to you because they are paid from your annual Premiums. If your Policy is cancelled in the first year, some or all of the commission must be repaid to Suncorp by your adviser.

The amount paid to your adviser forms part of the total Premiums and where other sales methods are used, lower Premiums may not necessarily result.

## Taxation

All statements made in this CIB in relation to taxation are based on our interpretation of legislation current at the date of issue of this CIB. The taxation information is of a generalised nature and individual circumstances may differ and taxation laws may change. Therefore you should seek advice from your taxation adviser or the Australian Taxation Office on taxation issues specifically relating to you.

### Yearly Renewable Term Life Insurance Policies

The Premiums you pay for Yearly Renewable Term Life Insurance will not be tax deductible to you. Any Benefit you receive is not taxable. The taxation treatment of premiums and claims may alter if the Policyowner is an employer and the Insured Person is their employee or the Policyowner is the trustee of a personal superannuation fund and the Insured Persons are members of the fund.

## Super Term Life Insurance Policies

The Premium on Super Term Life Insurance is a contribution to a superannuation fund. Generally, a contribution by an individual other than an employer to a superannuation fund is not tax deductible, unless the individual is substantially self employed which means the individual earns no more than 10% of their assessable income from an employer. A contribution by an employer is however tax deductible to the employer.

Tax deductible contributions are subject to contributions tax of 15%, and may in addition be subject to a contributions tax surcharge of up to 15% for higher income earners.

Currently a high income earner is a person whose taxable income plus taxable contributions and reportable fringe benefits for the year of income exceeds \$90,527 (for the 2002/2003 year and indexed annually in accordance with taxation legislation). The contributions tax surcharge may also apply where the superannuation fund is not provided with the member's tax file number (TFN).

As all monies are paid as insurance premiums, no amount of contributions tax is required to be paid. However if the superannuation surcharge applies to you (as outlined above), the Trustee reserves the right to request reimbursement to us for this liability. Please note that this amount is not tax deductible and the amount paid will not be included as part of your contributions to the Suncorp Personal Superannuation Fund.

By law, superannuation funds are required to ask all members for their TFN. This also applies to Super Term Life Insurance Policies. It is not compulsory for you to provide a TFN, however the consequences of not doing so can include a liability to pay a surcharge (which may not have been payable if the TFN had been provided). Please refer to page 16 for more information about providing your TFN.

Death Benefits are not subject to tax when paid to your Spouse or to your children under the age of 18 years provided the benefit payment is within your pension Reasonable Benefit Limit (RBL) for superannuation tax purposes. An RBL is the maximum amount of retirement and termination-type payments that are subject to concessional tax treatment that a person may receive. This amount is currently \$1,124,384 (for the 2002/2003 year and is indexed annually in accordance with taxation legislation).

Total and Permanent Disablement Benefits are taxable but part of the Benefit ("invalidity component") may be tax free. For details of what tax may apply to you, please contact your Taxation Adviser.

## Cooling-off Period

Suncorp wants you to be satisfied that you have made the right decision. After you sign-up for a Policy and receive the Policy Document Notice from Suncorp, you have 21 days to check that the Policy meets your needs – this is known as the cooling-off period. Within this time you may cancel your Policy without paying any charges.

To cancel your Policy you must notify us in writing or verbally. If you notify us verbally we will require you to answer certain questions to confirm your identity. In all cases we will require you to send to us your Policy Document Notice and your copy of the CIB.

If your Policy is cancelled we will refund any Premiums you have paid. If you have a Super Term Life Insurance Policy, there may be circumstances in which we are required to transfer the amount of your Premium to another superannuation product.

## Information on your Policy

As soon as Suncorp receives your application, has assessed it and is prepared to offer you cover, we will send you a Policy Document Notice showing specific information relating to your Policy and any additional Benefits included.

You should read the Policy Document Notice and the Policy terms and conditions on pages 6 to 20 of this CIB carefully.

If you have a Super Term Life Insurance Policy then as a member of the Suncorp Personal Superannuation Fund, you will also receive with your Policy Document Notice a copy of the current annual report to members which gives information about the fund.

## Complaints Resolution

### (i) Enquiry or Complaint

Whilst Suncorp makes every effort to satisfy your requirements, if you have any enquiries or complaints concerning your Policy you can telephone us on 1800 810 012 toll free. Alternatively you can make written enquiries or complaints. All correspondence should be addressed to:

The Manager,  
Life and Superannuation Support (LS035)  
Suncorp Life & Superannuation Limited  
GPO Box 1453  
Brisbane Qld 4001

You will need to include in your letter your full name, the address to which we can respond to you, your signature and the date. It would also be helpful if you include your telephone number and your Policy number.

Your enquiry will be registered, and we will acknowledge this in writing within 5 working days of receiving it. Every effort will be made to resolve the matter within 21 working days of receiving your complaint in writing.

### (ii) If your enquiry or complaint is not resolved satisfactorily

If you have a **Yearly Renewable Term Life Insurance Policy** and any concerns are not resolved to your satisfaction, you may contact the Financial Industry Complaints Service Limited (FICS) which is an independent body to assist the public on matters relating to life insurance, superannuation and managed investments. It is available to offer free and informed assistance. FICS will deal with your concerns directly or pursue the matter on your behalf and will attempt to resolve the matter through inquiry and conciliation.

If this is unsuccessful, the complaint will be formally referred to the FICS Review Committee for a determination.

Enquiries or complaints to FICS can be directed to:

The Manager  
Financial Industry Complaints Service Limited  
PO Box 579, Collins Street West  
MELBOURNE VIC 8007  
Telephone: (03) 9629 7050  
Toll Free: 1800 335 405

If you have a **Super Term Life Insurance Policy** and any concerns are not resolved to your satisfaction, you may contact the Superannuation Complaints Tribunal (SCT). If you choose to contact them, they will acknowledge your complaint in writing. The SCT will contact Suncorp for further information and Suncorp has 28 days to respond.

The SCT may then contact both parties to organise a conciliation meeting to resolve the issue.

You can contact the SCT by writing to:

Superannuation Complaints Tribunal  
GPO Locked Bag 3060  
Melbourne Vic 3000

or by telephoning: 13 14 34, for the cost of a local call.

# Policy Terms and Conditions

## SUNCORP TERM LIFE INSURANCE

Our decision to insure you is based on the collective information provided in the Application Form which includes the declaration signed by you, and other supporting documents.

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

You have the same duty to disclose those matters to Suncorp 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 Suncorp;
- that is of common knowledge;
- that Suncorp knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by Suncorp.

If you fail to comply with the duty of disclosure and Suncorp would not have entered into the contract on any terms if the failure had not occurred, Suncorp may avoid the contract within 3 years of entering into it.

Suncorp, if entitled to avoid a contract of life insurance, may within 3 years of entering into it, elect not to avoid it but to reduce the sum that the Insured Person has 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 Suncorp.

If your non-disclosure is fraudulent, Suncorp may avoid the contract at any time.

Once Suncorp has accepted your application you will be sent a Policy Document Notice which, together with these Policy terms and conditions and your Application Form, forms:

- your Policy document; and
- constitutes the contract between you and Suncorp.

However, we reserve the right to vary any of these terms and conditions prior to issuing you with a Policy Document Notice.

The Policy Document Notice will contain specific terms applicable to your particular Policy. It will also state the extent to which the terms and conditions and your Application Form set out in this section of the CIB apply to you. It may contain terms and conditions which may override those contained in this section. If so, it will state that those terms and conditions do override contrary or other provisions in this section.

**The Policy Document Notice and this CIB will be required in the event you wish to make a claim against Suncorp. It is therefore very important and we suggest that you keep the Policy Document Notice and this CIB in a safe place.**

## Eligibility to Apply for Insurance

To apply for Yearly Renewable or Super Term Life Insurance you must meet the following age next birthday at entry requirements.

Policy Choice	Age Next Birthday at Entry
Yearly Renewable Term Life Insurance	18 to 75
Super Term Life Insurance	18 to 64*

\* To be eligible to join the Suncorp Metway Personal Superannuation Fund you must also have been gainfully employed in the last two years.



## Premiums

### Premium Components

The amount of Premium payable under this Policy includes:

- an amount that is calculated by multiplying the Sum Insured that you have chosen by the Premium rate applicable to the Insured Person's age, sex, health, occupation, pursuits and smoking status;
- a policy fee determined by your chosen method of payment;
- a loading if you select to pay other than yearly;
- a discount/loading for Sums Insured depending on your level of Sum Insured selected; and
- amounts relating to additional benefits.

The annual Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the calendar year and 10%. The increase will be applied to your Policy from your next Renewal Date.

The amount of your Premium each year will be shown on the CPI Indexation Notice. You must pay the full amount shown on the CPI Indexation Notice except:

- if you decline the indexation, you should pay the Premium adjusted for age only shown on the CPI Indexation Notice (see page 9)
- if you nominate a premium freeze, you can continue to pay your current Premium (see page 7).

### Premium Guarantee

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

### Payment Methods

You may choose from a variety of methods to pay your Premiums. If you choose to pay your Premium more frequently than yearly, or by payroll deduction, your total annual Premium will include a loading to cover administrative costs associated with these payments. The payment options and respective loadings are as follows:

Premium Payment Options	Frequency Loading
Payroll Deduction	8%
Monthly	8%
Half-yearly	4%
Yearly	Nil

Suncorp reserves the right to:

- withdraw payroll deductions as a method of payment in the future; and
- increase these loadings. You will be given at least 3 months' written notice prior to this change.

If you wish to vary your method of payment, please contact one of our Customer Service Consultants on 1800 810 012 toll free.

### Premium Freeze

Premiums can vary with the Insured Person's age and usually increase on renewal as the Insured Person grows older. You can however nominate on renewal not to pay the increased Premium and therefore continue to pay your current Premium. If you choose to do this you must contact one of our Customer Service Consultants on 1800 810 012 (toll free) and we will reduce your Sum Insured to allow for any increase in the rate of Premium for the Insured Person's age, provided the Sum Insured does not reduce below \$75,000 and a minimum Premium of \$200 per annum (including the Policy fee) is maintained.

### If you don't pay your Premium

If you don't pay the full amount of the Premium you are required to pay within the days of grace period, then this Policy will terminate without any refund of Premium. We will not be liable for any claims after the last day of the days of grace if the Policy is terminated in this way.

If the Insured Person dies within the days of grace, we will pay the Sum Insured due less any unpaid Premium. If you have chosen the optional Total and Permanent Disablement Benefit or Trauma Insurance, and you are entitled to payment of the Benefit within the days of grace, then, similarly, we will pay the Benefit due less any unpaid Premiums.

## Reinstatement

Should your Policy terminate because premiums have not been paid within the days of grace, we may consider reinstatement of your Policy on the satisfactory completion of:

- an application for revival, including evidence of the current health of the Insured Person; plus
- full payment of the Premium due; and
- all arrears.

The reinstatement will be considered on our terms and must be requested within 2 years after the Due Date of the outstanding Premium.

## Benefits

Please refer to "Benefits" table on page 2 of the CIB.

## Benefits (no additional cost)

### Interim Cover

Term Life Insurance provides Interim Cover. Please refer to the Interim Cover section on page 59.

### Terminal Illness Benefit

#### Yearly Renewable Term Life Insurance

If a specialist Medical Practitioner, approved by Suncorp, diagnoses the Insured Person as suffering a medical condition that will most likely result in death within 12 months of being diagnosed (Terminal Illness), we will pay the Sum Insured. The maximum amount we will pay in respect of the Insured Person's Terminal Illness is \$2 million for all policies we issue on the life of the Insured Person. If the Insured Person is insured for more than \$2 million with us, we will pay the balance when the Insured Person dies. We will waive the premiums on the balance payable for up to twelve months after which premiums will recommence. This cover ceases on the Renewal Date immediately prior to the Insured Person's 99th birthday.

The Sum Insured for Terminal Illness Benefit under this Policy is reduced by any amount paid under this Policy for the optional Total and Permanent Disablement cover (unless Death Cover Retention benefit is attached) and Trauma Insurance.

### Super Term Life Insurance

The availability of this benefit for Super Term Life Insurance is subject to the conditions applicable to Yearly Renewable Term Life Insurance. However, the Trustee can only pay the Terminal Illness Benefit to you in accordance with superannuation legislation.

Therefore, prior to the Trustee agreeing to pay you the Terminal Illness Benefit, superannuation legislation requires you to demonstrate to the Trustee that you are Terminally Ill and had to retire from the workforce early due to ill health.

This cover ceases on the Renewal Date immediately prior to the Insured Person's 65th birthday.

This will be extended to the Insured Person's 75th birthday, provided you are eligible to remain a member of the Suncorp Personal Superannuation Fund.

### Life Cover Advance Payment Benefit

This benefit provides a cash advance payment of up to \$20,000 of the Yearly Renewable Term Life Insurance death benefit, provided the Insured Person's death certificate is produced. This benefit is only available to a Policy Owner/s or Nominated Person who survives at the time of claim and who would be entitled to all or part of any death benefit that may become payable.

The Life Cover Advance Payment Benefit will be paid to claimants in the proportion to which they would be entitled to any death benefit that may become payable. After the Life Cover Advance Payment Benefit has been paid the death benefit is reduced by the amount of that payment. Payment of the Life Cover Advance Payment is not an admission of our liability to pay the death benefit.

This benefit does not apply to Super Term Life Insurance or to the extent the policy is owned by a trustee of a superannuation fund or such a trustee is a Nominated Person.

In the event that the Life Insured has non-disclosed relevant information which triggers a Life Cover Advance Payment, then Suncorp has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this benefit.

## Automatic Indexation

We will automatically index your Sum Insured in line with increases in the CPI over the year to a minimum of 3% per annum on your Renewal Date.

Your Premiums will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person's age and the increased Sum Insured.

You can however decline the CPI increase, in which case your Sum Insured remains the same, or you can elect a "premium freeze", in which case your premium will remain the same, but your Sum Insured will be adjusted (see page 7 for further details).

If we agree to pay a Benefit under this Policy, we will pay the Sum Insured that is stated on the Policy Document Notice after taking into account any variations that result from automatic indexation or from the premium freeze option.

The conditions of automatic indexation are as follows:

- The Sum Insured is automatically adjusted each year to take account of any increase in the CPI over the year to a minimum of 3% until the Renewal Date immediately prior to the Insured Person's 65th birthday.
- Premiums will increase in line with the increases in the Sum Insured, and usually increase with the Insured Person's age next birthday and any extra Premium stated when the Policy commenced.
- If you have selected any of the optional extra Benefits, then automatic indexation of that Benefit will also apply to a maximum sum insured of \$2 million for Total and Permanent Disablement and \$1.5 million for Trauma Insurance.
- You may decline any increase in the Sum Insured by contacting us and paying the adjusted Premium for age only as shown on the CPI Indexation Notice.

## Optional Benefits (extra cost)

### (i) Yearly Renewable Term Life Insurance

You may choose to add one of the following additional benefits under your Yearly Renewable Term Life Insurance:

1. Total & Permanent Disablement (Any Occupation); or
2. Total & Permanent Disablement (Own Occupation); or
3. Total & Permanent Disablement (Any Occupation) with Death Cover Retention; or
4. Total & Permanent Disablement (Own Occupation) with Death Cover Retention; or
5. Comprehensive Critical Cash (Trauma Insurance); or
6. Standard Critical Cash (Trauma Insurance); or
7. Comprehensive Critical Cash (Trauma Insurance) with Total & Permanent Disablement (Any Occupation); or
8. Comprehensive Critical Cash (Trauma Insurance) with Total & Permanent Disablement (Own Occupation).

For information regarding the Waiver of Premium on Trauma benefit and Future Insurability option, please refer to page 12.

### (ii) Super Term Life Insurance

Super Term Life Insurance can have the additional benefit of Total & Permanent Disablement (Any Occupation).

For information regarding the Waiver of Premium on Trauma benefit, please refer to page 12.

## Total and Permanent Disablement – Optional (extra cost)

If you choose to include Total and Permanent Disablement (TPD) your Policy Document Notice will show the Sum Insured for this Benefit. Please note, your TPD Sum Insured cannot exceed your Term Life Insurance Sum Insured.

Your TPD benefit will be payable if the Insured Person is Totally and Permanently Disabled. Totally and Permanently Disabled is where the Insured Person permanently:

- (A) suffers the loss of limbs or sight; or
- (B) is unable to work (only applies up to age 65); or
- (C) is unable to perform two or more Activities of Daily Living; or
- (D) is suffering from significant cognitive impairment, as defined in the following sections.

#### **(A) Loss of Limbs or Sight**

means the total and permanent loss of use of:

- both feet; or
- both hands; or
- one hand and one foot; or
- the sight of one eye and the use of either one hand or one foot; or
- the sight of both eyes.

At the time of claim, where both TPD and Trauma insurance are rider benefits under Term Life insurance, the benefit for Loss of Limbs or Sight will only be payable once.

#### **(B) Unable to Work**

You have the choice between the "Any" and "Own" Occupation definitions. For an additional premium, an "Own" occupation definition is available in respect of professional and white collar occupations. Your adviser will be able to tell you the Insured Person's occupation category. The maximum level of cover for both "Any" and "Own" occupation TPD is \$2 million. The "Own" Occupation definition is not available under Superannuation Term Life Insurance Policies.

#### **"Any" Occupation**

a state of physical or mental incapacity which is caused by accident, sickness or disease and which:

- (i) results in the Insured Person being disabled and unable to work in any employed capacity for at least six consecutive months; and
- (ii) in the opinion of Suncorp, after considering medical evidence and/or any other evidence, results in the Insured Person being unable ever to follow his or her occupation or any other occupation for which he or she is reasonably qualified by education, training or experience.

For the purpose of the ("Any" Occupation) definition, full time, unpaid, domestic work is considered an occupation.

#### **"Own" Occupation**

a state of physical or mental incapacity which is caused by accident, sickness or disease and which:

- (i) results in the Insured Person being disabled and unable to work in any employed capacity for at least six consecutive months; and
- (ii) in the opinion of Suncorp, after considering medical evidence and/or any other evidence, the Insured Person being unable ever to follow the Insured Person's Occupation.

#### **(C) Activities of Daily Living**

The Insured Person must be permanently unable to perform two or more of the following Activities of Daily Living without the physical assistance of someone else. The inability to perform two or more of these activities must be continuous for at least 6 months before you are eligible to make a claim.

The Activities of Daily Living are:

1. bathing and showering;
2. dressing and undressing;
3. eating and drinking;
4. using a toilet to maintain personal hygiene;
5. getting in and out of bed, a chair or wheelchair;
6. moving from place to place by walking, wheelchair or walking aid.

#### **(D) Significant Cognitive Impairment**

In the opinion of Suncorp, after considering medical evidence and/or any other evidence the Insured Person is suffering from significant cognitive impairment. Significant cognitive impairment means a deterioration or loss of intellectual capacity that requires the Insured Person to be under the continuous care and supervision of someone else.

