



SUNCORP

Suncorp Financial Protection Plan Product Disclosure Statement

Prepared on : 12 October 2005



SUNCORP FINANCIAL PROTECTION PLAN

PRODUCT DISCLOSURE STATEMENT

Prepared on 12 October 2005.

Issuers

Suncorp Life & Superannuation Ltd ('SLSL')

ABN: 87 073 979 530
AFSL: 229880

Suncorp Superannuation Pty Ltd ('SSPL' or 'Trustee')

ABN: 59 009 931 435
AFSL: 229879

Registered Office (SLSL and SSPL)

Level 18, Suncorp Centre, 36 Wickham Terrace,
Brisbane Qld 4000

This document is the Product Disclosure Statement ('PDS') for the Suncorp Financial Protection Plan.

The PDS contains information on:

- Suncorp Yearly Renewable Term Life Insurance
- Suncorp Superannuation Term Life Insurance
- Suncorp Trauma Insurance
- Suncorp Income Protection Insurance
- Suncorp Income Provide Insurance

You should read this PDS carefully before making a decision to purchase any Suncorp Financial Protection Plan product.

Various products and services are provided by different entities of the Suncorp Group. The different entities of the Suncorp Group are not responsible for or liable in respect of products or services provided by other entities of the Suncorp Group.

Suncorp Yearly Renewable Term Life Insurance, Suncorp Trauma Insurance, Suncorp Income Protection Insurance and Suncorp Income Provide Insurance are issued by Suncorp Life & Superannuation Ltd ABN 87 073 979 530.

Suncorp Superannuation Term Life Insurance is issued by Suncorp Superannuation Pty Ltd ABN 59 009 931 435. Life Insurance is provided by SLSL.

SLSL and SSPL take full responsibility for the whole of this PDS.

If you purchase Suncorp Superannuation Term Life Insurance, you become a member of the Suncorp Personal Superannuation Fund ("Fund") and become entitled to benefits under life insurance policies held by SSPL, as trustee of the Fund.

A cooling off period applies in respect of the Suncorp Financial Protection Plan. Information on how you may exercise your cooling off rights in relation to the purchase of each product is detailed on page 53 of this PDS.

Certain external dispute resolution schemes are able to deal with complaints relating to each financial product covered by this PDS. Information on how to contact these schemes is detailed on page 54 of this PDS.

This PDS contains information you need to read before making any decision to acquire any of the types of the

insurance cover mentioned in this PDS. Your adviser can assist you in completing the Application Form. Each product described in this PDS may be purchased separately.

It is important that you read this PDS carefully to understand the extent of insurance cover provided by each product and any limitations on that cover.

In giving this PDS we have not considered your particular objectives, financial situation or needs and there is a risk that the products in this PDS may not suit your particular objectives, financial situation or needs (unless SLSL or SSPL, their officers, employees or Authorised Representatives have previously advised otherwise).

An acquisition of any of the products on the basis of the PDS is only available to a person receiving the PDS in Australia and who is an Australian resident at that time.

All applications for cover will be assessed based on this PDS and underwriting guidelines current at the time of application.

Information in this PDS is based on our interpretation of taxation and other laws as at 30 September 2005.

When reading this PDS, please refer to the 'Glossary' section on pages 64-67 for the meaning of various terms and conditions.

INFORMATION ON YOUR POLICY

Once SLSL is prepared to offer you cover, you will be sent a Policy Document Notice which, together with this PDS and your Application Form, are the terms and conditions of your insurance with SLSL.

However, we (the "Trustee" in the case of Superannuation Term Life Insurance) reserve the right to vary any of the terms and conditions in this PDS before issuing you with a Policy Document Notice.

Please read the Policy Document Notice and the Policy terms and conditions in this PDS carefully.

The Policy Document Notice:

- will contain specific terms for your cover and any additional Benefits included;
- will state the extent to which the terms and conditions set out in this PDS and your Application Form apply to you; and
- may contain terms and conditions which may override those contained in this PDS (where this is the case, the overrides will be clearly stated).

You should keep your Policy Document Notice and this PDS in a safe place. They will be required when you make a claim.

Once you become a member of the Suncorp Personal Superannuation Fund, you will receive a Policy Document Notice and a copy of the current annual report to members with important information about the Fund.

CONTENTS

About the Suncorp Group	3
The Benefits of Wealth Creation and Protection ..	3
Suncorp Wealth Management	3
Suncorp Financial Protection Plan at a Glance ..	4
Suncorp Term Life Insurance	5
Overview	6
Entry and Expiry Ages	7
Benefits (no extra cost)	8
Optional Benefits	9
Nomination of Beneficiaries	14
Convertibility Option	14
General Exclusions	15
How to Claim	15
Payment of Benefits	16
Suncorp Trauma Insurance	17
Overview	18
Entry and Expiry Ages	20
Optional Benefits	20
General Exclusions	23
How to Claim	23
Payment of Benefits	24
Suncorp Income Protection Insurance	25
Overview	26
Entry and Expiry Ages	28
Benefits (no extra cost)	28
Definition of Benefits	29
Optional Benefits (extra cost)	34
Non-assignment of Policy	36
General Exclusions	36
How to Claim	36
Benefit Entitlements	37
Business Expenses	38
Suncorp Income Provide Insurance	39
Overview	40
Entry and Expiry Ages	41
Benefits (no extra cost)	41
Non-assignment of Policy	42
Your Occupation as Stated on your Application Form	42
General Exclusions	42
How to Claim	43
Benefit Entitlements	43
Additional Product Features	45
Future Upgrade	45
Automatic Indexation	45
Multiple Insured Persons	45
Interim Cover	45
How Much Will It Cost?	49
What is Paid to Your Adviser?	50
Taxation Information	51
Providing Your Tax File Number	52
Other Important Information	53
What are the Risks?	53
Cooling Off Period	53
Your Duty of Disclosure	53
Complaints and Dispute Resolution	54
Frequently Asked Questions	55
Medical Definitions for Trauma Insurance	56
Glossary	64
Direct Debit Request (DDR) Service Agreement	68
How Do I Get Started?	68
Contact Details	Inside Back Cover

ABOUT THE SUNCORP GROUP

THE BENEFITS OF WEALTH CREATION AND PROTECTION

‘Wealth creation’ involves saving and investing your money in order to achieve specific financial and lifestyle goals. Your goals might include growing your capital and generating regular income. It may also include protecting what you already have.

There are many strategies and financial products you can use to try to create wealth, including superannuation and managed investments. You can also invest directly in shares, property, fixed interest and cash.

Likewise, there are many life insurance products such as term life, trauma and income protection insurance to help protect your wealth against unforeseen events.

The right approach to wealth creation and protection varies from person to person but the fundamentals remain the same – setting goals and putting together a plan to ensure they are met.

A properly accredited advisor can help you design a plan that is right for you, taking into account your personal situation, your goals, needs and wants.

SUNCORP WEALTH MANAGEMENT

The Suncorp Wealth Management division offers life insurance, superannuation and managed investments. This division also includes the funds management activities of Suncorp Metway Investment Management Ltd ABN 31 068 147 651.

Products and services provided for Suncorp Wealth Management’s retail consumers and small businesses include superannuation, managed investments (unit trusts), life insurance and financial planning and advice.

SUNCORP FINANCIAL PROTECTION PLAN AT A GLANCE ...

The insurance policies which are set out in this PDS can help you to protect your current lifestyle and help you and your family in the event of death, sickness or injury.

The PDS contains information about the following types of insurance:

Term Life Insurance	
What is it?	A lump sum Benefit on death or Terminal Illness.
Who needs it?	Anyone, including those with debt, mortgage, a family, or a business.
What policies are available?	Suncorp Yearly Renewable Term Life Insurance, Suncorp Superannuation Term Life Insurance.
Where is it explained?	Pages 6–16 of this PDS.
Total & Permanent Disability Insurance	
What is it?	A lump sum Benefit payable if you are Totally and Permanently Disabled due to Injury or Sickness.
Who needs it?	Anyone, including those with debt, mortgage or a family.
What policies are available?	Suncorp Yearly Renewable Term Life Insurance, Suncorp Superannuation Term Life Insurance.
Where is it explained?	Pages 11–12 of this PDS.
Trauma Insurance	
What is it?	A lump sum Benefit if you are diagnosed with one of the listed diseases or medical conditions.
Who needs it?	Anyone who could incur additional expenses associated with a major illness or Injury.
What policies are available?	Essential Trauma Insurance or Comprehensive Trauma Insurance
Where is it explained?	Pages 18–24 of this PDS.
Income Protection Insurance	
What is it?	A replacement income of up to 75% of your pre-tax income if you are unable to work due to Sickness or Injury.
Who needs it?	Anyone who would find it difficult to make ends meet without their regular income.
What policies are available?	Suncorp Standard Income Protection Insurance, Comprehensive Income Protection Insurance, Suncorp Income Provide Insurance.
Where is it explained?	Pages 26–44 of this PDS.

Note: The details provided in this overview do not replace or override the full descriptions of the conditions and features outlined later in the Product Disclosure Statement.

Term Life Insurance



SUNCORP TERM LIFE INSURANCE

OVERVIEW

Suncorp Term Life Insurance (“Term Life Insurance”) covers the Insured Person’s life and pays a lump sum on their death or diagnosis of a Terminal Illness. The Benefit you receive can help meet funeral expenses, secure your family’s future through the creation of an estate, repay your mortgage and other debts, and protect your business or cover key business employees.

You can choose either:

- Suncorp Yearly Renewable Term Life Insurance (“Yearly Renewable Term Life Insurance”); or
- Suncorp Superannuation Term Life Insurance (“Super Term Life Insurance”).