Significant Cognitive Impairment must be continuous for at least 6 months before you are eligible to make a claim.

#### **When we won't pay your Total and Permanent Disablement Benefit**

We will not pay if the loss or incapacity upon which you are basing a claim for Total and Permanent

Disablement is directly or indirectly caused or accelerated by any one of the following:

- Intentional self-inflicted injury performed by you or under your instructions or attempted suicide.
- Acts of war, whether declared or not, or by service in the armed forces.
- Any exclusion stated in your Policy Document Notice.

## Death Cover Retention (upon Total and Permanent Disablement) – Optional (extra cost)

Where Total and Permanent Disablement is attached, for an additional Premium you may nominate to include a Death Cover Retention Benefit on your Policy. This means, if the Insured Person meets the conditions for Total and Permanent Disablement as specified in this CIB, Suncorp will pay the Total and Permanent Disablement Benefit without reducing the Death Benefit. If you receive a Total and Permanent Disablement Benefit payment, your life insurance Premiums will be waived until the Renewal Date immediately prior to the Insured Person's 65th birthday. **The Death Cover Retention Benefit is not available with Super Term Life Insurance policies nor where both Total and Permanent Disablement and Trauma Insurance are added as optional benefits to your Yearly Renewable Term Life Insurance Policy.**

## Trauma Insurance – Optional (extra cost)

You may choose to add one of two types of Trauma Insurance to your Yearly Renewable Term Life Insurance Policy – either Comprehensive or Standard Critical Cash. (Under current laws, this Benefit is not available for Super Term Life policies.) If you have included one of these Benefits on your Policy, this will be indicated on your Policy Document Notice, together with the amount of cover.

Please note:

- Your Trauma Sum Insured cannot exceed your Term Life Insurance Sum Insured.
- If optional benefits for Yearly Renewable Term Life on page 9 are selected, your Trauma Sum Insured

must equal your Total and Permanent Disablement Sum Insured.

Under this optional cover, we will pay the percentage of Sum Insured as specified in the Summary of Trauma Policies table on page 22 of this CIB if the Insured Person is diagnosed by a Medical Practitioner as suffering from one or more of the Critical Conditions.

**No Trauma Insurance Benefit will be paid if the Insured Person should die. However, the Sum Insured under your Yearly Renewable Term Life Insurance cover will be paid.**

Your Trauma Insurance cover will cease on whichever of the following happens first:

- you notify us in writing or verbally, that you wish to terminate this Benefit or your Policy. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the days of grace; or
- the Insured Person dies; or
- the payment of the total Sum Insured under your Trauma Policy; or
- the Renewal Date immediately prior to the Insured Person's 75th birthday.

Under optional benefits for Yearly Renewable on Term Life on page 9, the amount of your Yearly Renewable Term Life Insurance cover (Death and TPD if applicable) will be reduced by the total amount of any Trauma benefit paid.

### Buy Back

Where Trauma Insurance is attached as an optional Benefit to Yearly Renewable Term Life Insurance, a one year buy back option is provided. This feature allows you to repurchase your Yearly Renewable Term Life Insurance cover (Death only) in respect of the Insured Person one year after a claim has been paid under your Trauma Insurance Benefit. This option will be:

- Subject to the life insurance cover being reinstated at the same level as the Trauma Insurance Benefit that was paid to you;
- Subject to Suncorp policy terms and conditions and premium rates we offer at the time of reinstatement;
- Available without evidence of health;
- Provided on the same acceptance terms as were applied to the original Benefit; and

- Available for up to 30 days following the one year anniversary date of your claim being paid on your Trauma Insurance Policy.

Please refer to the Trauma Insurance Policy terms and conditions on pages 25 to 39 for full details of Trauma Insurance.

## Waiver of Premium (on Trauma) – Optional (extra cost)

The Waiver of Premium option is available if you purchase Term Life Insurance and Trauma Insurance.

Upon payment of the full Sum Insured under your Trauma Insurance Policy, the Waiver of Premium Benefit will apply to your Term Life Insurance Policy (including Super Term Life), provided it is in force, at the time the full Sum Insured Benefit is paid under your Trauma Insurance Policy. Premiums will be waived in respect of Death cover (and Total and Permanent Disablement, Death Cover Retention and Future Insurability Benefits, if applicable).

Where Trauma Insurance has been added as an Optional Benefit to your Yearly Renewable Term Life Insurance Policy, your Death and Total and Permanent Disablement Sum Insured, if applicable will first be reduced by the amount of the Trauma Insurance Sum Insured paid before the Waiver of Premium Benefit applies.

Under this Benefit, we will waive Premiums on your Term Life Insurance Policy until the Renewal Date immediately prior to the Insured Person's 65th birthday.

During the period Premiums are waived on your Term Life Insurance Policy, indexation of your Term Life Insurance Sum Insured will continue to apply.

If on the **Renewal Date** immediately prior to the Insured Person's 65th birthday, you wish to continue the Term Life Insurance Policy, you must recommence payment of the Premium. The Premium payable will be based on the original acceptance terms for your Term Life Insurance Policy and is recalculated in line with the then current age of the Insured Person and the premium rates then applying to that cover.

Under the **Buy Back benefit**, you can repurchase your Yearly Renewable Term Life Insurance death cover one year after the full Trauma Benefit has been paid, however the Waiver of Premium Benefit does not apply to the Premium for this cover.

If the **Future Insurability Option** has been selected, you can exercise your right to increase your Sum Insured, however the Waiver of Premium Benefit will not apply to any Sum Insured increases that occur after payment of the full Trauma Benefit.

If the **Death Cover Retention Option** (see page 11) has been selected under combinations 3 and 4 on page 9 and Premiums are currently being waived under your Yearly Renewable Term Life Insurance Policy, then upon payment of the Total and Permanent Disablement Benefit, life insurance Premiums will continue to be waived until the Renewal Date immediately prior to the Insured Person's 65th birthday.

## Future Insurability – Optional (extra cost)

The Future Insurability Benefit provides the option to increase the Sum Insured (for Death, Trauma and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance Policy because of certain changes in the Insured Person's personal circumstances or because of the occurrence of certain business events, in line with the following criteria and without having to provide evidence of the Insured Person's current state of health.

### Personal Circumstances

Up until the Insured Person's 55th birthday, you can increase the Sum Insured (for Death, Trauma and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance Policy in any of the following personal circumstances:

- Where the Insured Person has commenced a relationship with a Spouse, and the relationship has continued for six months ("**Spouse Option**");
- The birth or adoption of a child by the Insured Person or the Insured Person's Spouse ("**Child Option**"); and
- The taking out of, or the increase in the amount lent under a mortgage in the Insured Person's name, with the purpose of buying or improving the Insured Person's principal place of residence ("**Mortgage Option**").

If you are eligible for the Future Insurability Benefit under the "Spouse Option" or the "Child Option" the Sum Insured may be increased by the lesser of:

- 25% of the Sum Insured at the Policy Commencement Date; and
- \$100,000.

If you are eligible for the Future Insurability Benefit under the "Mortgage Option" the Sum Insured may be increased by the lesser of:

- 50% of the Sum Insured at the Policy Commencement Date;
- the initial amount lent under the mortgage;
- the amount of any increase in the amount of monies lent under the mortgage; and
- \$200,000.

#### **Business Events**

Up until the Insured Person's 55th birthday, you can increase the Sum Insured (Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance Policy, on the occurrence of any of the following events:

- The increase in the Insured Person's value to a business, where the Insured Person is a Key Person to that business ("Key Person Option").
- An increase in the Insured Person's financial interest in a business, whether as partner, shareholder or unitholder, and this Policy forms part of a buy/sell, share purchase or business succession agreement ("Business Insurance Option").

**The Sum Insured may be increased on the occurrence of either of these business events by the lesser of:**

- 5 times the average of the last 3 years consecutive annual increases in the Insured Person's gross remuneration package;
- 25% of the Sum Insured at the Policy Commencement Date; and
- \$300,000.

You must supply financial evidence satisfactory to us from a professionally qualified and practicing accountant or business valuer supporting the increase applied for. We may also require additional information. Such information may include copies of the audited business accounts, if available, and tax returns.

#### **Conditions of increase without evidence of health**

You may apply to increase the Sum Insured (for Death, Trauma and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance Policy on the following conditions:

- Only one Future Insurability Benefit may be applied for by you in any 12 month period;
- You must provide proof of the business event or personal circumstances which is satisfactory to us;
- The application to increase the Sum Insured must be made within 30 days of the personal circumstances occurring or, where applicable, 30 days of the Renewal Date following the business event occurring;
- The application to increase the Sum Insured must be made before the Insured Person's 55th birthday;
- No claims have been made or are eligible to be made under this Policy or any other policy issued by us on the life of the Insured Person;
- The total of the increases in death benefit made under the Future Insurability Benefit does not exceed the lesser of the Sum Insured at the Policy Commencement Date and \$1 million (where multiple policies exist we will count the total of the Future Insurability Benefit increases in the sum/s insured for all policies issued by us on the life of the Insured Person); and
- The maximum cover payable for Trauma Insurance is \$1.5 million and \$2 million for Total and Permanent Disablement Insurance for policies with all companies;
- Future Insurability Benefit increases not taken up in any year may not be subsequently reapplied for in any following year;
- Any increase in the sum insured under future insurability for TPD insurance will necessitate you increasing your Trauma Insurance Sum Insured by the same amount and vice versa, if you have benefit combinations 7 or 8 on page 9 at the time of applying for the increase in cover;

- The total of the increases made under the Future Insurability Benefit for Trauma Insurance and/or Total and Permanent Disablement cannot exceed the level of death benefit under the policy; and
- The application to increase the Sum Insured can only be made if this Policy was accepted by us on standard terms and conditions. You cannot apply for an increase at any time when you have made or are entitled to make a claim under your Yearly Renewable Term Life Insurance Policy (including any Optional Benefits).

#### When we won't pay your increased benefit

If you take out the Future Insurability benefit, then during the first six months after the benefit takes effect, the portion of Sum Insured increased by the Future Insurability Benefit will only be paid in the event of the Insured Person's:

- accidental\* death; or
- suffering any of the listed Critical Conditions being caused by an accident\*; or

- Total and Permanent Disablement being caused by an accident\*.

\* Caused wholly by violent, accidental, external and visible means.

If the Insured Person has any sickness where symptoms appear or treatment is sought prior to the end of this six month period that leads to a Death, Trauma or Total and Permanent Disablement claim after the six month period, then the increase in Sum Insured is not payable.

The above conditions only apply to the:

- "Mortgage Option" for Sum Insured increases to your Death benefit under the Future Insurability Option.
- "Spouse Option", "Child Option", "Mortgage Option", "Key Person Option" or "Business Insurance Option" for Sum Insured increases to your Trauma and Total and Permanent Disablement Insurance benefits under the Future Insurability Option.

## When do your Policy and Benefits Terminate?

Suncorp guarantees to renew your Yearly Renewable Term Life Insurance Policy or your Super Term Life Policy and any benefits attaching to these policies, every year up to a specified Renewal Date. The renewal dates for both Policies and benefits are specified in the following table.

Policy / Benefit	Policy / Benefit Expiry Dates
Yearly Renewable Term Life Insurance	Renewal Date immediately prior to the Insured Person's 99th birthday.
Super Term Life Insurance*	Renewal Date immediately prior to the Insured Person's 65th birthday.
Terminal Illness	Renewal Date immediately prior to the Insured Person's 99th birthday for Yearly Renewable Term Life Insurance and 65th birthday for Super Term Life Insurance*.
Automatic Indexation	Renewal Date immediately prior to the Insured Person's 65th birthday for Yearly Renewable Term Life Insurance. Renewal Date immediately prior to the Insured Person's 65th birthday for Super Term Life Insurance.
Total and Permanent Disablement	Renewal Date immediately prior to the Insured Person's 65th birthday after which Part (A) "Loss of Limb/s or, sight" Part (C) "Activities of Daily Living" and Part (D) "Significant Cognitive Impairment" benefits will apply through to the Renewal Date immediately prior to the Insured Person's 99th birthday.
Death Cover Retention	Renewal Date immediately prior to the Insured Person's 65th birthday.
Trauma Insurance	Renewal Date immediately prior to the Insured Person's 75th birthday.
Future Insurability	Renewal Date immediately prior to the Insured Person's 55th birthday.
Waiver of Premium (on Trauma)	Renewal Date immediately prior to the Insured Person's 65th birthday.

\* This will be extended to the Insured Person's 75th birthday provided you are eligible to remain a member of the Suncorp Personal Superannuation Fund for Super Term Life Insurance.



Subject to the Policy terms and conditions, the Policy cannot be cancelled unless you request it yourself or a claim is paid.

Other than the expiry ages noted on page 14 your Policy and Benefits will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your Policy. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the days of grace; or
- the Insured Person dies; or
- if the total Sum Insured has been paid under the Terminal Illness Benefit; or
- in the case of Superannuation Term Life Insurance, the Insured Person ceases to be an eligible member of the Suncorp Personal Superannuation Fund.

## Charges

Charges payable by you in respect of this Policy are set out on page 3 of this CIB.

## Alterations

Your Term Life Insurance Policy or the Policy Document Notice can be altered if you and Suncorp agree to alter the level of cover, types of Benefits or special terms of your Policy specified in your Policy Document Notice.

## Convertibility Option

- (i) **Yearly Renewable Term Life Insurance** – at any time before the Insured Person's 65th birthday, you may convert without further medical evidence, your Yearly Renewable Term Life Insurance cover to any Suncorp policy which provides the same or equivalent benefits. The sum insured of the new policy cannot exceed the Sum Insured in force under your existing Yearly Renewable Term Life Insurance Policy.

If your existing Policy includes Total and Permanent Disablement, this Benefit may also be converted to your new policy without evidence of the Insured Person's health, provided that the amount of cover does not exceed your existing Total and Permanent Disablement cover.

Your new policy must satisfy the minimum Premium requirements for that product and will be subject to any underwriting terms and conditions that apply to your current Policy.

- (ii) **Super Term Life Insurance** – when the Insured Person ceases to be a member of the Suncorp Personal Superannuation Fund and has retired permanently from the workforce, the Insured Person may convert their Policy to a new Yearly Renewable Term Life Insurance Policy outside of the Suncorp Personal Superannuation Fund without evidence of the Insured Person's health.

If the existing Policy includes Total and Permanent Disablement, this Benefit may also be converted to the new Policy without evidence of the Insured Person's health, provided the amount of the cover does not exceed the existing Total and Permanent Disablement cover.

Your new policy must satisfy the minimum Premium requirements for that product and will be subject to any underwriting terms and conditions that apply to your current policy.

## Future Upgrade

We strive for constant improvement to our policies. Thus, future improved versions of this Policy may be introduced. If this happens, and you will not be disadvantaged by any terms and conditions of the new policy, your Policy will automatically be upgraded to the new contract. We will give you written notice of the changes and when they come into effect.

Any Sickness or Injury for which the Insured Person has received advice or treatment prior to the improvement being offered may exclude you from being eligible for payment under any improved conditions.

## Nomination of Beneficiaries

### Super Term Life Insurance Policies

You may nominate your Benefit on death to be paid to:

- one or more of your dependants such as your Spouse, children, including adult children, or anyone who is dependent on you for support; or
- your legal personal representative.

If you do not nominate a dependant or your legal personal representative, then the Trustee may not be able to pay in accordance with your wishes. The Trustee in any event has a discretion to pay the Benefit and is in no way bound to comply with your nomination, though it may take your nomination into account when exercising its discretion.

The Trustee may not take into account a nomination you have made in certain circumstances, including if you subsequently marry, or if you nominate your current Spouse and separate or divorce. You should therefore ensure you update your nomination in these circumstances.

### Yearly Renewable Term Life Insurance Policies

You can nominate that your Policy is for the Benefit of another person. The Benefit on the Insured Person's death will then be payable to that other person, whether or not that person is a dependant.

For a business taking out Key Person insurance, the business entity can take out the Policy in its own name and will be entitled to receive the proceeds on the death of the Key Person, or alternatively the Key Person can take out the insurance in his or her own name and nominate the business entity as the person to receive the Benefit on death.

If the person who takes out the Policy is also the Insured Person, the Benefit will be payable to that Insured Person's legal representative if no-one is nominated.

## General Information on Nominations

The options for nominating a beneficiary on the Insured Person's death under a superannuation or non-superannuation policy are quite different, and it is important that you understand the consequences of your nomination. If you want more information, then you should contact Suncorp on 1800 810 012 or write to:

The Manager,  
Life & Superannuation Support (LS035)  
Suncorp Life & Superannuation Limited  
GPO Box 1453  
Brisbane QLD 4001

If you have made a nomination (either for a superannuation or non-superannuation Policy) you can change the nomination at any time.

## Providing your Tax File Number

### Super Term Life Insurance

Superannuation funds are now required to ask you for your Tax File Number (TFN). Your TFN is confidential and before you fill out the Application Form, you should read the following section carefully.

The Trustee is authorised to collect TFNs under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts (including income tax and superannuation surcharge legislation).

The Trustee can only use TFNs for lawful purposes including:

- Finding or amalgamating a member's superannuation benefits;
- Calculating the correct tax on eligible termination payments;
- Passing the TFN to a trustee of another superannuation fund or provider of a retirement savings account (RSA) when transferring any of the member's benefits. A member should advise us in writing if they do not wish us to pass on the TFN; and

- Passing the TFN to the Australian Taxation Office:
  - if you have been paid a Benefit; or
  - to determine if any contribution tax surcharge is payable.

It is not an offence for you to withhold your TFN, however the consequences of doing so include:

- A surcharge (which may not have been payable if the TFN had been provided) may become payable on superannuation contributions – in some circumstances the surcharge may be reclaimed through the Australian Taxation Office;
- Tax may be deducted from an eligible termination payment at a higher rate, unless a member's TFN is later provided to us – the additional tax may be reclaimed through the income tax assessment process; and
- We, or the trustee of another fund or an RSA provider holding a member's benefit, now or in the future, may not be able to locate, amalgamate or identify the member's benefits.

The lawful purposes and consequences of not providing a TFN may change in the future if the relevant laws change.

If you have any questions regarding the provision of TFNs, please ask your adviser or you can contact one of our Customer Service Consultants on 1800 810 012. For further information you can contact the Australian Tax Office Hotline on 13 10 20.

## General Exclusions

### Suicide

If the Insured Person commits suicide within 13 months of:

- the Policy Commencement Date; or
- the date of increase in insurance cover amount (excluding Benefit indexation); or
- reinstatement of this Policy,

the Sum Insured (including Life Cover Advance Payment Benefit) will not be paid by Suncorp. The Policy will then become void and all money held under the Policy (including Premiums paid) will be retained by Suncorp.

## Non-smoker Conditions

If the Insured Person has been declared a non-smoker, please read this carefully.

The non-smoker premium rates for all Term Life Insurance Policies are based on the signed declaration that the Insured Person is a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount payable in respect of a smoker who has paid premiums at your level.

## Additional Exclusions

When we process your application we may decide to accept the application only on condition that claims arising out of certain activities related to the Insured Person's occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

## How To Claim

### Proof of Age

**You will be asked to give proof of the Insured Person's age before Suncorp pays you any Benefits under this Policy. If the Insured Person has not given their correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.**

**Any adjustments will be backdated to the time you first took out this Policy and will take into account the true age of the Insured Person at that time.**

### Term Life Insurance

To make a claim for death we require the following information:

- a death certificate of the Insured Person;
- proof of age of the Insured Person (if not already provided);
- the Policy Document Notice and this CIB;
- where the Sum Insured is greater than \$50,000 and the Policy is not a Super Term Life Insurance Policy, probate of the Insured Person's Will, or equivalent, is required;

- claim form;
- Certified Copy of the Will.

Depending upon individual circumstances, additional information may be required by Suncorp.

## Total & Permanent Disablement Benefit

To make a claim for Total and Permanent Disablement, you should notify us in writing within three months of the Insured Person becoming Totally and Permanently Disabled. Unless Part (A) of the Total and Permanent Disablement definition (see page 10) applies to the Insured Person, the Insured Person must be Totally and Permanently Disabled for six consecutive months before you are eligible to make a claim.

Before we admit we are liable to pay any claim, we have the absolute right to satisfy ourselves as to the extent of the Insured Person's disability. Therefore, we reserve the right to request any necessary medical or other evidence that we might reasonably need to assess your claim before the Benefit will be paid. The cost of providing medical evidence in support of your claim is your responsibility.

We reserve the right to appoint our own Medical Practitioner at any time to examine and assess the Insured Person.

## Trauma Insurance Benefit

Please refer to Trauma Insurance Policy terms and conditions on pages 25 to 38 for full details of how to claim.

## Payment of Benefits

### Term Life Insurance

The amount of the Benefit will be the amount shown on the last CPI Indexation Notice as the Sum Insured for the amount of Premium that was paid unless a change to your Sum Insured has been effected since the notice. All payments will be paid as a lump sum and made in Australian currency.

We are only liable to pay a Benefit if the Policy is current at the date of death or the occurrence of the insured event.

## Total & Permanent Disablement Benefit

The amount of the Benefit will be the amount shown on the CPI Indexation Notice issued immediately preceding the date of the Insured Person's Total and Permanent Disablement unless a change to your Sum Insured has been effected since the notice. If you are entitled to payment of the TPD Benefit within the days of grace, then we will pay the Benefit due less any unpaid premiums. All payments will be paid as a lump sum and made in Australian currency.

The amount of your Term Life Insurance cover will be reduced by the total amount of any Total and Permanent Disablement Benefit paid to you. If you have selected Trauma Insurance as an optional benefit under your policy, this benefit will cease upon payment of the Total and Permanent Disablement benefit. Your Premium will then reduce accordingly. This may result in the Term Life Insurance cover ceasing altogether when the Total and Permanent Disablement Benefit has been paid in full. If the Death Cover Retention Benefit (as described on page 11) has been selected, your death cover will continue.

All payments will be paid as a lump sum and made in Australian currency.

## Trauma Insurance Benefits

The amount of your Yearly Renewable Term Life Insurance cover (Death and TPD if applicable) will be reduced by the total amount of any Trauma benefit paid to you. If you have selected Total and Permanent Disablement Insurance as an optional benefit under your policy, this benefit will cease upon payment of the full Trauma Insurance benefit. Your Premium will then reduce accordingly.

Please refer to Trauma Insurance Policy terms and conditions on pages 25 to 38 for full details of how to claim.

# Definitions

Where any of these words appear in this CIB or the Policy Document Notice for your Term Life Insurance, whether the first letter is in upper case or lower case, then their meanings are as defined below:

**Application Form:** The application form which is used when applying for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**Benefit:** A specific benefit, as stated in the Policy Document Notice, relating to the Sum Insured under the Policy.

**CIB:** This Customer Information Brochure.

**CPI:** The Consumer Price Index: All Groups Australia that is published by the Australian Bureau of Statistics.

**CPI Indexation Notice:** The letter we send to you annually setting out the adjustments to your Sum Insured and Premium to take account of any increase in the CPI over the year and the Insured Person's age.

**Days of Grace:** The period of 30 days we allow for payment of your first Premium and all subsequent Premiums.

**Due Date:** The date that your Premium is payable. Your first Premium is payable on the Policy Commencement Date and then each year on the Renewal Date for as long as the Policy continues. The Policy Commencement Date is shown on your Policy Document Notice.

**Financial Protection Plan:** The CIB for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**Insured Person:** The Insured Person shown on the Policy Document Notice. Where the lives of two or more persons are insured under this Policy, then the term "Insured Person" refers to each of those persons.

**Insured Person's Occupation:** The Insured Person's occupation at the Policy Commencement Date.

**Key Person:** A person who is demonstrated to be crucial to the operation of the business.

**Medical Practitioner:** A registered medical practitioner recognised by a Medical Registration Board or Council in Australia or New Zealand (or other country approved by us) excluding the Policyowner, the Insured Person or a Nominated Person under this Policy or any immediate family member or relative of either the Policyowner or the Insured Person acting as a medical practitioner.

**Nominated Person:** the person or person's nominated by you in accordance with the Nomination of Beneficiaries section (page 16).

**Policy:** Your policy comprising the Policy terms and conditions set out in this CIB, your Application Form and the Policy Document Notice.

**Policy Commencement Date:** The date from which insurance takes effect. This date is shown on your Policy Document Notice and applies so long as your Premium has been paid and acknowledged by Suncorp.

**Policy Document Notice:** The document we send you which provides your Policy number and details of your cover. Your Policy Document Notice also shows what optional Benefits you have included with your insurance.

**Premium:** The amount you pay us for the insurance cover.

**Policyowner:**

**Super Term Life Insurance**

Suncorp Superannuation Pty Ltd ABN 59 009 931 435 as trustee of the Suncorp Personal Superannuation Fund.

**Yearly Renewable Term Insurance**

The legal entity named as policy owner on the Policy Document Notice, or another legal entity to which the Policy is subsequently assigned.

**Renewal Date:** The anniversary of the Policy Commencement Date as shown on your Policy Document Notice.

**Renewal Notice:** The notice we send you for renewal of your Policy.

**Spouse:** Your legal husband or wife or a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you (except for Super Term Life Insurance Policies).

**Sum Insured:** The amount we will pay under the terms and conditions of your Policy.

**Superannuation Law:** (Super Term Life Insurance only) Requirements contained in any Act, regulation, statutory instrument, administrative guideline, ruling or determination applying to the regulation of superannuation in Australia.

**Super Term Life Insurance:** Insurance covering you for the term of the Policy, with no savings component.

**Terminal Illness:** A medical condition that will most likely result in death within 12 months of being diagnosed (see page 8).

**Total and Permanent Disablement:** As defined on page 10. **Totally and Permanently Disabled** has a corresponding meaning.

**Trauma Insurance:** Suncorp Trauma Insurance (see pages 21 to 38).

**Trustee:** Suncorp Superannuation Pty Ltd

**We, us, our, Suncorp:** Suncorp Life & Superannuation Limited ABN 87 073 979 530.

**Yearly Renewable Term Life Insurance:** Insurance covering the Insured Person for the term of the Policy, with no savings component.

**You, your:**

**Super Term Life Insurance –**

The Insured Person named on the Policy Document Notice.

**Yearly Renewable Term Insurance –**

The Policyowner named on the Policy Document Notice.

# Key Features Statement

## SUNCORP TRAUMA INSURANCE

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

- decide whether this product will meet your needs; and
- compare this product against others you may be considering.

### IMPORTANT NOTICE

This is not a savings plan. The primary purpose is to provide a benefit if the Insured Person suffers one of the defined critical medical conditions.

If you terminate your policy at anytime, you will not get anything back

**When reading this Customer Information Brochure (CIB) please refer to the Definitions section on page 38.**

## Suncorp Trauma Insurance

Suncorp Trauma Insurance ("Trauma Insurance") pays a lump sum Benefit if the Insured Person suffers and is diagnosed with any of the diseases or medical conditions and satisfies the definition of that disease or medical condition, as specified in the Policy terms and conditions of this CIB (see pages 25 to 38). You can choose from two types of Trauma Cover:

- Suncorp Comprehensive Critical Cash ("Comprehensive Critical Cash"); or
- Suncorp Standard Critical Cash ("Standard Critical Cash").

A Trauma Insurance Policy may be taken out on your life or on the life of another person.

There are other optional benefits available (see page 27).

## Premiums

The cost of your Policy is called your Premium. Your Premium pays for your insurance cover and the costs necessary to set up and administer your Policy and service your needs. All Premiums will be paid into the Suncorp Life No.1 Statutory Fund.

The amount of your annual Premium will depend on many factors including the Insured Person's age, health, sex, occupation, smoking status and the amount of cover selected. Tables of premium rates for each type of insurance are available on request.

Your first Premium is payable on the Policy Commencement Date and then on the anniversary of that date (Renewal Date) for as long as you want the Policy to continue up to the Renewal Date immediately prior to the Insured Person's 75th birthday.

Your second and subsequent premiums must be paid within 30 days of the Renewal Date. This period is called the "days of grace". If you don't pay the full amount of the Premium you are required to pay within the days of grace, then your Policy will lapse without any refund of Premiums. This means that your Policy will have terminated and the Insured Person will no longer be insured.

A minimum Premium of \$200 (including Policy fee) applies. Further, a minimum Sum Insured of \$50,000 is applicable.

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

Your Premium will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person's age and an increase in your Sum Insured which is indexed each year by the increase in CPI over the year.

You can however decline the CPI increase, in which case your Sum Insured remains the same, or you can elect a "premium freeze", in which case you do not have to pay the age increase but your Sum Insured will reduce (see page 26 for further details).

## Benefits

Suncorp Trauma Insurance provides Interim Cover and the option of Guaranteed Future Insurability. Benefits are paid as a lump sum should the Insured Person be diagnosed with, and satisfy the definition of, one of the following Critical Conditions. Refer to pages 29-34 of this CIB for definitions of the Critical Conditions.

### Summary of Trauma Policies

Critical Condition	Benefit Payable as % of Sum Insured	Comprehensive Critical Cash	Standard Critical Cash
<b>Heart Disorders:</b>			
*Heart Attack	100%	✓	✓
*Coronary Artery Bypass Grafting	100%	✓	✓
*Heart Valve Surgery	100%	✓	✓
*Aorta Surgery	100%	✓	✓
Cardiomyopathy	100%	✓	✓
Primary Pulmonary Hypertension	100%	✓	✗
*Cardiac Keyhole Surgery #	15% (Min. \$10,000 Max \$25,000)	✓	✗
*Coronary Artery Angioplasty #	15% (Min. \$10,000 Max \$25,000)	✓	✗
<b>Nervous System Disorders:</b>			
*Stroke	100%	✓	✓
Multiple Sclerosis	100%	✓	✓
Hemiplegia	100%	✓	✓
Diplegia	100%	✓	✓
Paraplegia	100%	✓	✓
Quadriplegia	100%	✓	✓
Tetraplegia	100%	✓	✓
Major Head Trauma	100%	✓	✓
Coma	100%	✓	✗
Dementia & Alzheimer's Disease	100%	✓	✗
Parkinson's Disease	100%	✓	✗
Encephalitis	100%	✓	✗
Motor Neurone Disease	100%	✓	✗
Muscular Dystrophy	100%	✓	✗
<b>Body Organ Disorders:</b>			
*Cancer	100%	✓	✓
Benign Brain Tumour	100%	✓	✗
Major Organ Transplant	100%	✓	✓
Chronic Kidney Failure	100%	✓	✓
Chronic Lung Disease	100%	✓	✓
Chronic Liver Disease	100%	✓	✓
Blindness	100%	✓	✓
Deafness	100%	✓	✓
Loss of Speech	100%	✓	✓
Severe Burns	100%	✓	✓
<b>Blood Disorders:</b>			
Aplastic Anaemia	100%	✓	✓
Occupationally Acquired HIV	100%	✓	✗
Medically Acquired HIV	100%	✓	✗
<b>Other Events:</b>			
Loss of Independent Existence	100%	✓	✗
Single Loss of Limb or Sight #	15% (Min. \$10,000 Max \$25,000)	✓	✗
Advancement Benefit #	25% (Max \$50,000)	✓	✗

Note: (i) Where a "✓" is shown it indicates Critical Condition is covered.  
(ii) Where a "✗" is shown it indicates Critical Condition is not covered.  
(iii) Where a "\*" is shown please refer to page 23.  
(iv) Where a "#" is shown please refer to page 23.



If a Benefit is paid in respect of Cardiac Keyhole Surgery, Coronary Artery Angioplasty or Single Loss of Limb or Sight (indicated by an “#” in the table on page 22), the Benefit will be 15% of the Sum Insured, subject to a minimum of \$10,000 and a maximum of \$25,000. If a Benefit is paid in respect of the Advancement Benefit, then the Benefit paid will be 25% of the Sum Insured to a maximum of \$50,000 (refer to page 34 for full details). The Benefit for each condition is payable once only, and the Sum Insured is then reduced by the amount paid, and the Premium is reduced accordingly.

The maximum Benefit payable under this Policy is the full Sum Insured.

**Suncorp will not pay any Trauma Insurance Benefit:**

- if the Critical Condition upon which the claim is based results from an intentional act performed by you or the Insured Person or under your instructions or those of the Insured Person; or
- for any exclusion stated on your Policy Document Notice; or
- if any of the Critical Conditions marked with an “\*” in the Summary of Trauma Policies table on page 22 of this CIB occur within 90 days of the Policy Commencement Date, or any increase to your Sum Insured (excluding CPI Increases), or any reinstatement of the Policy following payment of any overdue Premium; or
- if the Insured Person dies within 14 days of suffering from or being diagnosed with one of the Critical Conditions. If the Insured Person is totally dependent on an artificial life support system, then the 14 day period will be extended by the time the Insured Person is dependent on the artificial life support system.

An Insured Person’s cover shall cease upon payment of the total Sum Insured as a result of a claim.

## What are the Charges?

**All the charges of the Policy are fully described in this section. Suncorp undertakes not to apply any other charges (other than Government taxes and charges which will be applied to your premium) without your specific consent.**

## Policy Fee and Payment Frequency<sup>▲</sup>

For each Policy, a Policy fee will apply and the amount payable will be dependent on the frequency of payment. If you choose to pay more frequently than yearly, or to pay by payroll deduction, your Premium and your Policy Fee will include a loading to cover administration costs associated with these payments as illustrated in the following table.

Payment Option	Frequency Loading	Policy Fee Payable	Annual Equivalent
Fortnightly Payroll Deduction	8%	\$2.49	\$64.74
Monthly	8%	\$5.40	\$64.80
Half-yearly	4%	\$31.20	\$62.40
Yearly	Nil	\$60.00	\$60.00

There is no additional Policy fee for optional Benefits included, or where more than one person is insured.

The Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the calendar year and 10%. The increase will be applied to your Policy from your next Renewal Date.

## Policy Document Replacement Fee<sup>▲</sup>

If you lose your Policy document or Policy Document Notice you will need to complete a “Lost Policy Declaration”. Please ring one of our Customer Service Consultants on 1800 810 012 to obtain the declaration form. A fee of \$50 will be charged to replace your Policy document and Policy Document Notice.

**▲ These charges can alter. If we decide at any time in the future to alter these charges, you will be given at least 3 months’ written notice.**

## What is Paid to your Adviser?

Part of the Premium paid on this Policy is paid as commission to the adviser selling you this Policy. In some instances, your adviser is paid a salary instead of a commission.

The commission is for the professional advice and service provided initially and every year for the life of your Policy. Your adviser has to pay for some of the business expenses they incur from this commission as well as it being their source of income.

If you increase your insurance cover and your Premium increases, commission will be paid on the increase.

Commissions are not additional costs to you because they are paid from your annual Premiums. If your Policy is cancelled in the first year, some or all of the commission must be repaid to Suncorp by your adviser.

The amount paid to your adviser forms part of the total Premiums and where other sales methods are used, lower Premiums may not necessarily result.

## Taxation

All statements made in this CIB in relation to taxation are based on our interpretation of current legislation at the date of issue of this CIB. The taxation information is of a generalised nature and individual circumstances may differ and taxation laws may change. You should seek advice from your taxation adviser or the Australian Taxation Office on taxation issues specifically relating to you.

The Premiums for Trauma Insurance are not deductible to you. Any Benefit you receive is not taxable.

The taxation treatment of premiums and claims may alter if the Policyowner is an employer and the Insured Person is their employee.

## Cooling-off Period

Suncorp wants you to be satisfied that you have made the right decision. After you sign-up for a Policy and receive the Policy Document Notice from Suncorp, you are entitled to a cooling-off period of 21 days to check that the Policy meets your needs. Within this time you may cancel your Policy without paying any charges.

To cancel your Policy you must notify us in writing or verbally. If you notify us verbally we will require you to answer certain questions to confirm your identity. In any case we will require you to send to us your Policy Document Notice and your copy of the CIB.

If your Policy is cancelled we will refund any Premiums you have paid.

## Information on your Policy

As soon as Suncorp receives your application, has assessed it and is prepared to offer you cover, we will send you a Policy Document Notice showing specific information relating to your Policy and the additional Benefits included.

You should read the Policy Document Notice and the Policy terms and conditions on pages 25 to 38 of this CIB carefully.

## Complaints Resolution

Whilst Suncorp makes every effort to satisfy your requirements, if you have any enquiries or complaints concerning your Policy you can telephone us on 1800 810 012 toll free. Alternatively, you can make written enquiries or complaints. All correspondence should be addressed to:

The Manager,  
Life and Superannuation Support (LS035)  
Suncorp Life & Superannuation Limited  
GPO Box 1453  
Brisbane Qld 4001

You will need to include in your letter your full name, the address to which we can respond to you, your signature and the date. It would also be helpful if you include your telephone number and your Policy number.

Your enquiry will be registered, and we will acknowledge this in writing within 5 working days of receiving it. Every effort will be made to resolve the matter within 21 working days of receiving your complaint in writing.

If any concerns are not resolved to your satisfaction, you may contact the Financial Industry Complaints Service Limited (FICS), which is an independent body to assist the public on matters relating to life insurance, superannuation and managed investments. It is available to offer free and informed assistance. FICS will deal with your concerns directly or pursue the matter on your behalf and will attempt to resolve the matter through inquiry and conciliation.

If this is unsuccessful, the complaint will be formally referred to the FICS Review Committee for a determination.