Yearly Renewable Term Life Insurance is issued by SLSL, Super Term Life Insurance is issued by SSPL.

	Yearly Renewable Term Life Insurance	Super Term Life Insurance								
Product Description	Pays a lump sum Benefit if the Insured Person dies or, is in SLSL’s opinion, diagnosed with a Terminal Illness which will most likely result in death within 12 months of being diagnosed regardless of any treatment.	Pays a lump sum Benefit if the Insured Person dies or is, in SLSL’s opinion, diagnosed with a Terminal Illness which will most likely result in death within 12 months of being diagnosed regardless of any treatment. If you purchase Super Term Life Insurance, you become a member of the Suncorp Personal Superannuation (“Fund”) and become entitled to Benefits under Life Insurance Policies held by SSPL, as trustee of the Fund.								
Feature										
Minimum Age entry	18 next birthday	18 next birthday								
Maximum Age entry	75 next Birthday	64 next birthday								
Guaranteed Renewable up to Renewal Date before	99 next birthday	65 next birthday (this can be extended to age 75 next birthday if you are eligible to remain a member of the Suncorp Personal Superannuation Fund)								
Minimum Sum Insured	\$75,000	As per Yearly Renewable Term Life Insurance								
Maximum Sum Insured	Assessed on individual circumstances at the time of application.	As per Yearly Renewable Term Life Insurance								
Indexation of Sum Insured	The greater of increases in the Consumer Price Index (CPI) over the year and 3%	As per Yearly Renewable Term Life Insurance								
Minimum Premium	\$200 per year (including policy fee)	As per Yearly Renewable Term Life Insurance								
Policy Fee per annum	From \$60 to \$64.80	As per Yearly Renewable Term Life Insurance								
Premium Rates available	Males, Females, Smokers, Non-smokers, Age and by Occupation type	As per yearly Renewable Term Life Insurance								
Sum Insured Premium Loading	<\$125, 000 → 10% loading	As per Yearly Renewable Term Life Insurance								
Sum Insured Premium Discounts	<table border="0"> <tr> <td>\$250,000 to \$499,999</td> <td>10% discount</td> </tr> <tr> <td>\$500,000 to \$999,999</td> <td>17.5% discount</td> </tr> <tr> <td>\$1M to \$1,999,999</td> <td>22.5% discount</td> </tr> <tr> <td>\$2M +</td> <td>25% discount</td> </tr> </table>	\$250,000 to \$499,999	10% discount	\$500,000 to \$999,999	17.5% discount	\$1M to \$1,999,999	22.5% discount	\$2M +	25% discount	As per Yearly Renewable Term Life Insurance
\$250,000 to \$499,999	10% discount									
\$500,000 to \$999,999	17.5% discount									
\$1M to \$1,999,999	22.5% discount									
\$2M +	25% discount									
Standard Benefits (for further details of these Benefits please refer to p8)	<ul style="list-style-type: none"> • Terminal Illness Cover • Interim Cover • Life Cover Advance Payment Benefit • Automatic Indexation • Convertibility Option 	<ul style="list-style-type: none"> • Terminal Illness Cover • Interim Cover • Automatic Indexation • Convertibility Option 								
Optional Benefits (for further details of these Benefits please refer to p9)	<ul style="list-style-type: none"> • Total & Permanent Disablement (“TPD”) (choice of “Any” or “Own” Occupation Cover) • Death Cover Retention (as an addition to “Any” or “Own” Occupation TPD Cover) • Trauma Insurance (Basic or Comprehensive) • Future Insurability • Waiver of Premium on Trauma • Comprehensive Trauma with TPD as a defined event (choice of “Any” or “Own” Occupation Cover) 	<ul style="list-style-type: none"> • Total & Permanent Disablement (“TPD”) (“Any” Occupation Cover only) • Death Cover Retention (“Any” Occupation Cover only) • Waiver of Premium on Trauma (where a Stand Alone Trauma Policy is taken in addition to Super Term Life Insurance) 								

ENTRY AND EXPIRY AGES

For Yearly Renewable Term Life Insurance or Super Term Life Insurance the Insured Person must meet the age next birthday at entry requirements as specified in the table below.

Policy/Benefit	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Yearly Renewable Term Life Insurance	18 to 75	99
Terminal Illness	18 to 75	99
Automatic Indexation	18 to 64	65
Total & Permanent Disablement (TPD) (Any or Own Occupation Cover)	18 to 60	99
Death Cover Retention	18 to 60	65
Trauma Insurance	18 to 70	75
Waiver of Premium on Trauma	18 to 65	75
Future Insurability	18 to 59	60
Super Term Life Insurance	18 to 64	65*
Terminal Illness	18 to 64	65*
Automatic Indexation	18 to 64	65
Total & Permanent Disablement (TPD) (Any Occupation)	18 to 60	65*
Death Cover Retention	18 to 60	65
Waiver of Premium on Trauma	18 to 64	65*

* This will be extended to your 75th birthday provided you are eligible to remain a member of the Suncorp Personal Superannuation Fund.

Subject to the Policy terms and conditions, the insurance cannot be cancelled unless it is requested by the Policy Owner or a claim is paid.

Your insurance and Benefits will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your insurance. 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 total Sum Insured has been paid under the Terminal Illness Benefit; or

- the Renewal Date immediately prior to the Insured Person's birthday (noted in the table above - "Expiry at Renewal Date Before Age"); or
- if the amount paid under the optional Trauma or Total and Permanent Disablement Benefits is equal to the Term Life cover Sum Insured (excluding the Death Cover Retention Option upon Total and Permanent Disablement); or
- in the case of Super Term Life Insurance, if the Insured Person ceases to be an eligible member of the Suncorp Personal Superannuation Fund.

If you cancel or terminate your policy, your claims will NOT be paid or accepted.

BENEFITS (no extra cost)

The Sum Insured is payable should the Insured Person die. The Benefit will be paid to the Nominated Person, other than as specified on page 14 of this PDS.

Terminal Illness Benefit

Yearly Renewable Term Life Insurance

If in SLSL's opinion, after having considered medical and any other evidence we may require, the Insured Person's life expectancy is not greater than 12 months regardless of any available treatment, we will pay the Sum Insured. The maximum amount we will pay in respect of the Insured Person's Terminal Illness is \$2.5 million for all insurance we issue on the life of the Insured Person. If the Insured Person is insured for more than \$2.5 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:

- Total and Permanent Disablement cover (unless Death Cover Retention upon Total and Permanent Disablement is attached); or
- 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.

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 the Insured Person is eligible to remain a member of the Suncorp Personal Superannuation Fund.

The Sum Insured for Terminal Illness Benefit under Super Term Life Insurance is reduced by any amount paid under this policy for Total & Permanent Disablement Cover.

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 permanently incapacitated, and had to retire from the workforce early due to ill health or that you meet one of the other conditions for receiving Superannuation benefits, which are:

- you have reached age 65;
- you have reached your preservation age (see table below) and have permanently retired;
- you leave gainful employment on or after age 60;
- you suffer severe financial hardship or are eligible on 'compassionate grounds' as defined in Superannuation Legislation (limits apply); or
- you are a temporary resident and depart Australia permanently.

If the Trustee cannot pay you a Benefit because of Superannuation legislation, your Benefit will need to be transferred to another complying superannuation fund.

Preservation age

You were born	Your Preservation Age will be
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
On or after 1 July 1964	60

Life Cover Advance Payment Benefit

Yearly Renewable Term Life Insurance Only

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/s 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 proportions that they would have been entitled to in respect of any death Benefit 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 where the trustee is a Nominated Person.

In the event that the Insured Person has not disclosed, or has misrepresented, relevant information which triggers a Life Cover Advance Payment, then SLSL has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this Benefit.

Please refer to 'Additional Product Features' on page 45 of this PDS for additional Benefits for Term Life Insurance.

OPTIONAL BENEFITS

The following additional Benefits are available under Yearly Renewable Term Life or Super Term Life Insurance.

Optional Benefits	Yearly Renewable Term Life	Super Term Life
Future Insurability – no extra cost	✓	✗
Total & Permanent Disablement (“Any Occupation”) – extra cost	✓	✓
Total & Permanent Disablement (“Own Occupation”) – extra cost	✓	✗
Total & Permanent Disablement (“Any Occupation”) with Death Cover Retention upon Total & Permanent Disablement – extra cost	✓	✓
Total & Permanent Disablement (“Own Occupation”) with Death Cover Retention upon Total & Permanent Disablement – extra cost	✓	✗
Essential Trauma Insurance – extra cost	✓	✗
Comprehensive Trauma Insurance – extra cost	✓	✗
Comprehensive Trauma Insurance with Total & Permanent Disablement (“Any Occupation”) – extra cost	✓	✗
Comprehensive Trauma Insurance with Total & Permanent Disablement (“Own Occupation”) – extra cost	✓	✗
Waiver of Premium on Trauma – extra cost	✓	✓*

* Where a stand alone Trauma Policy is taken in addition to Super Term Life Insurance
 Where a ✓ is shown it indicates that the Benefit is available.
 Where a ✗ is shown it indicates that the Benefit is not available.

Future Insurability – Optional (no extra cost)

Yearly Renewable Term Life Insurance Only

The Future Insurability Benefit provides the option to increase the Sum Insured (for Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance 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 Renewal Date prior to the Insured Person's 60th birthday, you can increase the Sum Insured (for Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance 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**”);
- A change in employment status of the Insured Person, whereby the Insured Person's salary increases by at least \$10,000 a year (“**Salary Increase Option**”); and

- The taking out of a loan secured by a mortgage or the increase in the amount loaned under a mortgage in the Insured Person's name, for the purpose of buying or improving the Insured Person's principal place of residence (“**Mortgage Option**”).

You may request an increase in Insurance in respect of the Insured Person in accordance with the following limits:

Life Event	Increase by:
Spouse and Child Option	The lesser of: • \$200,000; or • 25% of the Sum Insured at the Policy Commencement Date.
Salary Increase Option	The lesser of: • \$200,000; or • 25% of the Sum Insured at the Policy Commencement Date; or • five times the annual amount of salary increase
Mortgage Option	The lesser of: • \$200,000; or • 50% of the Sum Insured at the Policy Commencement Date; or • the initial amount lent under the mortgage; or • the amount of any increase in the amount of monies lent under the mortgage.

Business Events

Up until the Renewal Date prior to the Insured Person's 60th birthday, you can increase the Sum Insured (Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance, 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**"); and
- An increase or the entering into a loan for the business where the Insured Person is the primary guarantor. The loan must be at an "arms length" from both the Insured Person and Policy Owner and be from a recognised finance provider or financial institution ("**Business Loan Option**").

You may request an increase in Sum Insured in respect of the Insured Person in accordance with the following limits:

Life Event	Increase by
Key Person, Business Insurance or Business Loan Options	The lesser of: <ul style="list-style-type: none"> • \$300,000; or • 25% of the Sum Insured at the Policy Commencement Date; or • 5 times the average of the last 3 years consecutive annual increases in the Insured Person's gross remuneration package; or • the amount of any increase in the amount of monies lent under the business loan (Business Loan Option only)

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.

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 Circumstance which is satisfactory to us;

- You cannot increase your Benefit in respect of a salary package increase if you are self-employed, a controlling director, or you are able to decide on the amount of your salary package. For the purposes of this Benefit, your salary package does not include any irregular payments such as bonuses that may not continue to be made in the future. In addition, written confirmation from your employer of your salary package before and after the increase is required as evidence;
- The application to increase the Sum Insured must be made within 30 days of the Personal Circumstance occurring or, where applicable, within 30 days of the Renewal Date following the Business Event occurring;
- The application to increase the Sum Insured must be made before the Renewal Date prior to the Insured Person's 60th birthday;
- No claims have been made or are eligible to be made under this Policy or any other insurance issued by us on the life of the Insured Person;
- The total of the increases made under the Future Insurability Benefit cannot 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 insurance issued by us on the life of the Insured Person);
- The maximum cover available for Trauma Insurance is \$2 million and \$2.5 million for Total and Permanent Disablement Insurance for insurance with all insurance companies;
- Future Insurability Benefit increases not taken up in any year may not be subsequently applied for in any following year;
- The total cover inclusive of any increases made under the Future Insurability Benefit for Trauma Insurance 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 we issue this cover on our standard terms and conditions.

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 increased portion of the Sum Insured will only be paid in the event of the Insured Person's:

- accidental* death; or
- suffering any of the listed Critical Conditions (Trauma) that is caused by an accident*; or
- Total and Permanent Disablement that is caused by an accident*.

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

These conditions only apply to the:

- **“Mortgage Option”** and **“Business Loan Option”** for Sum Insured increases to your Death Benefit under the Future Insurability Benefit; and
- **“Spouse Option”, “Child Option”, “Salary Increase Option”, “Mortgage Option”, “Key Person Option”, “Business Insurance Option”,** or **“Business Loan Option”** for Sum Insured increases to your Trauma and Total and Permanent Disablement Insurance benefits under the Future Insurability Benefit.

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.

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

This 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 Trauma Insurance with linked TPD is an optional Benefit under Yearly Renewable 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 cover. For an additional premium, an “Own” Occupation cover is available. 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 \$2.5 million.

The “Own” Occupation definition is not available under Superannuation Term Life Policies.

“Any” Occupation Cover

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

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

For the purpose of the “Any” Occupation cover, full time, unpaid, domestic work is considered an occupation.

“Own” Occupation Cover

(applicable to occupation categories SP, SM, SA, S1 and S2 only – occupation class details on page 40)

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 three consecutive months; and
- ii) in the opinion of SLSL, after considering medical evidence and/or any other evidence, results in the Insured Person being unlikely 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 three 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

Significant cognitive impairment means, in SLSL’s opinion, after considering medical evidence, and/or any other evidence, 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:

- an intentional act performed by you or the Insured Person or under your instruction or those of the Insured Person regardless of whether you or the Insured Person are sane or not; or
- 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 to Yearly Renewable Term Life Insurance or Super Term Life Insurance, 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 PDS, SLSL 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.

Death Cover Retention Benefit is not available where Total and Permanent Disability is added as a Critical Condition to your Comprehensive Trauma Insurance Benefit.

Trauma Insurance – Optional (extra cost)

Yearly Renewable Term Life Insurance Only

You may choose to add one of two types of Trauma Insurance to your Yearly Renewable Term Life Insurance Policy – either **Comprehensive** or **Essential Trauma Insurance**. (Under Superannuation Legislation, this Benefit is not available for Super Term Life Insurance 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:

- i)** Your Trauma Sum Insured cannot exceed your Yearly Renewable Term Life Insurance Sum Insured, and
- ii)** If optional Benefits of TPD and Comprehensive Trauma Insurance are added as options to Yearly Renewable Term Life Insurance, then the total of both Benefits must not exceed the Yearly Renewable Term Life Insurance Sum Insured.

Under Comprehensive Trauma Insurance, you also have the option of including Total and Permanent Disablement as an additional Critical Condition (“CCTPD”).

The CCTPD Benefit will cease on the Renewal Date immediately prior to the Insured Person’s 75th birthday. The definition for CCTPD will be as per Total and Permanent Disablement on page 11. The CCTPD Benefit will apply in the same manner as the other Critical Conditions under Comprehensive Trauma Insurance (page 19).

Under the optional Trauma Insurance cover, we will pay the percentage of the Sum Insured (as specified in “Medical Definitions for Trauma Insurance” section on pages 56–63 of this PDS) if the Insured Person is diagnosed by a Medical Practitioner as suffering from one or more of the Critical Conditions. When the Total and Permanent Disablement Benefit is included under Comprehensive Trauma Insurance, the Benefit payable will be 100% of the Trauma Sum Insured.

No Trauma Insurance Benefit will be paid if the Insured Person should die within fourteen days of suffering from or being diagnosed with one of the Critical Conditions. However, the Sum Insured under your Yearly Renewable Term Life Insurance cover will be paid.

Buy Back

Where Comprehensive 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 the amount of your Comprehensive Trauma Insurance Benefit as Yearly Renewable Term Life Insurance cover in respect of the Insured Person. This happens one year after the total Comprehensive Trauma Insurance Sum Insured has been paid under your Comprehensive Trauma Insurance Benefit. This option is:

- Subject to the life insurance cover being reinstated at the same level as the Comprehensive Trauma Insurance Benefit that was paid to you;
- Subject to SLSL 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 that were applied to the original Benefit;
- Available for up to 30 days following the one year anniversary date of your Comprehensive Trauma Insurance Benefit being paid; and
- Not available for Essential Trauma Insurance.

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.

The amount of your Yearly Renewable Term Life Insurance cover will be reduced by the total amount of all Trauma Benefits paid.

Benefit Conditions

The following conditions apply to Total and Permanent Disablement (TPD) and Trauma Benefits when attached to your Yearly Renewable Term Life Insurance Policy:

- the Sum Insured for either Comprehensive or Essential Trauma Insurance cannot exceed the death cover. However the amounts of cover do not have to be the same.
- the sum insured for Total and Permanent Disablement can exceed the death cover. However, a minimum \$200,000 of death cover must be taken out.
- where Comprehensive Trauma Insurance and Total and Permanent Disablement are both added under a Yearly Renewable Term Life Insurance Policy, the total of the TPD and Trauma Benefits cannot exceed the death cover.

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

The Waiver of Premium option is available if you purchase Term Life Insurance and Trauma Insurance as combined cover, or as stand alone insurance. Upon payment of the total Sum Insured under your Trauma Insurance, the Waiver of Premium Benefit will apply to your Term Life Insurance (including Super Term Life if stand alone Trauma Insurance is in force), provided it is in force, at the time the total Sum Insured Benefit is paid under your Trauma Insurance. Premiums will be waived in respect of Death cover (and Total and Permanent Disablement, Death Cover Retention and Future Insurability if applicable).

Where Trauma Insurance has been added as an optional Benefit to your Term Life Insurance, your Death Cover Sum Insured 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 until the Renewal Date immediately prior to the Insured Person's 65th birthday.

During the period premiums are waived on your Term Life Insurance, indexation of your Sum Insured will continue to apply unless you had previously declined indexation on a permanent basis.

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

The Waiver of Premium (on Trauma) Benefit will not apply to:

- Term Life Insurance death cover purchased under the Buy Back Benefit;
- Increases to your Sum Insured under the Future Insurability Option; and
- Term Life Insurance policies where premiums are already waived under the Death Cover Retention Option.

NOMINATION OF BENEFICIARIES

Yearly Renewable Term Life Insurance

You can nominate that your insurance 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 cover in its own name and will be entitled to receive the proceeds on the death of the Key Person. Alternatively, the Key Person can take out the insurance in his or her own name and nominate the business entity recipient of 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 (or such other person permitted by law) if no-one is nominated as a beneficiary or if the nominated person predeceases the Insured Person.

In all other circumstances where a Benefit cannot be paid under this section, the Benefit will be paid as determined by SLSL.

Super Term Life Insurance

You may nominate the person/s you wish the Trustee to pay your benefit to in the event of your death. Any beneficiary you nominate must be either a dependant for superannuation purposes or your legal personal representative.