Enquiries or complaints to FICS can be directed to:

The Manager  
Financial Industry Complaints Service Limited  
PO BOX 579 Collins Street West  
Melbourne Vic 8007  
Telephone: (03) 9629 7050  
Toll Free: 1800 335 405

# Policy Terms and Conditions

## TRAUMA INSURANCE

Our decision to insure you is based on the collective information provided in the Application Form which includes the declaration signed by you, and other supporting documents.

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

You have the same duty to disclose those matters to Suncorp 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 Suncorp;
- that is of common knowledge;
- that Suncorp knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by Suncorp.

If you fail to comply with the duty of disclosure and Suncorp would not have entered into the contract on any terms if the failure had not occurred, Suncorp may avoid the contract within 3 years of entering into it.

Suncorp, if entitled to avoid a contract of life insurance, may within 3 years of entering into it, elect not to avoid it but to reduce the sum that the Insured Person has 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 Suncorp.

If your non-disclosure is fraudulent, Suncorp may avoid the contract at any time.

Once Suncorp has accepted your application you will be sent a Policy Document Notice which, together with these Policy terms and conditions and your Application Form, forms:

- your Policy document; and
- constitutes the contract between you and Suncorp.

However, we reserve the right to vary any of these terms and conditions prior to issuing you with a Policy Document Notice.

The Policy Document Notice will contain specific terms applicable to your particular Policy. It will also state the extent to which the terms and conditions and your Application Form set out in this section of the CIB apply to you. It may contain terms and conditions which may override those contained in this section. If so, it will state that those terms and conditions do override contrary provisions in this section.

**The Policy Document Notice and this CIB will be required in the event you wish to make a claim against Suncorp. It is therefore very important and we suggest that you keep the Policy Document Notice and this CIB in a safe place.**

## Eligibility to Apply for Insurance

To apply for Trauma Insurance you must meet the following age next birthday at entry requirements.

Policy Choice	Age Next Birthday at Entry
Comprehensive Critical Cash	20 to 65
Standard Critical Cash	20 to 65

## Premiums

### Premium Components

The amount of Premium payable under this Policy includes:

- an amount that is calculated by multiplying the Sum Insured that you have chosen by the premium rate applicable to the type of Policy chosen, the Insured Person's age, sex, health, occupation, pursuits and smoking status;
- a Policy fee determined by your chosen payment method;
- a loading if you select to pay other than yearly;
- a discount/loading depending on the level of Sum Insured selected;
- amounts relating to additional benefits; and
- stamp duty.

The annual Policy fee may be increased each year by the greater of the percentage increase in CPI over the calendar year and 10%. The increase will be applied to your Policy from the next Renewal Date.

The amount of your Premium each year will be shown on the CPI Indexation Notice. You must pay the full amount shown on the CPI Indexation Notice except:

- if you decline the indexation, you should pay the Premium adjusted for age only as shown on the CPI Indexation Notice (see page 27); or
- if you nominate a premium freeze, you can continue to pay your current Premium (see opposite column).

### Premium Guarantee

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

## Payment Methods

You may choose from a variety of methods to pay your Premiums. If you choose to pay your Premium more frequently than yearly, or by payroll deduction, your total annual Premium will include a loading to cover administrative costs associated with these payments. The payment options and respective loadings are as follows:

Premium Payment Options	Frequency Loading
Fortnightly Payroll Deduction	8%
Monthly	8%
Half-yearly	4%
Yearly	Nil

Suncorp reserves the right to:

- withdraw payroll deductions as a method of payment in the future; and
- increase these loadings. You will be given at least 3 months' written notice prior to this change.

If you wish to vary your method of payment, please contact one of our Customer Service Consultants on 1800 810 012 (toll free).

### Premium Freeze

Premiums can vary with the Insured Person's age and usually increase on renewal as the Insured Person grows older. You can however nominate on renewal not to pay the increased Premium and therefore continue to pay your current Premium. If you choose to do this you must contact one of our Customer Service Consultants on 1800 810 012 (toll free) and we will reduce your Sum Insured to allow for any increase in the rate of Premium for the Insured Person's age, provided the Sum Insured does not reduce below \$50,000 and a minimum Premium of \$200 per annum (including the Policy fee) is maintained.

### If you don't pay your Premium

If you don't pay the full amount of the Premium you are required to pay within the days of grace then this Policy will terminate without any refund of Premium. We will not be liable for any claims after the last day of the days of grace if the Policy is terminated in this way.

If the Insured Person is entitled to payment of the Benefit within the days of grace, then, we will pay the Benefit due less any unpaid premiums.

## Reinstatement

Should your Policy terminate because premiums have not been paid within the days of grace, we may consider reinstatement of your Policy on the satisfactory completion of:

- an application for revival, including evidence of the current health of the Insured Person; plus
- full payment of the Premium due; and
- all arrears.

The reinstatement will be considered on our terms and must be requested within 2 years after the Due Date of the outstanding Premium.

## Benefits

Please refer to the Summary of Trauma Policies on page 22 of this CIB. Benefits are paid as a lump sum should the Insured Person be diagnosed with, and satisfy the definition of, one of the Critical Conditions as listed in this table.

## Other Benefits (no additional cost)

### Interim Cover

See Interim Cover Section on page 59.

### Automatic Indexation

We will automatically index your Sum Insured in line with increases in the CPI over the year to a minimum of 3% per annum on your Renewal Date.

Your Premiums will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person's age and an increase in your Sum Insured which is indexed each year by the increase in CPI over the year.

You can however decline the CPI increase, in which case your Sum Insured remains the same, or you can elect a "premium freeze", in which case your premium will remain the same but your Sum Insured will reduce (see page 26 for further details).

If we agree to pay a Benefit under this Policy, we will pay the percentage of Sum Insured, plus any

variations that result from automatic indexation for the relevant Critical Condition as specified in the Summary of Trauma Policies table (see page 22).

The conditions of automatic indexation are as follows:

- The Sum Insured is automatically adjusted each year to take account of any increase in the CPI over the year to a minimum of 3% until the Renewal Date immediately prior to the Insured Person's 65th birthday;
- Premiums will increase in line with the increases in the Sum Insured, the Insured Person's age next birthday, and any extra premium stated when the Policy commenced;
- You may decline any increase in the Sum Insured by contacting us and paying the adjusted premium for age only as shown on the CPI Indexation Notice;
- Once the Sum Insured has reached \$1.5 million, indexation will cease to apply.

## Optional Benefits (extra cost)

### Future Insurability – Optional (extra cost)

The Future Insurability (Trauma) benefit provides the option to increase the Sum Insured on your Trauma Insurance policy (Comprehensive & Standard) because of certain changes in the Insured Person's personal circumstances or because of certain business events, in line with the following criteria and without having to provide evidence of the Insured Person's current state of health.

#### (i) Personal Circumstances

Up until the Insured Person's 55th birthday, you can increase the Sum Insured on your Trauma insurance policy in any of the following personal circumstances:

- Where the Insured Person has commenced a relationship with a Spouse, and the relationship has continued for six months ("Spouse Option");
- The birth or adoption of a child by the Insured Person or the Insured Person's Spouse ("Child Option"); and

- The taking out of, or increase in the amount lent under a mortgage in the Insured Person's name, with the purpose of buying or improving the Insured Person's principal place of residence ("**Mortgage Option**").

If you are eligible for the Future Insurability (Trauma) Benefit under the "**Spouse Option**" or the "**Child Option**" the Sum Insured may be increased by the lesser of:

- 25% of the Sum Insured at the Policy Commencement Date; and
- \$50,000.

If you are eligible for the Future Insurability (Trauma) Benefit under the "**Mortgage Option**" the Sum Insured may be increased by the lesser of:

- 50% of the Sum Insured at the Policy Commencement Date;
- the initial amount lent under the mortgage;
- the amount of any increase in the level of the mortgage; and
- \$50,000.

#### **(ii) Business Events**

Up until the Insured Person's 55th birthday, you can increase the Sum Insured on your Trauma insurance policy on the occurrence of any of the following business events:

- The increase in the Insured Person's value to a business, where the Insured Person is a Key Person to that business ("**Key Person Option**").
- An increase in the Insured Person's financial interest in a business, whether as a partner, shareholder or unit holder, and this Policy forms part of a buy/sell, share purchase or business succession agreement ("**Business Insurance Option**").

The Sum Insured may be increased on the occurrence of either of these business events by the lesser of:

- 5 times the average of the last 3 years consecutive annual increases in the Insured Person's gross remuneration package;
- 25% of the Sum Insured at the Policy Commencement Date; and
- \$50,000.

You must supply financial evidence satisfactory to us from a professionally qualified and practising accountant or business valuer supporting the increase applied for. We may also require additional information. Such information may include copies of the audited business accounts, if available, and tax returns.

#### **(iii) Conditions of increase without evidence of health**

You may apply to increase the Sum Insured for Trauma Insurance on the following conditions:

- Only one Future Insurability (Trauma) Benefit may be applied for by you in any 12 month period;
- You must provide proof of the business event or personal circumstances which is satisfactory to us;
- The application to increase the Sum Insured must be made within 30 days of the personal circumstances occurring or, where applicable, 30 days of the Renewal Date following the business event occurring;
- The application to increase the Sum Insured must be made before the Insured Person's 55th birthday;
- No claims have been made or are eligible to be made under this Policy or any other policy issued by us on the life of the Insured Person;
- The total of the increases made under the Future Insurability Benefit does not exceed the original sum insured at the Policy Commencement Date (where multiple policies exist we will count the total of the Future Insurability Benefit increases in the sum/s insured for all policies issued by us on the life of the Insured Person);
- Future Insurability Benefit increases not taken up in any year may not be subsequently reapplied for in any following year;
- The maximum cover payable for Trauma Insurance is \$1.5 million for policies with all companies; and
- The application to increase the Sum Insured can only be made if this Policy was accepted by us on standard terms and conditions. You cannot apply for an increase at any time when you have made or are entitled to make a claim under your Trauma Insurance Policy (including any Optional Benefits).

## When we won't pay your increased Trauma Benefit.

If you take out the Future Insurability Benefit under the "Spouse Option", "Child Option", "Mortgage Option", "Key Person Option" or "Business Insurance Option" then during the first six months after the Benefit takes effect, the portion of Sum Insured increased by the Future Insurability Benefit will only be paid in the event of the Insured Person suffering and being diagnosed with any of the listed Critical Conditions caused by an accident (ie. caused wholly by violent, accidental, external and visible means).

If the Insured Person has any sickness where symptoms appear or treatment is sought prior to the end of this six month period that leads to a Trauma claim after the six month period, then the portion of the Sum Insured increased under the Future Insurability Benefit will not be payable.

## Definitions of Critical Conditions

The following definitions apply in respect of Standard and Comprehensive Critical Cash.

Please note:

- (i) Where a "**C**" is shown it indicates that Critical Condition is covered under **Comprehensive Critical Cash**.
- (ii) Where a "**S**" is shown it indicates that Critical Condition is covered under **Standard Critical Cash**.
- (iii) The "whole person function test", where referred to in the definitions of Critical Conditions, is to be assessed in accordance with the guidelines set out in the American Medical Association (1993) "Guides to the Evaluation of Permanent Impairment", 4th edition, AMA:Chicago, Illinois.

### (iv) **Activities of Daily Living**

Activities of Daily Living as stated in this CIB refer to:

1. bathing and showering;
2. dressing and undressing;
3. eating and drinking;
4. using a toilet to maintain personal hygiene;
5. getting in and out of bed, a chair or wheelchair;
6. moving from place to place by walking, wheelchair or walking aid.

## HEART DISORDERS

### Heart Attack (**C** and **S**)

This means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply to the relevant area. The diagnosis shall be supported by the following criteria being present and consistent with a heart attack:

EITHER

- (a) ■ Confirmatory new electrocardiogram (ECG) changes; and
  - Diagnostic elevation of cardiac enzyme CK-MB.

OR

- (b) ■ A reduction in the Left Ventricular Ejection Fraction to less than 50% measured 3 months or more after the event; and
  - An elevation of Troponin in excess of the level representing Minimal Myocardial Damage. For the purpose of this definition, Minimal Myocardial Damage is represented by a level of Troponin I of 2 µg/L or less, or Troponin T of 0.6 µg/L or less, or the equivalent.

### Coronary Artery Bypass Grafting (**C** and **S**)

This means Coronary Artery Bypass Grafting to correct a narrowing or blockage of one or more coronary arteries.

### **Heart Valve Surgery (C and S)**

This means the undergoing of open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.

### **Aorta Surgery (C and S)**

This means the undergoing of open chest surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

### **Cardiomyopathy (C and S)**

This means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 4 of the New York Heart Association Classification of cardiac impairment. Cardiomyopathy directly related to alcohol, drug or substance abuse is specifically excluded.

### **Primary Pulmonary Hypertension (C)**

This means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment.

### **Cardiac Keyhole Surgery (C)**

This means the actual undergoing of thoracoscopic, laparoscopic, 'minimally invasive' or 'keyhole' surgery to treat or repair:

- an obstruction of the aorta or a coarctation of the aorta; or
- a cardiac valve as a consequence of heart valve defects or abnormalities.

Investigative or diagnostic procedures are specifically excluded.

Partial Benefit payable - 15% of Sum Insured subject to a minimum of \$10,000 and a maximum of \$25,000.

### **Coronary Artery Angioplasty (C)**

This means the undergoing of angioplasty (with or without atherectomy, laser therapy, or the insertion of a stent) that is considered necessary by a cardiologist to correct or treat coronary artery disease.

The benefits will be limited to 15% of the total sum insured subject to a minimum of \$10,000 and a maximum of \$25,000.

## **NERVOUS SYSTEM DISORDERS**

### **Stroke (C and S)**

This means a cerebrovascular accident or event producing objective neurological sequelae. There must be clear evidence:

- 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.

It excludes:

- Transient ischaemic attacks and ischaemic neurological sequelae lasting less than twenty-four hours;
- cerebral symptoms due to reversible ischaemic neurological sequelae, migraine, hypoxia or trauma; and
- vascular disease affecting the eye, optic nerve or vestibular functions.

### **Multiple Sclerosis (C and S)**

This means the unequivocal diagnosis of Multiple Sclerosis which includes more than one episode of well defined neurological deficit with persisting abnormalities resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29.

### **Hemiplegia (C and S)**

This means the total and permanent loss of function of one side of the body resulting from disease or injury of the spinal cord.

### **Diplegia (C and S)**

This means the total and permanent loss of function of both sides of the body resulting from disease or injury of the spinal cord.

### **Paraplegia (C and S)**

This means the total and permanent loss of function of both legs resulting from disease or injury of the spinal cord.



### **Quadriplegia (C and S)**

This means the total and permanent loss of function of both arms and both legs resulting from disease or injury of the spinal cord.

### **Tetraplegia (C and S)**

This means the total and permanent loss of function of both arms and both legs together with loss of head movement resulting from disease or injury of the spinal cord.

### **Major Head Trauma (C and S)**

This means neurological deficit as a result of head injury causing permanent functional or cognitive impairment. The injury must be of sufficient severity to result in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living listed in on page 29.

### **Coma (C)**

This means a state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of 72 hours and results in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the coma; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29.

Coma directly resulting from alcohol, drug or substance abuse is specifically excluded.

### **Dementia & Alzheimer's Disease (C)**

This means the unequivocal diagnosis of Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Insured Person or others. Dementia as a result of alcohol, drug or substance abuse is specifically excluded.

### **Parkinson's Disease (C)**

This means the unequivocal diagnosis of Parkinson's Disease where the condition is permanent and:

- cannot be controlled by medication;
- shows signs of progressive impairment; and
- results in at least 25% impairment of the whole person function test which is permanent and solely attributable to the Parkinson's Disease or the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29.

### **Encephalitis (C)**

This means the severe inflammatory disease of the brain which results in permanent neurological deficit causing:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29.

### **Motor Neurone Disease (C)**

This means the unequivocal diagnosis of Motor Neurone disease, with significant persistent neurological deficit resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living listed on page 29.

### **Muscular Dystrophy (C)**

This means the unequivocal diagnosis of Muscular Dystrophy, with significant persistent neurological deficit resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29.

## BODY ORGAN DISORDERS

### Cancer (C and S)

This means any malignant tumour characterised by the uncontrolled growth and spread of malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable. Payment of the Sum Insured will cover numerous cancers such as breast cancer, bowel cancer, lung cancer and prostate cancer, subject to any exclusions set out below.

The following are included:

- Leukaemia;
- Hodgkin's Disease;
- Malignant lymphoma;
- Malignant bone marrow disorders;
- Melanomas which have a depth invasion of Clark Level 3 or 1.5mm or more in thickness;
- Tumors treated by endoscopic procedures alone.

The following are excluded:

- Chronic lymphocytic leukaemia Rai Stage 0;
- All skin cancers including malignant melanomas (except those specified above) unless there has been a spread to other organs;
- Tumors 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. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.
- Prostatic cancers which are histologically described as TNM Classification T1 or are of other equivalent or lesser classification;
- Dukes stage A colorectal cancer unless there has been a spread to other organs.

### Benign Brain Tumour (C)

This means a life threatening, non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment.

The tumour must result in:

- neurological deficit causing at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 29. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

The following are specifically excluded: cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine.

### Major Organ Transplant (C and S)

This means any medically necessary human to human organ transplant from a donor to the Insured Person of:

(a) one or more of the following organs:

- Kidney
- Liver
- Heart
- Pancreas
- Lung
- Small bowel; or

(b) the transplant of bone marrow

### Chronic Kidney Failure (C and S)

This means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation performed. Chronic Kidney Failure related to or directly or indirectly caused by alcohol, drug or substance abuse is excluded.

### Chronic Lung Disease (C and S)

This means end stage lung disease requiring permanent supplementary oxygen, with FEV1 test results of consistently less than one litre.

### Chronic Liver Disease (C and S)

This means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver disease related to alcohol, drug or substance abuse is excluded.

### **Blindness (C and S)**

This means the complete and irrecoverable loss of the sight of both eyes (whether aided or unaided) as a result of Sickness or Injury.

Loss of sight is defined as:

- Visual acuity less than 6/60 in both eyes after correction; or
- A field of vision constricted to 20 degrees or less of arc; or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

### **Deafness (C and S)**

This means the complete and irrecoverable loss of hearing of both ears (whether aided or unaided) as a result of Sickness or Injury.

### **Loss of Speech (C and S)**

This means the complete and irrecoverable loss of speech (whether aided or unaided) as a result of Sickness or Injury. The loss of the ability to speak must be established for a continuous period of 3 months.

### **Severe Burns (C and S)**

This means tissue injury caused by thermal, electrical or chemical agents causing third degree (full thickness) burns to at least:

- 20% of the body surface area as measured by The Rule 9 of the Lund & Browder Body Surface chart;
- the whole of both hands and/or the whole of the face.