When selecting to nominate a beneficiary you have two options:

Option 1 – Non-Binding Nomination

You may make a non-binding nomination to give the Trustee direction on who you would like your benefit to be paid to in the event of your death. The Trustee will

take your nomination into consideration but will have final discretion as to who, and in what proportion, your death benefit will be paid. The Trustee may override your nomination after it has satisfied itself that it has considered all appropriate beneficiaries.

You can nominate or change your preferred beneficiary by obtaining a copy of the 'Member Change of Options Form' from our Call Centre Consultants on 13 11 55 (ask for 'Life and Super')

Option 2 – Binding Nomination

A Binding Nomination means that you select who will receive your Benefit in the event of your death and, provided your nomination is valid, it cannot be overridden by the Trustee. Your nomination is valid if:

- it is made in the prescribed manner; and
- the nominated person(s) is a dependant or your legal personal representative; and
- it has not expired.

A Binding Nomination is valid for three years from the date on which it is signed. You must confirm or renew your nomination within the three-year period for it to remain valid. We suggest that you review your nomination regularly and update your nomination as your personal circumstances change. You can revoke your nomination at anytime by notifying us in writing.

You can make a Binding Nomination of beneficiaries by obtaining a copy of 'Nomination of Binding Beneficiaries Form' from our Call Centre Consultants on 13 11 55 (ask for 'Life and Super').

If either you do not make a nomination of beneficiaries or your Binding Nomination has lapsed the Trustee will consider the paying of your death Benefit as if you have selected option 1 – Non-Binding Nomination.

CONVERTIBILITY OPTION

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 Policy to any SLSL 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 cover.

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 Policy.

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

Super Term Life Insurance

When the Insured Person ceases to be a member of the Suncorp Personal Superannuation Fund before their 65th birthday, they may convert their Policy to a new Yearly Renewable Term Life Insurance Policy outside of the Suncorp Personal Superannuation Fund without evidence of health.

If the existing Cover includes Total and Permanent Disablement, this Benefit may also be applied 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.

You must satisfy the minimum premium requirements for the new Policy and cover will be subject to any underwriting terms and conditions that apply to your current Insurance.

GENERAL EXCLUSIONS

Suicide

If the Insured Person commits suicide within 13 months of:

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

the Sum Insured or the relevant increase (including Life Cover Advance Payment Benefit) will not be paid by SLSL.

All money held under the Policy, (including Premiums paid) will be retained by SLSL.

Non-smoker Conditions

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

Your entitlement to non-smoker premium rates is 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 the Benefit to the amount that would be payable in respect of a smoker in the Insured Person's circumstances where the same amount of premium had been paid.

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

Proof of the Insured Person's age is required before SLSL pays you any Benefits. 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 the 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 PDS;
- where the Sum Insured is greater than \$50,000, probate of the Insured Person's Will, or equivalent;
- a claim form;
- a Certified Copy of the Will.

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

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 11) applies to the Insured Person, the Insured Person must be Totally and Permanently Disabled for three consecutive months before you are eligible to make a claim.

While the Insured Person is Totally & Permanently Disabled for any definition other than "a) Loss of Limb or Sight" (see page 11), the Insured Person must be under the care of a Medical Practitioner and following the prescribed treatment.

Before we 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 medical or other evidence that we might reasonably need to assess your claim. 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 18-24 for full details of how to claim.

PAYMENT OF BENEFITS

Term Life Insurance

The amount of the Death Cover 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 insurance 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.

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. 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 12) is selected, then your death cover will continue without reduction.

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

Trauma Insurance Benefits

The amount of the Benefit will be the amount shown on the CPI Indexation Notice issued immediately preceding the date of the Insured Person being diagnosed with one of the specified Critical Conditions (including CCTPD) unless a change to your Sum Insured has been effected since the notice. If you are entitled to payment of the Trauma Benefit within the Days of Grace, then we will pay the Benefit due less any unpaid premiums.

The amount of your Term Life Insurance cover will be reduced by the total amount of any Trauma Benefit paid to you. Your Premium will then reduce accordingly.

This may result in the Term Life Insurance cover ceasing altogether when the Trauma Benefit (including CCTPD) has been paid in full.

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



Trauma Insurance

SUNCORP TRAUMA INSURANCE

OVERVIEW

Suncorp Trauma Insurance (“Trauma Insurance”) pays a lump sum Benefit if the Insured Person is diagnosed with a medical condition and satisfies the definition of that medical condition as specified in the PDS. It helps to protect the Insured Person and their family against a major financial loss. The Benefit you receive could be used to pay medical costs, repay debt, finance a change of career, pay for essential modifications to your home or provide an income.

You can choose from two types of Trauma cover:

- Suncorp Essential Trauma Insurance (“Essential Trauma Insurance”); or
- Suncorp Comprehensive Trauma Insurance (“Comprehensive Trauma Insurance”).

	Essential Trauma Insurance	Comprehensive Trauma Insurance
Product Description	Pays a lump sum Benefit if the Insured Person is diagnosed with any of the diseases or medical conditions, and satisfies the definition of that disease or medical condition, as specified on pages 56–63 of this PDS.	As per Essential Trauma Insurance
Feature		
Minimum Age at entry	18 next birthday	As per Essential Trauma Insurance
Maximum Age at entry	70 next birthday	As per Essential Trauma Insurance
Guaranteed Renewable up to Renewal Date before	75th birthday	As per Essential Trauma Insurance
Minimum Sum Insured	\$50,000	As per Essential Trauma Insurance
Maximum Sum Insured	\$2,000,000 (amounts in excess of this will be considered upon request)	As per Essential Trauma Insurance
Indexation of Sum Insured	The greater of increases in the Consumer Price Index (CPI) over the year or 3%	As per Essential Trauma Insurance
Minimum Premium	\$200 per year (including policy fee)	As per Essential Trauma Insurance
Policy Fee per annum	From \$60 to \$64.80 (including frequency loading)	As per Essential Trauma Insurance
Premium Rates available	Males, Females, Smokers, Non-smokers and Age	As per Essential Trauma Insurance
Sum Insured Premium Loading	<\$75,000 → 15% loading	As per Essential Trauma Insurance
Sum Insured Premium Discount	>\$500,000 → 5% discount	As per Essential Trauma Insurance

TRAUMA CONDITIONS

Critical Conditions Covered	Essential Trauma Insurance	Comprehensive Trauma Insurance	Benefit Payable
Heart Disorders			
Heart Attack *	✓	✓	100%
Coronary Artery Bypass Grafting *	✓	✓	100%
Heart Valve Surgery *	X	✓	100%
Aorta Surgery *	X	✓	100%
Cardiomyopathy	X	✓	100%
Primary Pulmonary Hypertension	X	✓	100%
Non Major Cardiac Surgery (Partial Benefit) *^	X	✓	25% (min \$10,000 max \$25,000) [#]
Coronary Artery Angioplasty (Partial Benefit) *^	X	✓	25% (min \$10,000 max \$25,000) [#]
Triple Vessel Angioplasty *	X	✓	100%
Nervous System Disorders			
Stroke *	✓	✓	100%
Multiple Sclerosis	X	✓	100%
Hemiplegia	X	✓	100%
Diplegia	X	✓	100%
Paraplegia	X	✓	100%
Quadriplegia	X	✓	100%
Tetraplegia	X	✓	100%
Major Head Trauma	X	✓	100%
Coma	X	✓	100%
Dementia & Alzheimer's Disease	X	✓	100%
Parkinson's Disease	X	✓	100%
Encephalitis	X	✓	100%
Motor Neurone Disease	X	✓	100%
Muscular Dystrophy	X	✓	100%
Body Organ Disorders			
Cancer *	✓	✓	100%
Benign Brain Tumor	X	✓	100%
Major Organ Transplant	X	✓	100%
Chronic Kidney Failure	X	✓	100%
Chronic Lung Disease	X	✓	100%
Chronic Liver Disease	X	✓	100%
Blindness	X	✓	100%
Deafness	X	✓	100%
Loss of Speech	X	✓	100%
Severe Burns	X	✓	100%
Blood Disorders			
Aplastic Anaemia	X	✓	100%
Accidentally Acquired HIV (Partial Benefit)	X	✓	max \$250,000
Occupationally Acquired HIV	X	✓	100%
Medically Acquired HIV	X	✓	100%
Other Events			
Loss of Independent Existence	X	✓	100%
Single Loss of Limb or Sight (Partial Benefit)	X	✓	15% (min \$10,000 max \$25,000) [#]
Advancement Benefit (Partial Benefit)	X	✓	25% (max \$50,000)
Optional Benefits			
Future Insurability (No extra Cost)	✓	✓	n/a
Children's Benefit Plus (extra Cost)	X	✓	\$50,000
Female Benefit Plus (extra Cost)	X	✓	min \$10,000 max \$50,000

• Where a ✓ is shown it indicates that the Benefit is covered. Where a X is shown it indicates that the Benefit is not covered.
 * SLSL will not pay any Trauma Insurance Benefit if these Critical Conditions 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 an overdue premium.
 # If a Partial Benefit is paid the Sum Insured will be reduced by the amount paid and the premium will be adjusted to reflect the reduced sum insured.
 ^ SLSL will pay for unlimited occurrences of this Critical Condition subject to the Sum Insured not being exceeded.

ENTRY AND EXPIRY AGES

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

Benefit/Policy	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Essential Trauma Insurance	18 to 70	75
Comprehensive Trauma Insurance	18 to 70	75
Future Insurability	18 to 59	60

Your Insurance will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your cover. 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 or more of the Critical Conditions and the total Sum Insured is paid; or
- the Renewal Date immediately prior to the Insured Person's birthday (noted in the table above - "Expiry at Renewal Date Before Age").

If you cancel or terminate your policy, your claims will NOT be paid or accepted.

OPTIONAL BENEFITS

Suncorp Trauma Insurance provides Interim Cover (for Comprehensive Trauma Insurance only) and the option of Future Insurability. Children's Benefit Plus and Female Benefit Plus are additional extra cost options for Comprehensive Trauma Insurance only. Benefits are paid as a lump sum should the Insured Person be diagnosed with, and satisfy the definition of, one of the Critical Conditions. Refer to the "Medical Definitions for Trauma Insurance" section on pages 56-63 of this PDS for definitions of the Critical Conditions.

For details on Interim Cover refer to pages 45-48.

Future Insurability – Optional (no extra cost)

The Future Insurability (Trauma) Benefit provides the option to increase the Sum Insured on your Trauma Insurance policy (Comprehensive & Essential) because of certain changes in the Insured Person's personal circumstances or because of certain business events, in

line with the criteria below and without having to provide evidence of the Insured Person's current state of health.

The application to increase the Sum Insured can only be made if we issued your Trauma cover on our standard terms and conditions.

Personal Circumstances

Up until the Renewal Date prior to the Insured Person's 60th birthday, you can increase the Sum Insured on your Trauma Insurance 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**");
- A change in employment status for the Insured Person, whereby the Insured Person's salary increases by at least \$10,000 a year ("**Salary Increase Option**"); or
- 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**").

You may request an increase in Insurance in respect of the Insured Person in accordance with the following limits:

Life Event	Increase by
Spouse and Child Option	The lesser of: • \$200,000; or • 25% of the Sum Insured at the Policy Commencement Date.
Salary Increase Option	The lesser of: • \$200,000; or • 25% of the Sum Insured at the Policy Commencement Date; or • five times the annual amount of Salary Increase.
Mortgage Option	The lesser of: • \$200,000; or • 50% of the Sum Insured at the Policy Commencement Date; or • the initial amount lent under the mortgage; or • the amount of any increases in the amount of monies lent under the mortgage.

Business Events

Up until the Renewal Date prior to the Insured Person's 60th birthday, you can increase the Sum Insured on your Trauma Insurance 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**”); or
- An increase or the entering into a loan for the business where the Insured Person is the primary guarantor. The loan must be at an “arms length” from both the Life Insured and Policy Owner and be from a recognised finance provider or financial institution (“**Business Loan Option**”).

You may request an increase in Insurance in respect of the Insured Person in accordance with the following limits:

Life Event	Increase by
Key Person, Business Insurance or Business Loan Options	The lesser of: <ul style="list-style-type: none"> • \$300,000; or • 25% of the Sum Insured at the Policy Commencement Date; or • 5 times the average of the last 3 years consecutive annual increase in the Insured Person’s gross remuneration package; or • the amount of any increase in the amount of monies lent under the business loan (Business Loan Option only)

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.

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 Circumstance which is satisfactory to us;
- You cannot increase your Benefit in respect of a salary package increase if you are self-employed, a controlling director, or you are able to decide on the amount of your salary package. For the purposes of this Benefit, your salary package does not include any irregular payments such as bonuses that may not continue to be made in the future. In addition, written confirmation from your employer or your salary package before and after the increase is required as evidence;
- The application to increase the Sum Insured must be made within 30 days of the Personal Circumstance occurring or, where applicable, within 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 60th birthday;
- No claims have been made or are eligible to be made

under this Policy or any other insurance provided by us on the life of the Insured Person;

- The total of the increases made under the Future Insurability (Trauma) Benefit cannot exceed the original Trauma 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 applied for in any following year; and
- The maximum cover payable for Trauma Insurance is \$2 million for all insurance with all insurance companies.

When we won't pay your increased Trauma Benefit.

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

Children’s Benefit Plus – Optional (extra cost) (Comprehensive Trauma Insurance Only)

This Benefit provides the option for you to apply for Comprehensive Trauma Insurance on the lives of one or more of the children of an Insured Person (“Insured Child”) under the Policy. To be eligible for Children’s Benefit Plus, the child must be between age 2 and less than 18 years at the date of application.

The Sum Insured is fixed at \$50,000 and will be paid in the event the Insured Child:

- dies;
- suffers and is diagnosed with a Terminal Illness; or
- suffers one of the Critical Conditions listed below;
 - Benign Brain Tumour
 - Stroke*
 - Chronic Lung Disease
 - Encephalitis
 - Major Organ Transplant
 - Aplastic Anaemia
 - Hemiplegia
 - Quadriplegia
 - Major Head Trauma
 - Deafness
 - Cancer*
 - Chronic Liver Disease
 - Chronic Kidney Disease
 - Heart Valve Surgery*
 - Coma
 - Diplegia
 - Paraplegia
 - Tetraplegia
 - Severe Burns
 - Single loss of limbs or sight.

The conditions marked with an “*” have a 90 day Waiting Period from commencement or re-instatement of the cover for benefit claim payments. No Benefit will be payable in respect of a condition marked with a “*” that first manifests itself before the commencement date of the cover or during the 90 day waiting period.

(For full definitions of these conditions, please refer to the “Medical Definitions for Trauma Insurance” section on pages 56–63 of this PDS).

The Critical Condition must be diagnosed before the end of the policy year in which that Insured Child attains age 18 and must be diagnosed by a Medical Practitioner approved by SLSL.

The cover will cease on the Policy anniversary following the Insured Child’s 18th birthday.

SLSL will pay the lump sum Benefit, provided the Policy remains in force, if the Insured Child suffers the first occurrence of one of the Critical Conditions covered by the Policy and that Insured Child survives for 14 days after being diagnosed with the Critical Condition.

SLSL will pay the total Benefit only once for an Insured Child.

Female Benefit Plus – Optional (extra cost) (Comprehensive Trauma Insurance only)

Female Benefit Plus can be purchased as an optional extra to Comprehensive Trauma Insurance. This Benefit provides a lump sum payment in the event of the Insured Person suffering and being diagnosed with any one of a range of female specific Critical Conditions.

The Sum Insured selected for this Benefit must be between \$10,000 and \$50,000 inclusive. The Benefit is payable on the first occurrence of one of the events listed. This Benefit is payable once only.

The Critical Conditions covered under this Benefit, including the entry and expiry age requirements, are set out in the table below.

Event	Critical Conditions	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Female Specific Disorders*	Carcinoma In Situ Severe Endometriosis Osteoporotic fractures	18 to 70	75
Complications of Pregnancy#	Death of the Foetus or Child of the Insured (maximum Benefit of \$10,000 payable)^ Disseminated Intravascular Coagulation (DIC) Choriocarcinoma Hydatidiform mole Ectopic pregnancy (maximum Benefit of \$10,000 payable)^ Double Ectopic pregnancy Eclampsia	18 to 40	45
Childhood Anomalies#	Down’s Syndrome Spina Bifida Tetralogy of Fallot Transposition of Great Vessels Oesophageal Atresia Trachea-Oesophageal Fistula Developmental Dysplasia of the Hip Absence of Hand or Foot Anal Atresia Infantile Hydrocephalus Cleft Palate Patent Ductus Arteriosus Congenital Hypertrophic Pyloric Stenosis Atrial Septal Defect Ventricular Septal Defect Congenital Talipes Equinovarus – Clubfoot Congenital Blindness Congenital Deafness	18 to 40	45

* A 90 day waiting period applies for Female Specific Disorders, from the Policy Commencement Date, reinstatement of policy or increase in policy Benefit amount (in respect of the increase amount). No Benefit will be payable where a symptom(s) first occur which results in a diagnosis which meets one of the Critical Conditions prior to the Policy Commencement Date or during the 90 day waiting period after the Risk Commencement Date, reinstatement of policy or increase in policy Benefit amount (in respect of the increase amount).

A 90 day waiting period applies for the Complications of Pregnancy and Childhood Anomalies from the Policy Commencement Date, reinstatement of policy or increase in policy Benefit amount (in respect of the increase amount). No benefit will be payable in event of a claim where the pregnancy first occurs prior to the Policy Commencement Date or during the 90 day waiting period after the Risk Commencement Date, reinstatement of policy or increase in policy Benefit amount (in respect of the increase amount).

^ Partial Benefit payment only. The Sum Insured will be reduced by any benefit paid and premiums will be adjusted accordingly. The benefit is paid on the first occurrence only.

For Childhood Anomalies, the child must survive at least 30 days or longer after birth for this Benefit to be paid. In addition, the Child must be diagnosed with the Critical Condition within 2 years of the date of birth for the Benefit to be payable.

When a Benefit is paid under Female Benefit Plus, the option will lapse and no further premiums will be payable. Payment of this Benefit does not reduce the Sum Insured for the Comprehensive Trauma Policy.

For full definitions of the Critical Conditions please refer to the "Medical Definitions for Trauma Insurance" section on pages 56–63 of this PDS.

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, Non Major Cardiac Surgery, Coronary Artery Angioplasty, Triple Vessel 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 Insurance following payment of any overdue Premium.

Self Inflicted Conditions

No Benefit will 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, no benefit is payable and all money paid under this insurance will be retained by SLSL.

Specified Conditions within 14 Day Survival Period

No Benefit will be paid if the Insured Person dies within 14 days of suffering from or being diagnosed with one of the Critical Conditions.

Non-smokers Conditions

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

Your entitlement to non-smoker premium rates is 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 that would be payable in respect of a smoker in the Insured Person's circumstances where the same amount of premium has been paid.

Children's Benefit Plus

In respect of Children's Benefit Plus, no benefit will be paid (including in respect of death) if the event giving rise to the claim was caused directly or indirectly by the intentional act of the Insured child's parent or guardian.