### **BLOOD DISORDERS**

#### **Aplastic Anaemia (C and S)**

This means the acquired abnormality of blood production characterised by the total aplasia of bone marrow.

#### **Occupationally Acquired HIV (C)**

This means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident during the currency of the policy. The accident must occur during the course of carrying out normal occupational duties, or medical duties whilst acting in a voluntary capacity, with sero-conversion indicating HIV infection occurring

within six months of the accident. Infection in any other manner, including sexual activity or recreational or non-medical intravenous drug use is specifically excluded.

An HIV antibody test that shows a negative test must be taken within seven days after the accident and reported within 30 days. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

#### **Medically Acquired HIV (C)**

This means accidental infection with Human Immunodeficiency Virus (HIV) which we believe after making reasonable enquiries, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Insured Person in Australia by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the Insured Person;
- assisted reproductive techniques;
- a medical procedure or operation performed by a Medical Practitioner.

Infection in any other manner, including sexual activity or recreational or non-medical intravenous drug use is specifically excluded.

### **OTHER EVENTS**

#### **Loss of Independent Existence (C)**

The Loss of Independent Existence Benefit will be paid if the Insured Person satisfies any one of the definitions as follows:

##### **(A) Loss of Limbs or Sight**

means the total and permanent loss of use of:

- Both feet; or
- Both hands; or
- One hand and one foot; or
- the sight of one eye and the use of either one hand or one foot; or
- the sight of both eyes.

At the time of claim, where both TPD and Trauma insurance are rider benefits under Term Life Insurance, the benefit for Loss of Limbs or Sight will only be payable once.

### **(B) Activities of Daily Living**

You are permanently unable to perform two or more of the following Activities of Daily Living without the physical assistance of someone else. The inability to perform two or more of these activities must be continuous for at least 6 months before you are eligible to make a claim.

The Activities of Daily Living are:

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

### **(C) Significant Cognitive Impairment**

In the opinion of Suncorp, after considering medical evidence and/or any other evidence the Insured Person is suffering from significant cognitive impairment. Significant cognitive impairment means a deterioration or loss of intellectual capacity that requires the Insured Person to be under continuous care and supervision by someone else.

Significant Cognitive Impairment must be continuous for at least 6 months before you are eligible to make a claim.

### **Single Loss of Limb or Sight (C)**

This means the total and permanent loss of use of:

- one foot; or
- one hand, or
- sight in one eye (to the extent 6/60 or less)

Partial Benefit payable: 15% of Sum Insured subject to a minimum of \$10,000 and a maximum of \$25,000.

### **Advancement Benefit (C)**

The Advancement benefit will be paid when the Insured Person is diagnosed by a Medical Practitioner as suffering from:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Dementia or Alzheimer's Disease

For the purposes of the Advancement Benefit, these conditions have their normal medical meaning rather than the meaning defined in "Summary of Trauma Policies and Critical Condition Definitions" (pages 29 to 34).

The Advancement Benefit will also be paid if the Life Insured has been placed on a waiting list to receive a major organ transplant and that procedure is unrelated to any previous procedure or surgery undergone by the Insured Person.

The amount to be paid is 25% of the Sum Insured to a maximum of \$50,000.

The following conditions apply:

- Only one Advancement Benefit will be paid for the Insured Person and the Sum Insured is then reduced by the amount paid, and the premium is then reduced accordingly.
- The Buy Back Benefit (see page 11) is not available for any benefit paid under the Advancement Benefit. The Buy Back Option is only available once the full Trauma Sum Insured has been paid.
- The Advancement Benefit does not apply to Interim Cover.
- In the event that the Life Insured has been misdiagnosed with any of the events triggering an Advancement Benefit, Suncorp has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this benefit.

## When do your Policy and Benefits Terminate?

Suncorp guarantees to renew your Standard Critical Cash or your Comprehensive Critical Cash Policy every year up to a specified Renewal Date. The renewal dates for both Policies are specified in the following table.

Policy	Policy Expiry Dates
Standard Critical Cash	Renewal Date immediately prior to the Insured Person's 75th birthday
Comprehensive Critical Cash	Renewal Date immediately prior to the Insured Person's 75th birthday

Subject to the Policy terms and conditions, the Policy cannot be cancelled unless you request it yourself or a claim is paid.

Other than the expiry ages noted above your Policy and Benefits will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your Policy. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the days of grace; or
- the Insured Person dies; or
- the Insured Person suffers one of the Critical Conditions and the total Sum Insured is paid.

## Charges

Charges payable by you in respect of this Policy are set out on page 23 of this CIB.

## Multiple Insured Persons

Where your Policy Document Notice states that there is more than one Insured Person, and a claim is made in relation to one of those Insured Persons and that claim is paid, then cover in relation to that Insured Person is terminated. Cover for any other Insured Person which is still in effect and on which a claim has not yet been made remains unaltered and in full force.

## Alterations

Your Trauma Insurance Policy or the Policy Document Notice can be altered if you and Suncorp agree to alter the level of cover, types of Benefits or special terms of your Policy specified in your Policy Document Notice.

## Future Upgrade

We strive for constant improvement to our policies. Thus, future improved versions of this Policy may be introduced. If this happens, and you will not be disadvantaged by any terms and conditions of the new policy, your Policy will automatically be upgraded to the new contract. We will give you written notice of the changes and when they come into effect.

Any sickness or injury for which the Insured Person has received advice or treatment prior to the improvement being offered may exclude you from being eligible for payment under any improved conditions.

## General Exclusions

### Specified conditions within 90 days

We will not pay any Benefit in the case of Cancer, Heart Attack, Stroke, Coronary Artery By-Pass Grafting, Cardiac Keyhole Surgery, Coronary Artery Angioplasty, Heart Valve Surgery or Aorta Surgery if the condition was diagnosed or the circumstances leading to diagnosis became apparent within 90 days after:

- the Policy commencement Date; or
- an increase in the Benefit applied for, but only in respect of the increase (excluding CPI increases); or
- the most recent reinstatement of the Policy following payment of any overdue Premium.

### Self Inflicted Conditions

The Benefit will not be paid if the Critical Condition upon which the claim is based results from an intentional act performed by you or the Insured Person or under your instructions or those of the Insured Person. Whether you or the Insured Person are sane or not, if you or the Insured Person commit an intentional act which results in a claim, the Policy will become void and all money held under the Policy will be retained by Suncorp.

### Non-smokers Conditions

If the Insured Person has been declared to be a non-smoker, please read this carefully.

The non-smoker premium rates for all Trauma Insurance Policies are based on the signed declaration that the Insured Person is a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount payable in respect of a smoker who has paid Premiums at your level.

## Additional Exclusions

When we process your application we may decide to accept the application only on condition that claims arising out of certain activities related to the Insured Person's occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

## How to Claim

### Proof of Age

**You will be asked to give proof of the Insured Person's age before Suncorp pays you any Benefits under this Policy. If the Insured Person has not given their correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.**

**Any adjustments will be backdated to the time you first took out this Policy and will take into account the true age of the Insured Person at that time.**

Our aim is to settle legitimate claims as quickly as possible. We can do this if you provide, at your expense, all the evidence and information we require. For us to consider a claim, you must notify us in writing within fourteen days of the Insured Person first suffering, or being diagnosed as suffering (whichever occurs first), one of the Critical Conditions. We will send you the relevant forms to be completed.

Before we admit we are liable to pay any claim, we have the absolute right to ascertain the extent of the Insured Person's condition. Therefore, we reserve the right to request any necessary medical or other evidence that we might need to fairly assess your claim before the Benefit should be paid. Of course, the evidence must be to our satisfaction before we admit your claim and pay you the Sum Insured. We reserve the right to appoint our own Medical Practitioner at any time to examine and assess the Insured Person.

## Payment of Benefits

If we receive proof that is satisfactory to us of:

- The occurrence of an insured event under this Policy; and
- The Insured Person's date of birth.

We will then pay the percentage of Sum Insured for the relevant Critical Condition as specified in the Summary of Trauma Policies table on page 22 of this CIB. All payments will be made in Australian currency.

Proof of occurrence of any insured event must be supported by:

- evidence from appropriate Specialist Medical Practitioners; and
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence.

If the insured event requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary. Our Medical Practitioners must support the occurrence of the insured event. We reserve the right to require the Insured Person to undergo an examination or other reasonable tests to confirm the occurrence of an insured event.

We are only liable to pay if your Policy is in force at the time of claim, all Premiums due have been paid within the days of grace and you produce this CIB and your Policy Document Notice (for information on how to replace lost documents, please see page 23).

We will pay the Trauma Insurance Benefit only if the Insured Person survives for more than fourteen days from the date the Insured Person first suffers or is diagnosed with (whichever comes first) one or more of the Critical Conditions and satisfies the definition as specified. Should the Insured Person die during this fourteen day period and your Trauma Insurance Benefit is an optional benefit on your Yearly Renewable Term Life Insurance Policy, the Death Benefit will be paid.

If the Insured Person is totally dependent on an artificial life support system, then the fourteen day period will be extended by the time the Insured Person is dependent on the artificial life support system.

The Benefit is paid as a lump sum. Once the whole amount of the Sum Insured in relation to an Insured Person on whom a claim has been made under this cover has been paid, cover in relation to that Insured Person will be cancelled.

If a Benefit is paid in respect of Cardiac Keyhole Surgery, Coronary Artery Angioplasty or Single Loss of Limb or Sight, the Benefit is 15% of the Sum Insured, subject to a minimum of \$10,000 and a maximum of \$25,000.

If a Benefit is paid in respect of the Advancement Benefit, then the Benefit will be 25% of the Sum Insured to a maximum of \$50,000. The Benefit for each condition is payable once only, and the Sum Insured is then reduced by the amount paid, and the Premium is reduced accordingly.

The Benefit is not paid on the occurrence of certain Critical Conditions if they occur within 90 days of the Policy Commencement Date, or any increase in the Benefit Applied for (excluding CPI increases) or any reinstatement of the Policy. (Please refer to the General Exclusions section on page 36 for more information.)

# Definitions

Where any of these words appear in this CIB or the Policy Document Notice for your Trauma Insurance, whether the first letter is in upper case or lower case, then their meanings are as defined below:

**AIDS:** Acquired Immunodeficiency Syndrome (AIDS) as defined by the World Health Organisation. AIDS is a viral disease caused by the Human Immunodeficiency Virus. The virus destroys white blood cells that help protect against infections and cancer.

**Application Form:** The application form which is used when applying for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**Benefit:** A specific benefit, as stated in the Policy Document Notice, relating to the Sum Insured under the Policy.

**CIB:** This Customer Information Brochure.

**CPI:** The Consumer Price Index: All Groups Australia that is published by the Australian Bureau of Statistics.

**CPI Indexation Notice:** The letter we send to you annually setting out the adjustments to your Sum Insured and Premium to take account of any increase in the CPI over the year and the Insured Person's age.

**Critical Conditions:** The medical conditions set out in the Summary of Trauma Policies table on page 22 and as defined on pages 29-34 .

**Days of Grace:** The period of 30 days we allow for payment of your first Premium and all subsequent Premiums.

**Due Date:** The date that your Premium is payable. Your first Premium is payable on the Policy Commencement Date and then each year on the Renewal Date for as long as the Policy continues. The Policy Commencement Date is shown on your Policy Document Notice.

**Financial Protection Plan:** The CIB for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**HIV:** Infection that has occurred when, in our opinion, blood tests indicate either the presence of any human immunodeficiency virus or antibodies to the virus.

**Injury:** This is bodily injury not caused by sickness or intentional self-infliction which occurs during the life of this Policy.

**Insured Person:** The Insured Person shown on the Policy Document Notice. Where the lives of two or more persons are insured under this Policy, then the term "Insured Person" refers to each of those persons.

**Medical Practitioner:** A registered medical practitioner recognised by a Medical Registration Board or Council in Australia or New Zealand (or other country approved by us) excluding the Policyowner, the Insured Person, or any immediate family member or relative of either the Policyowner or the Insured Person acting as a medical practitioner.

**Policy:** Your policy comprising the Policy terms and conditions set out in this CIB, your Application Form and the Policy Document Notice.

**Policy Commencement Date:** The date from which insurance takes effect. This date is shown on your Policy Document Notice and applies so long as your premium has been paid and acknowledged by Suncorp.

**Policy Document Notice:** The document we send you which provides your Policy number and details of your cover. Your Policy Document Notice also shows what optional Benefits you have included with your insurance.

**Premium:** The amount you pay us for the insurance cover.

**Policyowner:** The legal entity named as policy owner on the Policy Document Notice, or another legal entity to which the Policy is subsequently assigned.

**Renewal Date:** The anniversary of the Policy Commencement Date as shown on your Policy Document Notice.

**Renewal Notice:** The notice we send you for renewal of your Policy.

**Sickness:** A disease or illness which becomes apparent while you are covered by a Suncorp Trauma Insurance Policy.

**Spouse:** Your legal husband or wife or a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you (except for Super Term Life Insurance Policies).

**Sum Insured:** The amount we will pay under the terms and conditions of your Policy.

**We, us, our, Suncorp:** Suncorp Life & Superannuation Limited ABN 87 073 979 530.

**You, your:** The Policyowner.



# Key Features Statement

## SUNCORP INCOME PROTECTION INSURANCE

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

- **decide whether this product will meet your needs; and**
- **compare this product against others you may be considering.**

### IMPORTANT NOTICE

This is not a savings plan. The primary purpose is to provide a benefit if you are unable to work due to sickness or injury. If you terminate your policy at any time, you will not get anything back.

**When reading this Customer Information Brochure (CIB) please refer to the Definitions section on pages 57 and 58.**

## Suncorp Income Protection Insurance

Suncorp Income Protection Insurance ("Income Protection Insurance") is designed to provide continuing income if you are unable to work due to Sickness or Injury. You can choose from 2 types of policies depending on the type of cover you want and are eligible for:

- Suncorp Comprehensive Income Protection ("Comprehensive Income Protection"); or
- Suncorp Standard Income Protection ("Standard Income Protection").

There are other optional benefits available.

## Premiums

The cost of your Policy is called your Premium. Your Premium pays for your insurance cover and the costs necessary to set up and administer your Policy and service your needs. All premiums are paid into the Suncorp Life No. 1 Statutory Fund.

The amount of your annual Premium will depend on many factors including your age, sex, health, occupation, smoking status and the amount of insurance (subject to maximum cover levels set out below), Waiting Period and Benefit Period you require. Tables of Premium rates for each type of insurance are available on request.

Your first Premium is payable on the Policy Commencement Date and then on the anniversary of that date (Renewal Date) for as long as you want the Policy to continue up to the Renewal Date immediately prior to your 65th birthday.

Your second and subsequent Premiums must be paid within 30 days of the Renewal Date. This period is called the "days of grace". If you don't pay the full amount of the Premium you are required to pay within the days of grace, then your Policy will lapse without any refund of Premiums. This means that your Policy will have terminated and you will no longer be insured.

A minimum Premium of \$300 per annum (including Policy fee) applies.

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

With Income Protection Insurance, you will receive notification on each Renewal Date that you may increase your Sum Insured by increases in the CPI, in order to keep pace with inflation. Should you wish to accept this increase in Sum Insured you must contact one of our Customer Service Consultants on

1800 810 012. You can only increase your cover to a maximum of 75% of your Average Weekly Income unless you have selected the Guaranteed Agreed

Value option (see page 50 for full details). Your Premiums will be recalculated each year based on your age next birthday and Sum Insured.

## Benefits

Income Protection Insurance provides a replacement income of up to 75% of your Average Weekly Income (unless you have selected the Guaranteed Agreed Value Benefit (see page 50)). This is paid in the event of Sickness or Injury resulting in Total Disability that prevents you from working. If Comprehensive Income Protection is selected, replacement income will also be paid for Partial Disability.

The following table details the benefits provided under each of the Income Protection Insurance policies.

Policy Features	Comprehensive Income Protection †	Standard Income Protection
Interim Cover	✓	✓
Total Disability	✓	✓
Partial Disability	✓	✗
Choice of Waiting Period	✓	✓
Choice of Benefit Period	✓	✓
Guaranteed Renewable	✓	✓
24 hour Worldwide Cover	✓	✓
Non-Smoker Discount	✓	✓
<b>Policy Benefits (included at no additional cost)</b>		
Indexation	✓	✓
Return to Work During the Waiting Period	✓	✓
Waiver of Premium	✓	✓
Extended Waiver of Premium	✓	✗
Concurrent Disability	✓	✓
Aids Cover	✓	✓
Transplant & Cosmetic Surgery	✓	✗
Leave without Pay	✓	✗
Involuntary Unemployment	✓	✗
Claim Escalation	✓	✓#
Death Benefit	✓	✓
Specified Injury (No Waiting Period)	✓	✗
Specified Trauma (No Waiting Period)	✓	✗
Bed Confinement (No Waiting Period)	✓	✗
Rehabilitation Program (No Waiting Period)	✓	✓
Rehabilitation Expense (No Waiting Period)	✓	✗
Recurrent Disability (No Waiting Period)	✓	✓
Family Accommodation (No Waiting Period)	✓	✗
Family Care	✓	✗
<b>Optional Benefits (extra cost)</b>		
Guaranteed Agreed Value	✓	✗
Lifetime Benefit*	✓	✗
Day 3 Accident	✓	✗
Business Expenses†	✓	✓

- Note:** (i) Where a "✓" is shown indicates that the feature or benefit is included  
Where a "✗" is shown indicates that the feature or benefit is not included
- (ii) \* Lifetime Benefit is only available for occupations rated as "SP – Nominated professional", or "SM – Nominated Professional (Medical)" such as accountants, medical practitioners and solicitors. Your Adviser will be able to tell you your occupation category.
- (iii) † Comprehensive Income Protection is not available for occupations rated as "S3 – Light to Heavy Unskilled Manual". Your Adviser will be able to tell you your occupation category.
- (iv) # Claims escalation is an extra cost option under Standard Income Protection.
- (v) † Business Expenses coverage is not available to occupations rated as "S3 – Light to Heavy Unskilled Manual". Your Adviser will be able to tell you your occupation category.
- (vi) Some of the Benefits include a waiting period (see pages 46-53).

**The maximum insured Benefit on application shall be no greater than:**

- 75% of the first \$250,000 per annum of income before tax; plus
- 50% of the next \$105,000 per annum; to a maximum Sum Insured of \$240,000 per annum.

**Amounts in excess of this will be considered on application.**

The Benefit payable will be reduced by:

- sick leave payments during the period of disability following the Waiting Period;
- workers compensation payments;
- social security or other payments made under statute, regulation or ordinance;
- payment under any other disability, injury or sickness policy and temporary disablement benefit if it was not disclosed to us when you applied for this Policy or when you last applied for an increase in cover; and
- income from your current employment or business.