Criminal Activity

The Sum Insured shall not be payable if a claim results from the Insured person being a voluntary participant in a criminal activity.

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 SLSL 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. You must provide, at your expense, all the evidence and information we reasonably 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 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 medical or other evidence that we might need to fairly assess your claim. The evidence must be to our satisfaction before we will admit your claim and pay the Benefit. 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 Benefit as outlined in the "Medical Definitions for Trauma Insurance" section on pages 56–63 of this PDS. All payments will be made in Australian currency.

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

- evidence from appropriate 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.

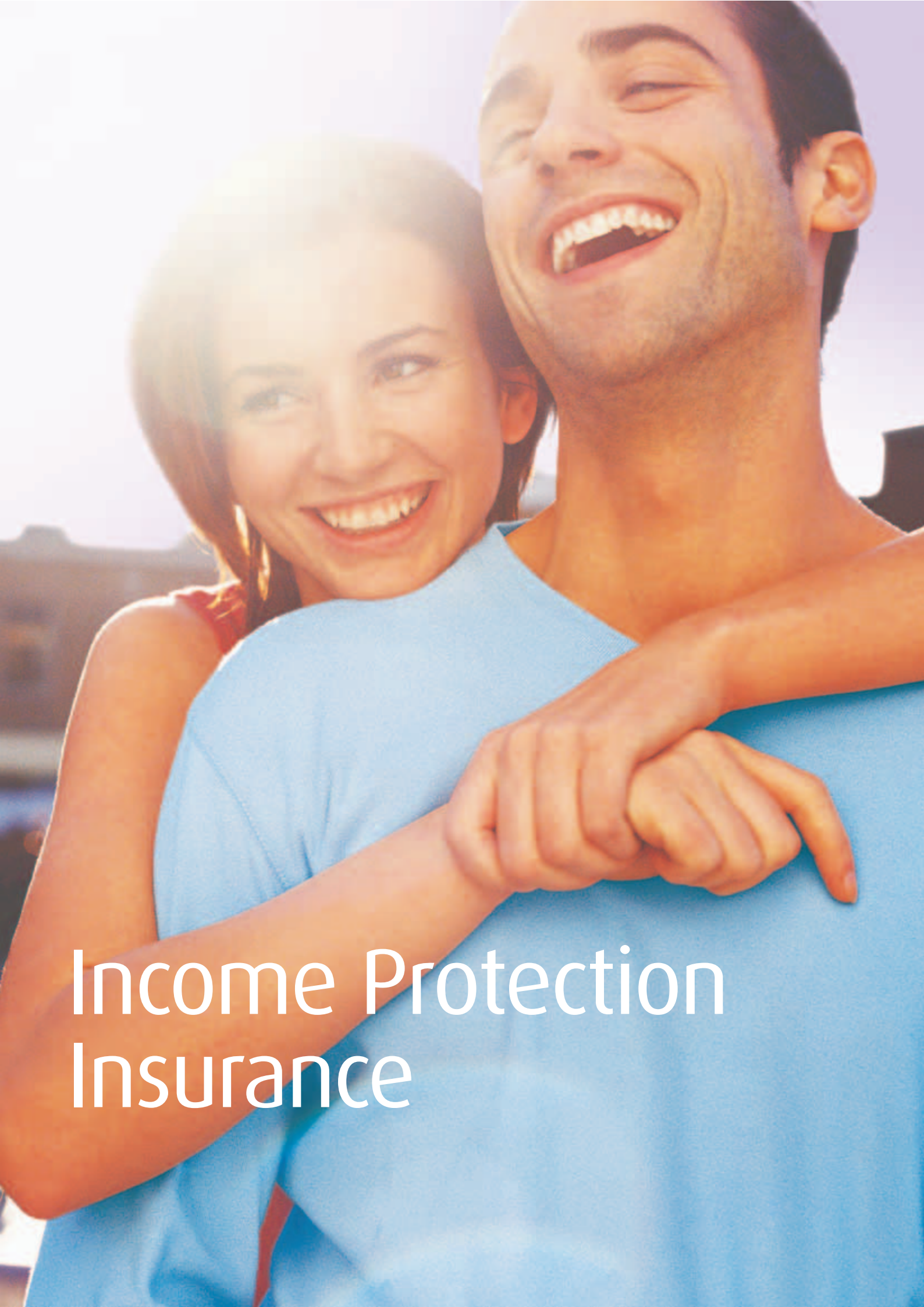
We are only liable to pay if your cover is in force at the time of claim, all Premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice (for information on how to replace lost documents, please see page 50).

We will pay the Trauma Insurance Benefit only if the Insured Person survives for more than 14 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.

The Benefits are paid as lump sums in Australian currency. The Trauma cover for the Life Insured will cease when the accumulated value of one or more claims paid reaches the Sum Insured.

If a Partial Benefit is paid the Sum Insured will be reduced by the amount paid and the premium will be adjusted to reflect the reduced Sum Insured.

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 23 for more information).



Income Protection Insurance

SUNCORP INCOME PROTECTION INSURANCE

OVERVIEW

Suncorp Income Protection Insurance protects one of your most important assets – your ability to earn an income.

It provides a monthly Benefit payment of up to 75% of your pre-tax income if you are unable to work due to Sickness or Injury. You may even be eligible for a Benefit if you are able to work at a reduced capacity.

You can choose from two types of Income Protection Cover:

- Suncorp Standard Income Protection Insurance; or
- Suncorp Comprehensive Income Protection Insurance.

Additional Insurance can also be included to cover the expenses essential to the operation of a business.

	Standard Income Protection	Comprehensive Income Protection								
Product Description	Provides a replacement income of up to 75% of your Average Weekly Income if you are unable to work due to Sickness or Injury	As per Standard Income Protection								
Features										
Benefit	Income Benefit – (Indemnity only)	Income Benefit (choice of Guaranteed Agreed Value or Indemnity)								
Benefit Periods	2 year, 5 year or to age 65 next birthday ⁽ⁱⁱ⁾	2 year, 5 year, or to age 65 next birthday ⁽ⁱⁱ⁾								
Waiting Period	A choice of 14, 30, 60, 90 or 180 days, 1 year or 2 years	As per Standard Income Protection								
Minimum Age at entry	18 next birthday	As per Standard Income Protection								
Maximum Age at entry	60 next birthday	As per Standard Income Protection								
Guaranteed Renewable up to Renewal Date Before	65th birthday	As per Standard Income Protection								
Minimum Sum Insured	No minimum sum insured applies	As per Standard Income Protection								
Maximum Sum Insured	A maximum Sum Insured of \$240,000 per annum applies (amounts in excess of this will be considered on application).	As per Standard Income Protection								
Indexation of Sum Insured	the greater of increases in the Consumer Price Index (CPI) over the year or 3%	As per Standard Income Protection								
Minimum Premium	\$300 per year (including policy fee)	As per Standard Income Protection								
Policy Fee per annum	From \$75 to \$81.12 (including frequency loading)	As per Standard Income Protection								
Premium Rates available	Males, Females, Smokers, Non-smokers, by Age, Waiting Period, Benefit Period and Occupation type	As per Standard Income Protection								
Sum Insured Premium Discounts	<table border="0"> <tr> <td>\$36,000 to \$59,999</td> <td>10% discount</td> </tr> <tr> <td>\$60,000 to \$84,999</td> <td>15% discount</td> </tr> <tr> <td>\$85,000 to \$119,999</td> <td>20% discount</td> </tr> <tr> <td>\$120,000+</td> <td>22.5% discount</td> </tr> </table>	\$36,000 to \$59,999	10% discount	\$60,000 to \$84,999	15% discount	\$85,000 to \$119,999	20% discount	\$120,000+	22.5% discount	As per Standard Income Protection
\$36,000 to \$59,999	10% discount									
\$60,000 to \$84,999	15% discount									
\$85,000 to \$119,999	20% discount									
\$120,000+	22.5% discount									
Eligible Occupational Categories*	SP – Nominated Professionals SM – Nominated Professionals (medical) SA – Professional White Collar S1 – Combined Clerical and Light Manual S2 – Light to Heavy Skilled Manual Worker S3 – Light to Heavy Unskilled Manual Worker	As per Standard Income Protection								

* Your adviser will be able to tell you your occupation category.

ii) Not available to all S3 occupations. Your adviser will be able to tell you your occupation category.

INCOME PROTECTION POLICIES

Benefit	Standard Income Protection	Comprehensive Income Protection
The Cover Includes		
Interim Cover (refer to pages 45–48 of this PDS for more details on this Benefit)	✓	✓
Total Disability	✓	✓
Partial Disability	✓	✓
Choice of Waiting Period	✓	✓
Choice of Benefit Period	✓	✓
Guaranteed Renewable	✓	✓
24 hour Worldwide Cover	✓	✓
Non-Smoker Discount	✓	✓
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	✗	✓
Unemployment	✗	✓
Claims Escalation	✓ ^{iv)}	✓
Death Benefit	✓	✓
Early Cash Benefits (No Waiting Period)		
Specified Injury	✗	✓
Specified Trauma	✗	✓
Bed Confinement	✗	✓
Rehabilitation Program	✓	✓
Rehabilitation Aides & Equipment	✗	✓
Recurrent Disability	✓	✓
Cover to Help the Family		
Family Accommodation (No Waiting Period)	✗	✓
Family Care	✗	✓
Optional Benefits (extra cost)		
Guaranteed Agreed Value	✗	✓
Business Expenses #	✓	✓
Day 1 Accident Cover #	✓	✓

Note:

i) Where a ✓ is shown it indicates that the Benefit is covered. Where a ✗ is shown it indicates that the Benefit is not available.

iii) # Business Expenses and/or Day 1 Accident Cover for Standard Income Protection is not available for S3 occupations.

iv) * Claims Escalation is an extra cost option under Standard Income Protection.

ENTRY AND EXPIRY AGES

For Income Protection Insurance you must meet the following age next birthday at entry requirements.

Benefit/Policy	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Standard Income Protection	18 to 60	65
Comprehensive Income Protection	18 to 60	65
Business Expenses	18 to 60	65

Your Policy will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your cover. 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. (If you stop work for more than 12 months, for reasons other than being on claim with us, you should advise us so that we can agree whether or not you have Permanently Retired); or
- the Renewal Date immediately prior to the Insured Persons birthday (noted in the table above- "Expiry at Renewal Date Before Age").

If you cancel or terminate your policy, your claims will NOT be paid or accepted.

BENEFITS (no extra cost)

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 34). This is paid in the event of Sickness or Injury resulting in Total Disability or Partial Disability that prevents you from working.

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 upon application.

In the event of a claim, the Benefit payable will be reduced by:

- i) sick leave payments during the period of disability following the Waiting Period;
- ii) workers compensation payments;
- iii) 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;
- iv) any compensation you received for future loss of income; and
- v) Income from your current employment or business.

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

However, if you receive any compensation that includes an amount for loss of income resulting from your disability for any period we have paid or will pay 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. Compensation includes but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan.

Details of Total Disability and Partial Disability are provided in the Definition of Benefits section on page 29.

If you are assessed by SLSL as being disabled, you will receive your first Benefit payment 2 weeks after the expiry of your Waiting Period and, subject to SLSL 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.

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

* Adjustments may be made with respect to existing disability, injury or sickness policies and temporary disablement benefits.

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 an "S" is shown it indicates that Benefit is covered under **Standard Income Protection**.

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* where an important duty of your occupation consists of one or more duties that are important and essential in producing your income; 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.

* 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 and S)

If you have a Comprehensive or Standard 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 7 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 have suffered a reduction of 20% or more in the ability to:
 - generate monthly earnings;
 - perform the Income producing duties; or
 - maintain the same number of hours worked in the Insured Person's "Own" occupation; and
- you are under the care of a Medical Practitioner and following the treatment prescribed by the Medical Practitioner.

The requirement to be Totally Disabled for 7 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 (see page 64)

B = Weekly Income Whilst Partially Disabled

When the Insured Person is partially Disabled but not working 'B' will be calculated on the monthly earnings it would be reasonable for the Insured Person to earn if working.

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.

For Standard Income Protection Policies the following limitations apply:

- the maximum period for which Partial Disability Benefits will be payable is 2 years; and
- Partial Disability Benefits do not apply for S3 occupations.

Benefit Entitlements

Please refer to page 37 for full details.

Choice of Waiting Period (C and S)

For both Standard and Comprehensive Income Protection, you may choose one of the following waiting periods:

- 14 days;
- 30 days;
- 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

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.

Guaranteed Renewable (C and S)

Once your Application Form for Suncorp Income Protection Insurance has been accepted by us (and provided premiums are paid and you comply with the terms), we guarantee to renew your Insurance every year until the policy expiry date. No further conditions will be placed on your insurance regardless of claims history or changes in health, occupation or pastimes.

When will this Policy end?

- You request cancellation; or
- you do not pay your premium within the 30 Days of Grace of its Due Date; or
- you fail to comply with the duty of disclosure; or
- you reach the Renewal Date before age 65; or
- you are deemed to have Permanently Retired.

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 after you make your initial application you can re-apply for "non-smoker" rates. Discounts may be available.

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

You may return to work after being Totally Disabled during the Waiting Period for a total of 5 consecutive days or less (or 10 consecutive 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 work for more than 5 consecutive days (or 10 consecutive 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 SLSL agrees to pay you a Total Disability Benefit or a

Partial Disability Benefit for Income Protection or Business Expense Cover, SLSL 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 SLSL 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, nor Premiums paid for life cover effected under the Buy Back Benefit.

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.

Should your occupation be that of a Surgeon, Medical Practitioner or Dentist (SM occupations) and you acquire HIV or Hepatitis B or C then there are two important points to be aware of:

- 1) There is no legal or professional requirement for you to disclose your status to your patients; and
- 2) In accordance with Department of Health guidelines, both the Australian Medical Association and Australian Dental Association recommend that their members do not perform “exposure prone” procedures. This includes procedures that require direct contact between the skin of the health care worker and sharp surgical instruments such as needles or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

Scenario A)

If you elect to disclose your condition to your patients then many of your patients may decide to seek medical treatment elsewhere. In addition, it may be difficult for you to attract new patients. Consequently, with a reduction in the number of patients, your income may be reduced.

Scenario B)

In accordance with Department of Health guidelines should you choose to cease performing “exposure prone” procedures as recommended by the Australian Medical Association then your income may be reduced. You may elect to continue performing other duties that are not considered to be “exposure prone” (eg consulting work or lecturing). In such cases, if a high percentage of your income was generated from performing “exposure prone” procedures, then it is likely that your income will be reduced.

In either scenario A or B, SLSL will consider that the Insured Person has fulfilled the criteria within the Income Protection Total Disability definition (page 29) that reads “you are unable to perform at least one of the important duties of your occupation.” Should the Insured Person cease employment totally and fulfil all other conditions within the Total Disability definition, payment of Total Disability Benefits would commence once the qualifying period has been met. Should the Insured Person elect to continue working and suffers a loss of income, he/she would be eligible to receive Partial Disability Benefits in line with the conditions of the Income Protection Policy.

Transplant and Cosmetic Surgery (C)

After the Policy has been in force or reinstated for six months, if you are Totally or Partially Disabled due to elective surgery for cosmetic purposes or donate an organ for organ transplant, your condition will be deemed to be a Sickness and the Benefit amount will be payable. You will be considered to have become Totally or Partially 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 or Partially Disabled.

Leave Without Pay and Unemployment – maternity, paternity, sabbatical, study, compassionate leave and unemployment (C)

Provided you continue to pay Premiums, your Policy can be continued while you are on unpaid leave for maternity or paternity leave, sabbatical leave, study leave, compassionate leave, or if you are unemployed (to continue the Policy you must notify SLSL within 3 months of becoming unemployed). 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.

Your Policy can be continued while you are unemployed and Actively Seeking Employment. Premiums must continue to be paid whilst you are unemployed.

Alternatively, you can elect to suspend premiums and cover under this Policy while you are unemployed and Actively Seeking Employment. This Benefit is only available if premiums have been paid for at least 12 consecutive months. To suspend your Policy, you must notify SLSL in writing within 3 months of becoming unemployed. Cover and premiums will be suspended for a maximum of 12 months. The policy can only be re-instated at the written request of the Policy Owner and after we have received the next Premium. If the

Policy Owner does not notify SLSL in writing to reinstate the cover within 12 months, the Policy will terminate. However, if suspended, SLSL reserves the right to review your occupation and income details if reinstatement is requested.

You must inform us if you have Permanently Retired. If you do not inform us that you have been unemployed for more than 12 months (and have not registered with Centrelink or an accredited employment agency) we may assume that the Insured Person has Permanently Retired.

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.

Death Benefit (C and S)

If you die whilst receiving a Benefit for Total or Partial Disability in respect of Comprehensive or Standard Income Protection Policies, SLSL will pay your Legal Personal Representative 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 following Table of Benefits. This Benefit is paid whether or not you are working and as lump sum payment(s) of up to 12 monthly payments at any one time. 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 or Partial Disability, your Benefit payments will continue.

The Specified Injury Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit (see page 33). 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 36.

If you suffer from one of the events listed in the following Table of Benefits, 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 for which SLSL would reject your claim as being as a result of an exclusion under your Policy, we reserve the right to not pay the 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 Injury requiring fixation, immobilisation or plaster cast as treatment of the affected area.

"Loss" means the total and permanent loss of:

- 1) the unaided use of the hand from the wrist or foot from the ankle joint; or
- 2) the unaided use of the arm from the elbow or leg from the knee joint; or
- 3) the unaided 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, SLSL 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. This Benefit is paid in advance as a lump sum.

If you die during the payment period we will pay the Death Benefit.

The Specified Trauma Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit. 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
- Primary Pulmonary Hypertension
- Coronary Artery By-Pass Grafting
- Major Organ Transplant
- Aplastic Anaemia
- Cancer
- Aorta Surgery
- Stroke
- Multiple Sclerosis
- Encephalitis
- Cardiomyopathy

Please refer to the “Medical Definitions for Trauma Insurance” section on pages 56-63 of this PDS.

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 (completely bed bound) 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 upon confirmation of your disability 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)

SLSL 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 SLSL. No Waiting Period applies to this Benefit.

Rehabilitation Aides and Equipment (C)

If you suffer Total Disability and in the opinion of SLSL 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 aides, SLSL will pay up to six times the monthly Benefit towards the costs of these aides. No Waiting Period applies to this Benefit.

Recurrent Disability (C and S)

If the Benefit Period is 2 or 5 years and should you return to work but suffer a further disability due to the same cause within 26 weeks of your return to work, Benefits will resume immediately.

For all other Benefit Periods, if disability from the same cause re-occurs within 12 months of the last monthly Benefit payment then Benefits will recommence immediately.

If you become disabled within 12 months of a disability claim ending this will be considered a continuation of the previous claim if:

- * the recurrent disability is a result of the same or related sickness or Injury that caused the additional disability; and
- * you are able to demonstrate to us that you had fully recovered from the original disability in the period between when the claim ended and when the disability occurred.

No further Waiting Period applies and the payments will be considered as part of the same Benefit.