If you receive any compensation that includes an amount for loss of income resulting from your disability for any period and we have paid you Benefits under this Policy, you must, on demand by us, repay either the Benefits we have paid you or the amount you have been awarded for loss of income, whichever is the lower amount.

Details of Total Disability and Partial Disability are provided in the Policy Terms and Conditions section (see pages 44 to 58).

If you are assessed by Suncorp as being disabled, you will receive your first Benefit payment 2 weeks after the expiry of your Waiting Period and, subject to Suncorp continuing to assess you as being disabled, every 4 weeks from then on for the maximum duration of your Benefit Period. Your Policy Document Notice will indicate your applicable Waiting Period and your Benefit Period.

**Suncorp will not pay for Total Disability or Partial Disability resulting from:**

- intentional self-inflicted injury performed by you or under your instructions or attempted suicide;

- you falling pregnant (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems), giving birth, miscarrying or having an abortion. However, if you spend more than three months Totally Disabled from the date your pregnancy ends your period of Total Disability will start at the end of that three months;
- declared or undeclared war;
- service in the armed forces; or
- any exclusion stated in your Policy Document Notice.

## What are the Charges?

**All the charges of the Policy are fully described in this section. Suncorp undertakes not to apply any other charges (other than Government taxes and charges which will be applied to your premium) without your specific consent.**

### Policy Fee and Payment Frequency<sup>▲</sup>

For each Policy, a Policy fee will apply and the amount payable will be dependent on the frequency of payment. If you choose to pay more frequently than yearly, or by way of payroll deduction, your Premium and your Policy Fee will include a loading to cover administration costs associated with these payments as illustrated in the following table.

Payment Option	Frequency Loading	Policy Fee Payable	Annual Equivalent
Fortnightly Payroll Deduction	8%	\$3.12	\$81.12
Monthly	8%	\$6.75	\$81.00
Half-yearly	4%	\$39.00	\$78.00
Yearly	Nil	\$75.00	\$75.00

There is no additional Policy fee for optional Benefits included.

The Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the calendar year and 10%. The increase will be applied to your Policy from your next Renewal Date.

## Policy Document Replacement Fee<sup>▲</sup>

If you lose your Policy document or Policy Document Notice you will need to complete a "Lost Policy Declaration" which can be obtained by ringing one of our Customer Service Consultants on 1800 810 012. A fee of \$50 will be charged to replace your Policy document and Policy Document Notice.

**▲ These charges can alter. If we decide at any time in the future to alter these charges, you will be given at least 3 months' written notice.**

## What is Paid to your Adviser?

Part of the Premium paid on this Policy is paid as commission to your adviser selling you this Policy. In some instances, your adviser is paid a salary instead of a commission.

The commission is for the professional advice and service provided initially and every year for the life of your Policy. Your adviser has to pay for some of the business expenses they incur from this commission as well as it being their source of income.

If you increase your insurance cover and your Premium increases, commission will be paid on the increase.

Commissions are not additional costs to you because they are paid from your annual Premiums. If your Policy is cancelled in the first year, some or all of the commission must be repaid to Suncorp by your adviser.

The amount paid to your adviser forms part of the total Premiums and where other sales methods are used, lower Premiums may not necessarily result.

## Taxation

All statements made in this CIB in relation to taxation are based on our interpretation of legislation current at the date of issue of this CIB. The taxation information is of a generalised nature and individual circumstances may differ and taxation laws may change. Therefore you should seek advice from your taxation adviser or the Australian Taxation Office on taxation issues specifically relating to you.

Generally, the annual Premium for your Income Protection Insurance Policy is tax deductible whether you are self-employed or an employee, however, the Benefit payments you receive are assessable for personal income tax.

## Cooling-off Period

Suncorp wants you to be satisfied that you have made the right decision. After you sign-up for a Policy and receive the Policy Document Notice from Suncorp, you are entitled to a cooling-off period of 21 days to check that the Policy meets your needs. Within this time you may cancel your Policy without paying any charges.

To cancel your Policy you must notify us in writing or verbally. If you notify us verbally we will require you to answer certain questions to confirm your identity. In any case we will require you to send to us your Policy Document Notice and your copy of the CIB.

If your Policy is cancelled we will refund any Premiums you have paid.

## Information on your Policy

As soon as Suncorp receives your application, has assessed it and is prepared to offer you cover, we will send you a Policy Document Notice showing specific information relating to your Policy and the additional Benefits included. You should read the Policy Document Notice and the Policy terms and conditions on pages 44 to 58 of this CIB carefully.

## Complaints Resolution

Whilst Suncorp makes every effort to satisfy your requirements, if you have any enquiries or complaints concerning your Policy you can telephone us on 1800 810 012 toll free. Alternatively, you can make written enquiries or complaints. All correspondence should be addressed to:

The Manager,  
Life and Superannuation Support (LS035)  
Suncorp Life & Superannuation Limited  
GPO Box 1453  
Brisbane Qld 4001

You will need to include in your letter your full name, the address to which we can respond to you, your signature and the date. It would also be helpful if you include your telephone number and your Policy number.

Your inquiry will be registered, and we will acknowledge this in writing within 5 working days of receiving it. Every effort will be made to resolve the matter within 21 working days of receiving your complaint in writing.

If any concerns are not resolved to your satisfaction, you may contact the Financial Industry Complaints Service Limited (FICS), which is an independent body to assist the public on matters relating to life insurance, superannuation and managed investments. It is available to offer free and informed assistance. FICS will deal with your concerns directly or pursue the matter on your behalf and will attempt to resolve the matter through inquiry and conciliation.

If this is unsuccessful, the complaint will be formally referred to the FICS Review Committee for a determination.

Enquiries or complaints to FICS can be directed to:

The Manager  
Financial Industry Complaints Service Limited  
PO BOX 579 Collins Street West  
Melbourne Vic 8007  
Telephone: (03) 9629 7050  
Toll Free: 1800 335 405

# Policy Terms and Conditions

## INCOME PROTECTION INSURANCE

Our decision to insure you is based on the collective information provided in the Application Form which includes the declaration signed by you, and other supporting documents.

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

You have the same duty to disclose those matters to Suncorp 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 Suncorp;
- that is of common knowledge;
- that Suncorp knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by Suncorp.

If you fail to comply with the duty of disclosure and Suncorp would not have entered into the contract on any terms if the failure had not occurred, Suncorp may avoid the contract within 3 years of entering into it.

Suncorp, if entitled to avoid a contract of life insurance, may within 3 years of entering into it, elect not to avoid it but to reduce the sum that the Insured Person has 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 Suncorp.

If your non-disclosure is fraudulent, Suncorp may avoid the contract at any time.

Once Suncorp has accepted your application you will be sent a Policy Document Notice which, together with these Policy terms and conditions and your Application Form, forms:

- your Policy document; and
- constitutes the contract between you and Suncorp.

However, we reserve the right to vary any of these terms and conditions prior to issuing you with a Policy Document Notice.

The Policy Document Notice will contain specific terms applicable to your particular Policy. It will also state the extent to which the terms and conditions and your Application Form set out in this section of the CIB apply to you. It may contain terms and conditions which may override those contained in this section. If so, it will state that those terms and conditions do override contrary provisions in this section.

**The Policy Document Notice and this CIB will be required in the event you wish to make a claim against Suncorp. It is therefore very important and we suggest that you keep the Policy Document Notice and this CIB in a safe place.**

## Eligibility to Apply for Insurance

Generally you must be working on a full time basis and meet the following age next birthday at entry requirements. People working on a part time basis will be considered on request.

Policy Choice at Entry	Age Next Birthday at Entry
Standard Income Protection	18 to 60
Comprehensive Income Protection	18 to 60

## Premiums

### Premium Components

The amount of Premium payable under this Policy includes:

- an amount that is calculated by multiplying the annual amount of Benefit by the Premium rate applicable to your age, sex, health, smoking status, occupation, pursuits, Waiting Period, Benefit Period and the type of policy selected;
- an annual Policy fee;
- a loading if you select to pay other than yearly;
- a discount depending on the level of Sum Insured selected;
- amounts relating to additional benefits; and
- stamp duty.

The annual Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the calendar year and 10%.

### Premium Guarantee

The Premium rates applicable to your Policy are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of Premium payable for all policies similar to this one. If we do so, then the Premium on your Policy will be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

### Payment Methods

You may choose from a variety of methods to pay your Premiums. If you choose to pay your Premium more frequently than yearly, or by way of payroll deduction, your total annual Premium will include a loading to cover administrative costs associated with these payments. The payment options and respective loadings are as follows:

Premium Payment Options	Frequency Loading
Payroll Deduction	8%
Monthly	8%
Half-yearly	4%
Yearly	Nil

Suncorp reserves the right to:

- withdraw payroll deductions as a method of payment in the future; and
- increase these loadings. You will be given at least 3 months' written notice prior to this change.

If you wish to vary your method of payment, please contact one of our Customer Service Consultants on 1800 810 012 toll free.

### Premium Freeze

Premiums can vary with your age and usually increase on renewal as you grow older. You can however nominate on renewal not to pay the increased Premium and therefore continue to pay your current Premium. If you choose to do this you must contact Suncorp and we will reduce your Sum Insured to allow for any increase in the rate of Premium for your age (subject to a minimum of \$300 per annum including the Policy fee).

### If you don't pay your Premium

If you don't pay the full amount of the Premium you are required to pay within the days of grace then this Policy will terminate without any refund of Premium. We will not be liable for any claims after the last day of the days of grace if the Policy is terminated in this way.

If the Insured Person is entitled to payment of the Benefit within the days of grace, then, we will pay the Benefit due less any unpaid premiums.

### Reinstatement

Should your Policy terminate because premiums have not been paid within the days of grace, we may consider reinstatement of your Policy on the satisfactory completion of:

- an application for revival, including evidence of the current health of the Insured Person; plus
- full payment of the Premium due; and
- all arrears.

The reinstatement will be considered on our terms and must be requested within 2 years after the Due Date of the outstanding Premium.

## Benefits

Please refer to "Benefits" table on page 40 of this CIB.

## Definition of Benefits

The following definitions apply in respect of Standard and **Comprehensive Income Protection**.

Please note:

- (i) Where a "**C**" is shown it indicates that Benefit is covered under Comprehensive Income Protection.
- (ii) Where a "**S**" is shown it indicates that Benefit is covered under **Standard Income Protection**.

### Interim Cover (C and S)

See Interim Cover Section on page 59.

### Total Disability (C and S)

If you are Totally Disabled at the end of the Waiting Period as a result of any Injury or Sickness, then you will receive an income Benefit for the duration of your Total Disability to a maximum of your chosen Benefit Period.

The Total Disability benefit will be paid if due to Injury or Sickness, you are:

- unable to perform at least one of the important duties of your occupation;
- not engaged in an occupation for which a person would normally expect to receive remuneration, profit or otherwise; and
- under the care of a Medical Practitioner and following the treatment prescribed by the Medical Practitioner.

An "important duty of your occupation" is a duty or duties of your occupation which involves at least 20% of your working time in your principal occupation.

For light to heavy unskilled manual occupations in our occupational category S3, after 2 years of Total Disablement as a result of the same Injury or Sickness, "your occupation" in the Total Disability benefit definition is replaced by "any occupation for which you are reasonably suited by education, training or experience". Your adviser will be able to tell you your occupation category.

### Partial Disability (C)

If you have a Comprehensive Income Protection Policy and you can return to work, but because of the continuing disability cannot work for as long, or as efficiently, then an income Benefit may still be payable. The income Benefit will be paid in line with the proportionate loss of income from the end of the Waiting Period provided;

- you have been Totally Disabled for 14 continuous days\* during the Waiting Period; and
- you return to work and have suffered a loss of income as a direct result of the Total Disablement, Injury or Sickness; and
- you remain under the regular medical care of a Medical Practitioner.

\* The requirement to be Totally Disabled for 14 continuous days will be waived if in our opinion and based on medical advice, you are permanently or long term Partially Disabled.

Partial Disability benefits will be calculated as follows:

$$\frac{A - B}{A} \times \text{Weekly Benefit}$$

Where:

A = Average Weekly Income

B = Weekly Income Whilst Partially Disabled

For the first 3 months of a Partial Disability claim, if you are earning less than 20% of your Average Weekly Income, the full Total Disability benefit will be paid.

## Benefit Entitlements

Please refer to page 55 for full details.

### Choice of Waiting Period (C and S)

For both Comprehensive and Standard Income Protection you may choose between either 14 or 30 day Waiting Periods. For Comprehensive Income Protection you may also choose between 60 days, 90 days, 180 days, 1 year or 2 years.



### **Choice of Benefit Period (C and S)**

You have the choice of the following Benefit Periods:

- 2 years; or
- 5 years; or
- to age 65\*; or
- Lifetime†

The Benefit Period is cumulative and is the maximum period of time you are able to receive Benefits for any one Injury or any one Sickness.

\* Benefits to age 65 are not available for heavy unskilled manual occupations in our occupational category S3.

† Lifetime Benefit Period is only available for professional occupations in our occupational categories SP and SM, and only under Comprehensive Income Protection. An extra Premium applies.

### **Guaranteed Renewable (C and S)**

Suncorp cannot cancel your Policy at any time unless:

- you request cancellation; or
- you do not pay your premium within 30 days of its Due Date; or
- you fail to comply with the duty of disclosure.

### **24 Hour World Wide Cover (C and S)**

You will be covered 24 hours, 7 days a week for any disablement caused by Injury or Sickness (unless specified otherwise on your Policy Document Notice), which may occur anywhere in the world.

### **Non-Smoker Discount (C and S)**

If you have not smoked tobacco or any other substance during the last 12 months, discounts are available.

### **Indexation (C and S)**

With Income Protection Insurance, you will receive notification on each Renewal Date that you may increase your Sum Insured and Business Expense Sum Insured (see page 52) by increases in the CPI to a minimum of 3%, in order to keep pace with inflation. Should you wish to accept this increase in Sum Insured you must contact our Customer Service Consultants on 1800 810 012. You can only increase your cover to a maximum of 75% of your Average Weekly Income unless you have selected the Guaranteed Agreed Value option under Comprehensive Income Protection only (see page 50 for full details). Your Guaranteed Agreed Value Sum

Insured will be automatically increased in line with increases in the CPI to a minimum of 3%. Your Premiums will be recalculated each year based on your age next birthday.

Even when you are receiving weekly disability Benefits, Suncorp will continue to offer indexation of your underlying insured Benefit. When your weekly disability Benefits cease, your cover will recommence at the indexed insured Benefit level.

### **Return to Work During the Waiting Period (C and S)**

You may return to full time gainful employment during the Waiting Period for a total of 5 days or less (or 10 days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. The days worked will simply be added to the end of the Waiting Period.

If during the Waiting Period you return to full time employment for more than 5 days (or 10 days if the Waiting Period is greater than 30 days), then the Waiting Period will recommence.

### **Waiver of Premium (C and S)**

If you are being paid Total or Partial Disability Benefits, all Premiums for income protection and business expenses (where applicable) will be waived and the Policy will continue in force for the period you are on claim.

If you have a waiting period of 14, 30 or 90 days, and we agree to pay you a Total Disability Benefit or a Partial Disability Benefit (Comprehensive Income Protection only) for Income Protection or Business Expense Cover, we will also refund on a daily proportionate basis, premiums paid during the Waiting Period.

### **Extended Waiver of Premium (C)**

This Benefit is an extension of the Waiver of Premium Benefit. It applies to all Premiums that fall due, for specified life insurance products offered by Suncorp, that you have in force at the time of your claim and while you are receiving Benefits. Specified life insurance products are Income Protection Insurance, Trauma Insurance, Term Life Insurance and Total and Permanent Disablement Cover taken out on or after 1st February 1998. The waiver does not apply to Premiums paid during the Waiting Period.

### **Concurrent Disability (C and S)**

If you are disabled at any time as a result of more than one Injury or Sickness, payments under Comprehensive and Standard Income Protection are calculated under the provision which will provide you with the highest Benefit.

### **AIDS Cover (C and S)**

You are eligible for disability Benefits under Comprehensive and Standard Income Protection should you become disabled through an AIDS related illness. Benefits commence from the end of the Waiting Period and are payable for the duration of the Benefit Period while you remain disabled.

### **Transplant and Cosmetic Surgery (C)**

After the Policy has been in force or reinstated for six months, if you are Totally Disabled due to elective surgery to either donate an organ for transplant or for cosmetic purposes your condition will be deemed to be a Sickness and the Benefit amount will be payable. You will be considered to have become Totally Disabled from the date of the operation and Benefits commence from the end of the Waiting Period and are payable for the duration of the Benefit Period while you remain Totally Disabled.

### **Leave Without Pay – maternity, paternity, sabbatical, study or compassionate leave (C)**

Provided you continue to pay Premiums, your Policy can be continued for up to 12 months while you are on unpaid leave for maternity or paternity leave, sabbatical leave, study leave or compassionate leave.

After this time and provided Premiums continue to be paid, a claim will be paid provided you are disabled under the following definition:

- you are unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- you are not engaged in an occupation for which a person would normally expect to receive remuneration, profit or otherwise; and
- you are under the care of a Medical Practitioner and are following the prescribed treatment.

Should disability occur whilst you are on leave without pay, Benefits will be paid from the end of the Waiting Period for as long as you remain

disabled, to a maximum of the Benefit Period applicable to your Policy.

### **Involuntary Unemployment (C)**

Your Policy can be continued for up to 12 months while you are involuntarily unemployed and actively seeking employment. To continue the Policy you must notify Suncorp within 3 months of becoming involuntarily unemployed. Premiums must continue to be paid whilst you are involuntarily unemployed. If the Insured Person still remains unemployed after 12 months, the Policy will terminate and all Benefits under this Policy will cease and Premiums will no longer be payable.

If you become unemployed other than through involuntary means your Policy will automatically terminate.

If the Insured Person returns to full time paid employment within 12 months of the Policy terminating under this clause, the Policy can be re-instated without us re-assessing the Insured Person's health or personal circumstances.

### **Claim Escalation (extra cost for Standard Income Protection only) (C and S)**

Whilst you are receiving claim Benefits, your weekly Benefit will be indexed on a quarterly basis in line with the percentage increase in the CPI during the quarter, subject to a maximum of 10% per annum.

### **Death Benefit (C and S)**

If you die whilst receiving a Benefit for Total Disability in respect of Comprehensive or Standard Income Protection Policies, or Partial Disability in respect of Comprehensive Income Protection Policies only, Suncorp will pay your estate a further Benefit equal to half of the annual Sum Insured.

### **Specified Injury (C)**

You can receive Benefit payments as a result of a specified Injury, as listed in the Table of Benefits on page 49. This Benefit is paid whether or not you are working. Benefits will begin from the date of the specified Injury regardless of the Waiting Period. Once the Specified Injury Benefit ceases and if you still satisfy the definition of Total Disability, your Benefit payments will continue. Payments under this Benefit will cease should you die.

The Specified Injury Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit (see page 50). If more than one specified Injury is suffered, the Benefit will be calculated on the Injury that provides the longest claim period. The Benefit payable will be as per the table below. The payment of any Benefit will be subject to the exclusions listed under "General Exclusions" on page 54.

If you suffer from one of the events listed in the Table of Benefits below, contact us immediately for advice. The notification of your disability must be received by us immediately after the occurrence of the event.

Should an event occur which Suncorp would reject as being as a result of an exclusion under your Policy, we reserve the right to cancel the additional Benefit.

**Table of Benefits**

Event	Payment
• Paralysis (paraplegia, quadriplegia, tetraplegia, hemiplegia or diplegia)	60 months*
• Loss of both feet or both hands or sight in both eyes	24 months
• Loss of any combination of two of: a hand, a foot and sight in one eye	24 months
• Loss of one leg or one arm	12 months
• Loss of one foot or one hand or sight of one eye	12 months
• Loss of thumb and index finger of the same hand	6 months
• Fracture of the:	
1. thigh, pelvis	3 months
2. leg (between knee and foot), knee cap, upper arm, shoulder bone	2 months
3. skull (except bones of the nose or face)	2 months
4. forearm, jaw, collarbone	1 month

\* If the Benefit Period selected is 2 years, then the maximum payment period is 24 months.

"Fracture" means any fracture resulting from an accident requiring fixation, immobilisation or plaster cast as treatment of the affected area within 48 hours of the accident.

"Loss" means the total and permanent loss of:

1. the use of the hand from the wrist or foot from the ankle joint; or
2. the use of the arm from the elbow or leg from the knee joint; or

3. the use of the thumb and index finger from the first phalange joint; or
4. sight, to the extent that there is irrecoverable total loss of any eye or sight in the eye.

If more than one specified Injury is suffered, Suncorp will pay the Specified Injury Benefit which provides the greatest Benefit.

**Specified Trauma (C)**

When you suffer a specified medical condition covered under this Benefit, the Benefit amount will be paid immediately upon confirmation of diagnosis for 6 months even if you are working.

If you die during the payment period we will pay the greater of:

- the amount due for the balance of the payment period; and
- the Death Benefit.

The Specified Trauma Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit (see page 50). If you are still disabled at the end of the payment period, any other disability payments will be determined under the appropriate conditions of this Income Protection Policy.

The Specified Trauma Benefit is only payable once for each specified medical condition during the term of the Policy. If you suffer more than one of the listed specified medical conditions at the same time, we only pay you the specified Trauma Benefit for one listed medical condition.

Medical Conditions covered are as follows:

- Heart Attack
- Heart Valve Surgery
- Chronic Kidney Failure
- Severe Burns
- Major Head Trauma
- Parkinson's Disease
- Aplastic Anaemia
- Primary Pulmonary Hypertension
- Coronary Artery By-Pass Grafting
- Cancer
- Aorta Surgery
- Stroke
- Major Organ Transplant
- Multiple Sclerosis
- Encephalitis
- Cardiomyopathy

Please refer to pages 29 to 34 for definitions of these medical conditions.

This Benefit will not apply in the case of cancer, heart attack, heart valve surgery, coronary artery by-pass grafting, aorta surgery or stroke if the condition was diagnosed or the circumstances leading to diagnosis became apparent within 90 days after:

- the Policy Commencement Date; or
- an increase in the Benefit applied for, but only in respect of the increase (excluding CPI increases); or
- the most recent reinstatement of the Policy following payment of any overdue Premium.

### **Bed Confinement (C)**

If the Insured Person is confined to bed by a Medical Practitioner for a period of more than three consecutive days during the Waiting Period, and the Medical Practitioner has certified that during the period of confinement the Insured Person requires daily medical care by a registered nurse, we will pay 1/30th of the monthly Benefit for each day the Insured Person requires daily medical care. This Benefit will commence immediately the disability is confirmed by a Medical Practitioner (including the first three days) and may extend to the end of the Waiting Period, subject to a maximum period of 90 days. No Waiting Period applies to this Benefit.

The Bed Confinement Benefit will not be paid if you are eligible to receive a benefit under the Specified Injury or Specified Trauma Benefits.

### **Rehabilitation Program (C and S)**

Suncorp are willing to offer you assistance regarding suitable rehabilitation or appropriate re-training programs. We will discuss appropriate programs with you and your Medical Practitioner and the cost for these programs will be met by Suncorp. No Waiting Period applies to this Benefit.

### **Rehabilitation Expense (C)**

If you suffer Total Disability and in the opinion of Suncorp your recovery would be enhanced or accelerated or your ability to return to gainful employment would be assisted by the purchase of special equipment such as wheel chairs or other aids, Suncorp will pay up to six times the monthly Benefit towards the costs of these aids. No Waiting Period applies to this Benefit.

### **Recurrent Disability (C and S)**

If you should return to work but suffer a further disability due to the same cause within 26 weeks of your return to work, it will be considered to be a continuation of the previous Sickness or Injury and Benefits will resume immediately without the Waiting Period. The total claim amount payable as a result of the same or related Sickness or Injury is limited to the Benefit Period of your Policy.

### **Family Accommodation (C)**

Suncorp will reimburse accommodation expenses (including meals) incurred by Immediate Family Members to a maximum amount of \$200 per day if Total Disability causes the Insured Person to be confined to a hospital at a location greater than 100km from their normal place of residence. The Benefit will be paid for a maximum of 30 days for any one Sickness or any one Injury. No Waiting Period applies to this Benefit.

Overseas confinement is covered provided the Insured Person has been overseas less than three months.

### **Family Care (C)**

This Benefit provides for a monthly payment, after the Waiting Period, should you be Totally Disabled and immobilised at home and a Medical Practitioner certifies that you require full time care. Should this care be provided by an Immediate Family Member whose income ceases due to the care they provide you, Suncorp will pay the lesser of:

- the monthly income forfeited by the Immediate Family Member in providing care to you; and
- 50% of the monthly Benefit; and
- \$3,000 per month.

This Benefit will be paid for a maximum of 3 months.

## **Optional Benefits (extra cost)**

### **Guaranteed Agreed Value (extra cost) (C)**

You may add Guaranteed Agreed Value Benefit to your Comprehensive Income Protection Policy.

Your Sum Insured at commencement cannot exceed 75% of Average Weekly Income less business expenses. On claim a Benefit will be paid equal to your Sum Insured (including any indexation increases). This may mean your benefit exceeds 75% of your income prior to disability. An extra Premium applies for this Benefit.

The amount payable for any Total Disability under this option shall be subject to a guaranteed minimum of :

- the amount stated in your Policy Document Notice as the Sum Insured;
- any increases by endorsement that are agreed between you and Suncorp; and
- any reductions by endorsement that are agreed between you and Suncorp.

This Benefit is also subject to the following conditions:

- income is to be proven on application for insurance (As such, you will not be required to produce further proof of income when making a claim);
- it is not available for business expenses.

### **Lifetime Benefit – Optional (extra cost) (C)**

You may add Lifetime Benefit to your Comprehensive Income Protection Policy.

If, when you turn age 65, we are paying you a Total Disability Benefit because of the Injury or Sickness that originally caused you to be unable to work, we will continue to pay you a Total Disability Benefit after age 65 until the earlier of recovery or death, provided that you are unable to perform 2 or more of the Activities of Daily Living (see opposite column) without the physical assistance of another person.

The amount paid on continuing Total Disability beyond age 65, depends on your age at the date of becoming Totally Disabled. If Total Disability commences before age 56, the total Benefit will be paid. If Total Disability commences on or after age 56, but before age 65, the total Benefit is paid until age 65, after which the following scale applies:

Age at which Total Disability Commences	Percentage of Monthly Benefit Payable After Age 65
56 to 58	90%
59 to 61	60%
62 to 64	30%

The following conditions apply for Lifetime Benefit:

- This Benefit is only available for occupations in our occupational categories "SP – Nominated Professional" and "SM – Nominated Professional (Medical)", and only under Comprehensive Income Protection.

- Claim escalation of Benefits does not apply after age 65 (see page 48).
- For related disabilities where Waiting Periods are waived, the original date of disablement is used to determine the date at which disability commences.

The Activities of Daily Living are:

1. bathing and showering;
2. dressing and undressing;
3. eating and drinking;
4. using a toilet to maintain personal hygiene;
5. getting in and out of bed, a chair or wheelchair; and
6. moving from place to place by walking, wheelchair or walking aid.

### **Day 3 Accident – Optional (extra cost) (C)**

The Day 3 Accident Benefit may be added to Comprehensive Income Protection Policies only.

If as a result of an Injury:

- (i) the Insured Person suffers Total Disablement during the Waiting Period; and
- (ii) Total Disablement continues for a period of more than three (3) consecutive days, Suncorp will pay 1/30th of the monthly Benefit for each day that the Total Disablement continues during the Waiting Period (including the first three (3) days). We will not pay this Benefit for any period during which the Bed Confinement Benefit or Specified Injury Benefit are payable.

The appropriate financial evidence must be submitted at the time of claim unless you have Guaranteed Agreed Value as stated on your Policy Document Notice.

This Benefit will only apply if you have selected a 14 or 30 day Waiting Period and will cease at the earlier of the following:

- (i) the Total Disablement ceasing;
- (ii) the expiry of the Waiting Period;
- (iii) the Policy expiry date; or
- (iv) termination of the Policy.

## **Business Expenses – Optional (extra cost) (C and S)**

The Business Expenses Benefit may be added to Comprehensive and Standard Income Protection policies for either sole traders or partnerships as indicated in the Application Form. Business Expenses Benefit protects the business while you are Totally Disabled (in respect of both Comprehensive and Standard Income Protection Policies) or Partially Disabled (in respect of Comprehensive Income Protection Policies only) due to Injury or Sickness by covering certain monthly expenses of the business. Please note that if Business Expenses is added to a Standard Income Protection policy, Partial Disability Benefits do not apply.

A minimum Sum Insured of \$6,000 per annum applies for this Benefit. No business expenses will be paid if the business is sold or business expenses cease to be incurred.

The Business Expenses Benefit only applies if shown in the Policy Document Notice. This Benefit is payable for a maximum period of 12 months however, the Benefit Period may be extended if at the end of the 12 month maximum Benefit Period, the Benefits we have paid to you add up to less than the Sum Insured. This extension may be up to 6 months, but not beyond the Policy expiry date. The cumulative total of Benefits paid under this Policy cannot exceed the annual Sum Insured.

### ***Total Disability for Business Expenses***

If you become Totally Disabled, then after the end of the Waiting Period we will pay a Benefit to you. Your Waiting Period will be stated in your Policy Document Notice.

The Total Disability Benefit will be paid if due to Injury or Sickness you are:

- unable to perform at least one of the important duties of your occupation; and
- not engaged in an occupation for which a person would normally expect to receive remuneration, profit or otherwise; and
- under the care of a Medical Practitioner and following the treatment prescribed by the Medical Practitioner.

An "important duty of your occupation" is a duty or duties of your occupation which involves at least 20% of your working time in your principal occupation.

### ***Partial Disability for Business Expenses***

If you become Partially Disabled, then after the end of the Waiting Period (as stated in your Policy Document Notice) we will pay a Benefit to you provided:

- you have been Totally Disabled for 14 continuous days during the Waiting Period; and
- you return to work and have suffered a loss of income as a direct result of the Total Disablement, Injury or Sickness; and
- you remain under the regular medical care of a Medical Practitioner.

The requirement to be Totally Disabled for 14 continuous days will be waived if in our opinion and based on medical advice, you are permanently or long term Partially Disabled.

For the first 3 months of a Partial Disability claim, if you are earning less than 20% of your Average Weekly Income, the full Total Disability Benefit will be paid.

### ***Business expenses we pay for***

You can insure for up to 100% of the normal day to day running expenses of the business. These expenses include, but are not limited to:

- accounting and audit fees;
- bank or other Financial Institution charges;
- office cleaning costs;
- electricity, property and water rates for business premises;
- equipment and motor vehicle leases;
- business related insurance premiums but not including Premiums for this Policy;
- interest payments;
- office leasing fees;
- payroll tax for employees;
- office rent or mortgage payments (interest only, not principal) which solely relate to the conduct of the business;
- salaries for employees not involved in the generation of revenue (excluding Immediate Family Members who are employees) or the cost of a replacement;

- superannuation contributions for employees (excluding Immediate Family Members who are employees);
- telephone costs;
- dues to professional bodies; and
- any other expenses agreed to by us.

#### ***Business expenses we won't pay for***

We will not pay for:

- goods, wares or merchandise or trade in stock;
- depreciation of real estate;
- remuneration, however paid, to you or to any other person who directly contributes to your earnings or that of the business;
- remuneration, however paid, to Immediate Family Members;
- costs associated with sub letting during the period of disablement;
- any expenses which are not regularly paid or payable; or
- taxes (including Goods and Services Tax) levied in respect of the expenses or outgoings of your business, (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of Benefits payable under this Policy.

## Benefit Entitlements

Please refer to page 55 for full details.

## When does your Policy Terminate?

Suncorp guarantees to renew your Standard Income Protection Policy or your Comprehensive Income Protection Policy every year up to a specified Renewal Date. The Renewal Dates for both Policies are specified in the following table.

Policy	Policy Expiry Dates
Standard Income Protection	Renewal Date immediately prior to the Insured Person's 65th birthday
Comprehensive Income Protection	Renewal Date immediately prior to the Insured Person's 65th birthday

Other than at the expiry ages noted above your Policy will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your Policy. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the days of grace; or
- your death; or
- your permanent retirement, unless it is a result of your Total Disability.

## Charges

Charges payable by you in respect of this Policy are set out on page 41.

## Alterations

Your Income Protection Policy or the Policy Document Notice can be altered if you and Suncorp agree to alter the level of cover, types of Benefits or special terms of your Policy specified in the Policy Document Notice.

## Non-assignment of Policy

This Policy is a contract between you as the Policyowner and Suncorp. It may not be assigned to any other person, company or organisation. We will not be bound by any assignment, mortgage, or charge on this Policy and will disregard any such dealing.

## Future Upgrade

We strive for constant improvement to our policies. Thus, future improved versions of this Policy may be introduced. If this happens, and you will not be disadvantaged by any terms and conditions of the new policy, your Policy will automatically be upgraded to the new contract. We will give you written notice of the changes and when they come into effect.

Any Sickness or Injury for which you have received advice or treatment prior to the improvement being offered may exclude you from being eligible for payment under any improved conditions.

## General Exclusions

### Suncorp will not pay for Total Disablement or Partial Disablement resulting from:

- intentional self-inflicted injury performed by you or under your instructions or attempted suicide;
- you falling pregnant (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems), giving birth, miscarrying or having an abortion. However, if you spend more than three months Totally Disabled from the date your pregnancy ends your period of Total Disability will start at the end of that three months;
- declared or undeclared war;
- service in the armed forces; or
- any exclusion stated in your Policy Document Notice.

### Non-smokers Conditions

If you have declared yourself to be a non-smoker, please read this carefully.

The non-smoker premium rates for all Income Protection Policies are based on your signed declaration that you are a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount payable to a smoker who has paid premiums at your level.

### Additional Exclusions

When we process your application we may decide to accept the application only on condition that claims arising out of certain activities related to the Insured Person's occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

## How To Claim

### Proof of Age

**You will be asked to give proof of the Insured Person's age before Suncorp pays you any Benefits under this Policy. If the Insured Person has not given their correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.**

**Any adjustments will be backdated to the time you first took out this Policy and will take into account the true age of the Insured Person at that time.**

### Making a Claim

**If you fall ill or have an accident which could result in a claim, contact us immediately for advice.**

**The notification of your disability must be received by us immediately after the occurrence of the disability and no later than the expiry of the Waiting Period.**

**If you do not notify us during the Waiting Period, at the discretion of Suncorp some or all of your Benefits may not be paid.**

Before we admit we are liable to pay any claim, we have the absolute right to satisfy ourselves as to the extent of your disability. We reserve the right to request any necessary medical, financial or other evidence that we might reasonably need to assess your claim before the Benefit should be paid. You will also be asked to supply evidence on a monthly basis of your continuing disability. The cost of providing medical evidence in support of your claim is your responsibility. We reserve the right to appoint our own Medical Practitioner at any time to examine and assess you.

We are only liable to pay any Benefit if all premiums due have been paid within the days of grace and you produce this CIB and your Policy Document Notice.



## Benefit Entitlements

### Income Protection Insurance

The Benefit payable in respect of any week will not be the lesser of 75% of your Average Weekly Income or your Sum Insured (unless you have selected the Guaranteed Agreed Value Benefit (see page 50)).

In the event of a claim, you will be requested to provide details of your Income earned over the past 3 years. Your Benefit may be adjusted in accordance with the definition of Average Weekly Income contained on page 57 (unless you have selected the Guaranteed Agreed Value Benefit (see page 50)).

Any Benefit payment will be paid in Australian currency and reduced by the amount of the following entitlements you receive while disabled:

- (i) sick leave payments during the period of disability following the Waiting Period;
- (ii) workers compensation payments;
- (iii) social security or other payments made under statute, regulation or ordinance;
- (iv) payment under any other disability, injury or sickness policy and temporary disablement benefit if it was not disclosed to us when you applied for this Policy or when you last applied for an increase in cover; and
- (v) income from your current employment or business.

If any of these regular payments are paid other than monthly or as a lump sum, we will convert them to monthly payments for our calculation. If a lump sum, this will normally be 1/100th of the Benefit for a period of eight years.

**Where the occupation of the Insured Person as shown on your Policy Document Notice is rated as "SP – Nominated Professional" or "SM – Nominated Professional (Medical)," Suncorp shall have the right to reduce Benefits in line with paragraph (iv) above, but no other reduction to your Benefits will apply.**

We will ignore any other income or regular payments including;

- investment income;
- amounts paid as compensation because of your pain and suffering;
- lump sums that are paid because you are Totally and Permanently Disabled.

However, if you receive any compensation that includes an amount for loss of income resulting from your disability for any period and we have paid you Benefits under this Policy, you must, on demand by us, repay either the Benefits we have paid you or the amount you have been awarded for loss of income, whichever is the lower amount.

### Business Expenses

#### Amount of Benefit – Total Disability & Partial Disability

The Benefit payable will be the lesser of:

1. The weekly\* insured Benefit (plus any unused portion of the previous month's Benefit); and
2. Allowable weekly\* business expenses less weekly\* Income (excluding deductions for business expenses) subject to the following:
  - Pre-paid or accrued business expenses, or business expenses which are paid or payable in a lump sum, will be apportioned over the period of time of disablement or on an indemnity basis at the discretion of Suncorp.
  - If more than one person generates income in the business, we distribute the expenses equally between you and the other person/s, to determine your share.
  - If you ask us to distribute the business expenses unequally between you and any other person/s in the business at the commencement of the Policy, we may agree to do so.
  - Benefits are only paid if receipts are produced within ninety (90) days of the date the business expenses were incurred.
  - No Benefit will be payable if your allowable weekly Income (excluding deductions for business expenses) exceeds your allowable weekly business expenses.

\* Payments are calculated for each 4 weeks of disability.

## Offsets – Business Expenses

If you receive Business Expenses Benefits from other policies on your life, we will reduce the Business Expenses Benefit we pay by the amount of those benefits.

## When Benefits Stop for Income Protection and Business Expenses

Payments will cease with any one of the following events, whichever happens the earliest:

- termination of the Policy; or
- the death of the Insured Person; or
- the end of the Benefit Period in respect of any one Injury or any one Sickness; or
- the date on which you cease to be disabled.

The date on which you cease to be disabled will be whichever one of the following happens earliest:

- In the case of Total Disability:  
The date on which you begin to engage in your occupation as stated in your Application Form, or any other occupation for which a person would normally expect to receive remuneration, profit or otherwise.
- In the case of Partial Disability:  
The date on which you resume all your full-time duties in the occupation stated in your Application Form, or any other occupation for which a person would normally expect to receive remuneration, profit or otherwise.
- In the case of either Total Disability or Partial Disability:  
The date on which Suncorp, acting reasonably on the advice of Medical Practitioners, determines that you are no longer disabled.

## How Benefit Payments are Made

If you become disabled, you will receive your first disability Benefit payment two weeks after the end of the Waiting Period. This payment will be for the period of two weeks only and no Benefit is payable in respect of your Waiting Period. The Waiting Period you nominate will appear on your Policy Document Notice.

Subsequent payments will be for each subsequent four weeks of disability and will be paid at the end of each four week period.

# Definitions

Where any of these words appear in this CIB or the Policy Document Notice for your Income Protection Insurance, whether the first letter is in upper case or lower case, then their meanings are as defined below:

**Application Form:** The application form which is used when applying for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**Average Weekly Income:** The average weekly income (however distributed) you earned by personal exertion in your main occupation (second jobs are not counted). The average is calculated over the three years, or one year, immediately before your Injury or Sickness, whichever gives the greater result. It is based on your gross Income after business expenses have been deducted, but before personal deductions (as listed on your Income Tax Return) and income tax are taken out.

Your Average Weekly Income will be increased by the increases in the CPI after each 12 month period you remain on claim.

**Average Business Expenses:** The average business expenses incurred during the 12 month period immediately before the date of disablement, or, if not available, the last financial year of the business.

**Benefit:** A specific benefit, as stated in the Policy Document Notice, relating to the Sum Insured under the Policy.

**Benefit Period:** The maximum period of time for which Income Protection Insurance Benefits will be paid for any one Sickness or any one Injury. Benefits are payable after expiration of the Waiting Period and prior to the expiry date of the Policy.

**CIB:** This Customer Information Brochure.

**CPI:** The Consumer Price Index: All Groups Australia that is published by the Australian Bureau of Statistics.

**Days of Grace:** The period of 30 days we allow for payment of your first Premium and all subsequent Premiums.

**Due Date:** The date that your Premium is payable. Your first Premium is payable on the Policy Commencement Date and then each year on the Renewal Date for as long as the Policy continues. The Policy Commencement Date is shown on your Policy Document Notice.

**Financial Protection Plan:** The CIB for Term Life Insurance, Trauma Insurance and Income Protection Insurance.

**Immediate Family Member:**

- your legal husband or wife;
- a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you;
- your mother, father, mother-in-law, father-in-law; or
- your child or the child of your spouse.

**Immobilised:** The inability to perform two of the activities of daily living.

**Income:** Where the Insured Person directly or indirectly owns all or part of a business from which regular income is earned, income is defined as the income earned by the business due to the Insured Person's personal exertion or activities, less their share of business expenses calculated on a monthly basis.

Where the Insured Person does not directly or indirectly own all or part of a business from which regular income is earned, income is defined as the monthly value or remuneration paid by the Insured Person's employer in respect of the performance of the duties of the Insured Person's usual occupation. This will be determined by calculating the amount the Insured Person would have received as a salary by

way of total remuneration package (before tax is deducted), including salary, fees, commission, regular bonuses, overtime and fringe benefits.

For all occupations, income from additional occupations will not be considered.

**Injury:** This is bodily injury not caused by Sickness or intentional self-infliction which occurs during the life of this Policy.

**Insured Person:** The Insured Person shown on the Policy Document Notice.

**Medical Practitioner:** A registered medical practitioner recognised by a Medical Registration Board or Council in Australia or New Zealand (or other country approved by us) excluding the Insured Person or any Immediate Family Member or relative of the Insured Person acting as a medical practitioner.

**Partial Disability:** As defined on page 46. Partial Disablement and Partially Disabled have corresponding meanings.

**Policy:** Your policy comprising the Policy terms and conditions set out in this CIB, your Application Form, and the Policy Document Notice.

**Policy Commencement Date:** The date from which insurance takes effect. This date is shown on your Policy Document Notice and applies so long as your Premium has been paid and acknowledged by Suncorp.

**Policy Document Notice:** The document we send you which provides your Policy number and details of your cover. Your Policy Document Notice also shows what optional Benefits you have included with your insurance.

**Premium:** The amount you pay us for the insurance cover.

**Policyowner:** The Insured Person.

**Renewal Date:** The anniversary of the Policy Commencement Date as shown on your Policy Document Notice.

**Renewal Notice:** The notice we send you for renewal of your Policy.

**Sickness:** A disease or illness which becomes apparent while you are covered by a Suncorp Income Protection Insurance Policy.

**Sum Insured:** The amount we will pay under the terms and conditions of your Policy.

**Total Disability:** As defined on page 46.

**Total Disablement** and **Totally Disabled** have a corresponding meaning.

For occupations in our occupational category S3 (heavy unskilled manual occupations), after 2 years of Total Disablement as a result of the same Injury or Sickness, "your occupation" is replaced by "any occupation for which you are reasonably suited by education, training or experience".

**Waiting Period:** Under an Income Protection Insurance Policy, you agree that no Benefit is payable to you during a certain number of days after your Injury or Sickness commences. The exact number of days is shown on your Policy Document Notice. No Waiting Period applies to Specified Injury, Specified Trauma, Bed Confinement, Rehabilitation Program, Rehabilitation Expense, Recurrent Disability or Day 3 Accident Option if it has been selected and a claim has been accepted by us for this Benefit.

**We, us, our, Suncorp:** Suncorp Life & Superannuation Limited ABN 87 073 979 530.

**Weekly Benefit:** As shown on your Policy Document Notice.

**You, your:** The Insured Person.

# Interim Cover

While your application is being processed, we provide Interim Cover for you. Benefits are paid from the Suncorp Life No.1 Statutory Fund.

The level of cover and circumstances in which we will pay vary according to the policy applied for and our standard underwriting guidelines and practices. Please refer to the appropriate product or products below for full details of how Interim Cover will be paid for each product. What we mean by Total and Permanent Disablement, Total Disability and when we will and won't pay for business expenses are described in the relevant sections of this CIB (see pages 46 and 53).

## Availability of Interim Cover

Interim Cover is available to you provided that:

- (i) any previous insurance on the person to be insured was accepted by Suncorp or any other Life Office at standard rates and without exclusion and;
- (ii) the insured person must be between ages:
  - 18 to 75 for Term Life Insurance (Death);
  - 20 to 65 for Trauma and Total & Permanent Disablement insurance; and
  - 18 to 60 for Income Protection and Business Expenses Insurance,
- (iii) the level of sum insured applied for is financially justifiable.

## Commencement of Interim Cover

Interim Cover commences when your completed application form and a deposit of one month's Premium has been submitted to Suncorp.

## Period of Interim Cover

Interim Cover will cease when one of the following occurs:

- (i) your policy commences;
- (ii) 90 days after the date of application;
- (iii) your application is declined; or
- (iv) Suncorp advises that your application will not be accepted at standard rates or with modifications.

## Your Application for Financial Protection Plan

If you claim under Interim Cover for any person to be insured, we will take this into account in considering your application for insurance on that person. The insurance applied for may be declined or have special conditions imposed as a result.

## Term Life Insurance

If the application is for Term Life Insurance we will pay the benefit if the person to be insured should die during the period of interim cover.

If the application is also for Total and Permanent Disablement (TPD) cover we will pay a benefit on the earlier of the person to be insured's:

- death; or
- becoming totally and permanently disabled as a result of injury or illness first occurring during the period of Interim Cover. The "Any occupation" definition will be used for assessment purposes (refer to page 10).

**Amount payable:**

## Death

The amount paid will be the lesser of:

- (i) \$1,000,000; or
- (ii) the proposed sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

## TPD

The amount paid will be the lesser of:

- (iv) \$500,000; or
- (v) the proposed sum insured; or
- (vi) the sum insured we would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional benefits attaching to Term Life Insurance (eg. Trauma and TPD) will be the proposed sum insured to a maximum of \$500,000.

## Trauma Insurance

If the application is for Trauma Insurance we will pay the benefit if the person to be insured should suffer one of the following critical conditions as a result of injury or illness first occurring during the period of Interim Cover (refer to pages 29 to 34 for definitions of the Critical Conditions):

- Coma\*
- Severe Burns
- Blindness
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Major Head Trauma
- Loss of Independent Existence\*

\* These conditions are not covered if you have applied for Standard Critical Cash.

**Amount payable:**

The amount paid will be the lesser of:

- (i) \$500,000; or
- (ii) the proposed sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional benefits attaching to Term Life Insurance (eg. Trauma and TPD) will be the proposed sum insured to a maximum of \$500,000.

## Income Protection Insurance

If you have applied for Income Protection Insurance (Comprehensive or Standard) we will pay the benefit if the person to be insured is Totally Disabled as a result of illness or injury first occurring during the period of Interim Cover. "Total Disability" has the same meaning as in the relevant section of the CIB (see page 46).

**Amount payable:**

The amount paid will be the lesser of:

- (i) \$5,000 per month; or
- (ii) the proposed monthly sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

The benefit is payable each month that the person to be insured remains continuously Totally Disabled after the end of the applied for waiting period. The benefit is payable for a maximum period of 12 months.

## Business Expenses Insurance

If you have applied for Business Expenses Insurance we will pay the benefit if the person to be insured is Totally Disabled as a result of illness or injury first occurring during the period of Interim Cover. "Total Disability" has the same meaning as in the relevant section of the CIB (see page 46).

### Amount payable:

The amount paid will be the lesser of:

- (i) \$5,000 per month; or
- (ii) the proposed monthly sum insured; or
- (iii) the proposed person's share of the allowable business expenses actually incurred during the period of Total Disability; or
- (iv) the sum insured we would accept for you under our normal underwriting guidelines.

The benefit is payable each month that the person to be insured remains continuously Totally Disabled after the end of the applied for waiting period. The benefit is payable for a maximum period of 6 months.

## When benefits will not be paid

We will not pay any benefits if the application is one which we would not normally accept under our standard underwriting guidelines and practices. Benefits will also not apply where death, disablement or Total Disability is caused by :

- (i) suicide or intentional self inflicted injury performed by you or the Insured Person or under your instructions or those of the Insured Person; or
- (ii) any physical condition, sickness or injury for which the person to be insured had any symptoms of or received advice or treatment for prior to applying for this Policy or policies; or
- (iii) participation in certain occupations, sports, industries, pursuits or pastimes that would cause Suncorp ordinarily in the course of its business to reject your application;

Please ask and we will advise whether the person to be insured's occupation, sports, industry, pursuits or pastimes fall within these certain occupations, industries, pursuits and pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

## Interim Cover Conditions:

1. This Interim Cover will not apply if the person to be insured dies, becomes Totally & Permanently Disabled, suffers a traumatic event or becomes Totally Disabled as a result of:
  - intentional self-inflicted injury or suicide;
  - any physical condition, sickness or injury for which the person to be insured had any symptoms of or received advice or treatment for prior to applying for this Policy or policies; or
  - participation in certain occupations, sports, industries, pursuits or pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

Please ask and we will advise whether the person to be insured's occupation, sports, industry, pursuits or pastimes fall within these certain occupations, industries, pursuits and pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

2. A deposit of one month's premium is received with your application;
3. Any previous insurance on the person to be insured must have been accepted by Suncorp or any other Life Office at standard rates and without exclusion;
4. The person to be insured must be between 18 to 75 for Term Life Insurance; 20 to 65 for Trauma insurance and 18 to 60 for Total & Permanent Disablement Insurance, Income Protection Insurance and/or Business Expenses Insurance;
5. The level of Sum Insured is financially justifiable;
6. Interim cover does not apply if the cover being proposed is to be a replacement policy for existing cover where the existing cover is still in force;
7. Interim Cover does not apply if the application for insurance would normally be declined or deferred under our standard underwriting guidelines;

8. If under our standard underwriting guidelines we would have reduced the sum insured to less than what had been proposed for we will also reduce the amount payable under the Interim Cover benefit to what we would have offered;
9. If under our standard underwriting guidelines we would have modified or applied an additional loading on your policy as a result of your medical history we will reduce the level of interim cover based on the proposed premium and the terms we would have offered;
10. Interim cover does not apply if the claim is a result of war, terrorism, service in the armed forces or the insured's voluntary participation in a criminal act;
11. Interim cover only applies if you have fully completed the application form and have paid the first instalment premium; and
12. Interim cover only applies if the cause of the claim happens in Australia or New Zealand.

## This Interim cover will cease when one of the following occurs:

1. your policy commences;
2. 90 days after the date of application;
3. your application is declined; or
4. Suncorp advises that your application will not be accepted at standard rates or with modifications.



# Direct Debit Request (DDR) Service Agreement

This DDR Service Agreement forms part of the terms of the Direct Debit Request ('DDR') and should be read in conjunction with the DDR form.

## DDR – SUNCORP FINANCIAL PROTECTION PLAN

We will process a direct debit to the account nominated on the DDR for the amount of the life/superannuation contribution (plus any applicable Government charges, GST and processing fees) on the date that it is due in accordance with the terms and conditions of your policy provided by Suncorp Life & Superannuation Limited.

You will need to be notified of the amount of your life/superannuation contribution by Suncorp Life & Superannuation Limited.

## Changing your DDR Service Agreement

We will provide you with 14 days notice if we change any of the terms of the DDR Service Agreement.

## Stopping or Cancelling your DDR

You may defer, alter, stop or cancel your DDR at any time by providing at least 5 business days notification in writing to:

The Manager  
Suncorp Life & Superannuation Limited  
GPO Box 1453 (LS056)  
Cnr Albert & Turbot Streets Brisbane Qld 4000

Requests to vary the details of the account to be debited must be in writing and in terms of the operating authority for the account.

## DDR Dispute Resolution

If you wish to dispute a DDR transaction you can contact us as follows and we will arrange for your disputed transaction to be investigated and where appropriate, for a correction to be made.

The Manager  
Suncorp Life & Superannuation Limited  
GPO Box 1453 (LS056)  
Cnr Albert & Turbot Streets Brisbane Qld 4000

Or telephone us on 1800 810 012

If we are unable to resolve the dispute to your satisfaction you should contact the financial institution where the account to be debited is held to complete and lodge a DDR Customer Claim form.

## Non Business Days

If your DDR falls due on a weekend or public holiday we will process it on the next business day.

If you are uncertain of the date your DDR will be processed you should contact your financial institution.

## Returned or Dishonoured DDR's

If your DDR is dishonoured or returned unpaid by your financial institution for any reason we reserve the right to recover the funds from you and charge any additional fee that may apply.

## Clear Funds

You should ensure that you have sufficient clear funds in your financial institution account to enable the DDR to be paid.

## Your Records

We will not disclose any details of your DDR to any person or corporation unless required to do so by law, for operational reasons or unless the information is required in relation to a disputed transaction.

## Your Account

You should be aware that some financial institutions may not allow a DDR to be processed to certain types of accounts.

You should check your account details against a recent statement from your financial institution or check with your financial institution to ensure that a DDR can be processed to your account.

If you wish to make inquiries about your DDR you can contact us by writing to:

The Manager  
Suncorp Life & Superannuation Limited  
GPO Box 1453 (LS056)  
Cnr Albert & Turbot Streets Brisbane Qld 4000

Or telephone us on 1800 810 012

# More About Suncorp

Suncorp Life & Superannuation Limited is a member of the Suncorp-Metway Ltd group of companies.

The Suncorp Group was created on 1 December 1996 when the Queensland Government owned Suncorp and QIDC entities were merged into the publicly listed Metway Bank. In 2001 the Group made its first major acquisition with the purchase of AMP's general insurance business in Australia. The Suncorp Group had total assets as at 30 June 2002 of \$35.48 billion.

As an Allfinanz group, the Suncorp Group of companies offers insurance, investment and banking products to customers through an extensive distribution network.

The registered address for Suncorp Life & Superannuation Limited is Level 18, Suncorp Centre, 36 Wickham Terrace, Brisbane 4000.

The directors of Suncorp Life & Superannuation Limited are:

- M.D.E. Kriewaldt
- R.F. Cormie
- J.D. Story
- W.S. Jones
- J.J. Kennedy, AO CBE
- I.D. Blackburne
- R.P. Handley
- R.J. Lamble, AO
- C. Hirst, AO

The Trustee of the Suncorp Personal Superannuation Fund is:

Suncorp Superannuation Pty Ltd  
ABN 59 009 931 435.

The Trustee's registered office is located at, Level 18, Suncorp Centre, 36 Wickham Terrace, Brisbane 4000.

The Directors of Suncorp Superannuation Pty Ltd are:

- R.T. Ward
- N. Spencer
- D.A. Neill
- C. Skilton

# Memorandum of Transfer for Yearly Renewable Term Life Insurance & Trauma Insurance

Date of Transfer

Policy Number

Signature of Transferor

Witness

<b>Transferee:</b>	
Name in Full	<input type="text"/> <input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Occupation	<input type="text"/>

Signature of Transferee

Witness

Consideration for Transfer; If the transfer is by way of mortgage or on trust that fact must be stated

Witness

Signature of Principal Officer of Suncorp Life and Superannuation Limited or his/her Deputy

**Date of Registration of Transfer**









You will soon receive a Policy Document Notice through the post once your application is accepted by Suncorp. The Policy Document Notice is confirmation of acceptance of your application and together with the Policy terms and conditions contained in this CIB and your Application Form, constitute the contract between you and Suncorp. This CIB and your Policy Document Notice are required in the event you wish to make a claim with Suncorp. It is therefore a very important document and we suggest that you keep the Policy Document Notice with this CIB in a safe place.

**Phone: 1800 810 012**

[suncorp.com.au](http://suncorp.com.au)

Suncorp Life & Superannuation Limited

ABN 87 073 979 530

00241 (9/02)