Family Accommodation (C)

SLSL will reimburse accommodation expenses (including meals) incurred by Immediate Family Members to a maximum amount of \$250 per day if Total Disability causes you 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 you have been overseas for less than three months.

Family Care (C)

This Benefit provides for an additional 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, SLSL will pay an additional monthly payment of the lesser of:

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

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

OPTIONAL BENEFITS (extra cost)

Optional Benefits only apply if selected by you and they are shown on your Policy Document Notice.

Guaranteed Agreed Value (C)

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

Your Sum Insured at commencement cannot exceed 75% of your Average Weekly Income. A Benefit will be paid when your claim is accepted 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; and
- any increases by way of indexation; and
- any increases by endorsement that are agreed between you and SLSL; and
- any reductions by endorsement that are agreed between you and SLSL.

This Benefit is also subject to the following conditions:

- Income is to be proven with supporting financial evidence for the preceding two financial years on application for insurance (as such, you will not be required to produce further proof of income when making a claim); and
- it is not available for Business Expenses.

Day 1 Accident (C and S)

The Day 1 Accident Benefit may be added to either the Standard or Comprehensive Income Protection Policy.

In addition, 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.

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, SLSL 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 is not available to S3 occupations.

Business Expenses (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 or Partially Disabled due to Injury or Sickness by covering certain monthly expenses of the business.

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 annual Sum Insured. This extension may be up to 6 months, but not beyond the Renewal Date before you turn age 65. 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. Please refer to page 66 for a definition of Total Disability.

Partial Disability for Business Expenses

If you become Partially 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. Please refer to page 29 for a definition of Partial Disability.

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 more than 50% of the generation of revenue of the business or 50% of their duties generating revenue of the business (excluding dependant Immediate Family Members who are employees);
- replacement staff/locum cover (the lesser of the difference between the cost of the locum and revenue generated);
- superannuation contributions for employees (excluding dependant 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;
- remuneration, however paid, to you or to any other person who directly contributes to your earnings or that of the business unless specified above;

- remuneration, however paid, to dependant 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.

NON-ASSIGNMENT OF POLICY

This Policy is a contract between you as the Policy Owner and SLSL. 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.

GENERAL EXCLUSIONS

SLSL 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.

Non-smokers Conditions

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

Your entitlement to the non-smoker premium rates is 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 in your circumstances where the same amount of Premium had to be paid.

Criminal Activity

No Benefit shall be payable if a claim results from the Insured Person being a voluntary participant in a criminal activity and during any period where the Insured Person is incarcerated.

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 your occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

The following additional exclusions apply for the Standard Income Protection Policy:

SLSL will not pay any Benefits (Total or Partial) resulting from:

- chronic fatigue syndrome or fibromyalgia; or
- a mental disorder.

A mental disorder is defined as any disorder classified in the Diagnostic and Statistic Manual of Mental Disorders (“DSM”) published by the American Psychiatric Association (“APA”) which is current at the start of the period of Total or Partial Disability.

Such disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurotic, psychotic personality, emotional or behavioural disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

If the DSM is discontinued, we will use the manual chosen as its replacement by the APA or its successor organisation.

HOW TO CLAIM

Proof of Age

You will be asked to give proof of your age before SLSL pays you any Benefits under this Policy. If you have not given your 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 your true age at that time.

Making a Claim

If you fall ill or have an accident that 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 SLSL, some or all of your Benefits may not be paid.

Before we 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 medical, financial or other evidence that we might reasonably need to assess your claim. 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 if cover is in force and all premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice.

BENEFIT ENTITLEMENTS

Income Protection Insurance

The Benefit payable in respect of any week will be the lesser of 75% of your Average Weekly Income and your weekly Sum Insured unless you have selected the Guaranteed Agreed Value Benefit (see page 34). 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 64 unless you have selected the Guaranteed Agreed Value Benefit.

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)** 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
- iv)** 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. This lump sum will be converted to income by taking 1% of the lump sum for each month the Benefit is paid. The payment will be calculated using this method for a maximum of 8 years.

Where your occupation as shown on your Policy Document Notice is rated as "SP – Nominated Professional" or "SM – Nominated Professional (Medical)", SLSL shall have the right to only reduce Benefits in line with paragraph iii) on this page, but no other reduction to your Benefits will apply.

We will ignore any other Income or regular payments including:

- investment income; and
- amounts paid as compensation because of your pain and suffering; and
- 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 we have paid or will pay 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. Compensation includes but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan.

If you receive compensation for future loss of income, SLSL reserves the right to discontinue or reduce future Benefits depending on the amount of any compensation paid.

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 your weekly* Income while disabled (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 SLSL;
 - 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; and
 - 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 SLSL, 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.



Income Provide
Insurance

SUNCORP INCOME PROVIDE INSURANCE

OVERVIEW

Suncorp Income Provide Insurance (“Income Provide”) is designed to provide continuing income if you are unable to work due to Sickness or Injury. It is renewable every year until the Renewal Date immediately prior to your 60th birthday.

However, SLSL has the option to decline renewal of your Policy or any other Policy Owner’s Income Provide Policy entirely at its discretion.

This may occur where the claims experience of an individual policy or group of policies has been unfavourable.

Income Provide	
Product Description	Income Provide provides a continuing income if you are unable to work due to Sickness or Injury
Feature	
Benefit	Income Benefit (Indemnity only)
Benefit Periods	Choice of 1 or 2 years for any one Sickness or Injury
Waiting Period	A choice of 14 or 30 days
Minimum Age at entry	18 next birthday
Maximum Age at entry	59 next birthday
Renewable up to	Renewal date prior to the Insured Person’s 60th birthday
Minimum Sum Insured	\$12,000 per annum
Maximum Sum Insured	A maximum Sum Insured of \$240,000 per annum applies (amounts in excess of this will be considered on application)
Minimum Premium	\$200 per year (including policy fee)
Policy Fee per annum	From \$75 to \$81.12 (Including frequency loading)
Eligible Occupational Categories	SP – Nominated Professionals SM – Nominated Professionals (Medical) SA – Professional White Collar S1 – Combined Clerical and Light Manual S2 – Light to Heavy Skilled Manual Worker S3 – Light to Heavy Unskilled Manual Worker PROV – Occupation category for Income Provide only
Premium Rates available	Males, Females, Smokers, Non-smokers, by Age, Waiting Period, Benefit Period and Occupation
Sum Insured Premium Discounts	\$36,000 to \$59,999 10% discount \$60,000 to \$84,999 15% discount \$85,000 to \$119,999 20% discount \$120,000+ 22.5% discount
Standard Features (for further details of these features please refer to page 42)	<ul style="list-style-type: none"> • Total Disability • 24 hour World Wide Cover

ENTRY AND EXPIRY AGES

For Income Provide Insurance you must meet the following age next birthday at entry requirements:

Policy	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Income Provide	18-59	60

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
- we decline renewal of the Policy. This may occur where the claims experience of an individual policy or group of policies has been unfavourable; or
- a claim has been paid for a maximum of the Benefit Period for any one illness or injury; 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; or
- the Renewal Date before age 60, unless this date is extended (see page 44).

If you cancel or terminate your policy, your claims will NOT be paid or accepted.

BENEFITS (no extra cost)

Income Provide Insurance provides a replacement income of up to 75% of your Average Weekly Income. This is paid in the event of Sickness or Injury resulting in your Total Disability that prevents you from working.

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 upon application.

In the event of a claim, the Benefit payable will be reduced by:

- i) sick leave payments during the period of disability following the Waiting Period;
- ii) workers compensation payments;
- iii) 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
- iv) income from your current employment or business.

However, if you receive any compensation that includes an amount for loss of income resulting from your disability for any period we have paid or will pay 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. Compensation includes, but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, Sickness or accident plan. If you receive compensation for future loss of income, SLSL reserves the right to discontinue or reduce future benefits depending on the amount of any compensation paid.

If you are assessed by SLSL as being Totally Disabled, you will receive your first Benefit payment 2 weeks after the expiry of your Waiting Period. Further Benefit payments are made every four weeks after the first payment and are made for the maximum duration of the Benefit Period, subject to SLSL continuing to assess you as being Totally Disabled. Your Policy Document Notice will indicate your applicable Waiting Period and your Benefit Period.

Total Disability

If you become Totally Disabled, then after the end of the Waiting Period we will pay a Benefit to you for up to a maximum period of the Benefit Period. Your Waiting Period and Benefit 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 where an important duty of your occupation consists of one or more duties that are important and essential in producing your income; 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 are following the treatment prescribed by the Medical Practitioner.

We are only liable to pay any Benefit if all Premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice (for information on how to replace lost documents see page 50).

Policy Renewal – a Cancellable Contract

Your Income Provide Policy is renewable every year until the Renewal Date immediately prior to your 60th birthday, however SLSL at its discretion has the option to decline renewal of Income Provide Policies. This may occur where the claims experience of an individual policy or group of policies has been unfavourable. In certain circumstances, SLSL may offer to renew the Policy with an exclusion clause as an alternative to declining renewal.

24 Hour Worldwide Cover

SLSL offers 24 hour world wide cover, so you will be covered 24 hours, 7 days a week for any Total Disablement caused by Injury or Sickness (unless specified otherwise on your Policy Document Notice), which may occur anywhere in the world.

Recurrent Disability

If you should return to full time work following a Sickness or Injury, but suffer a further disability due to the same cause within 26 weeks, it will be considered to be a continuation of the previous Sickness or Injury. Benefits will resume immediately without a Waiting Period and will continue to be paid for the remainder of the Benefit Period if any.

NON-ASSIGNMENT OF POLICY

This Policy is a contract between you as the Policy Owner and SLSL. 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.

YOUR OCCUPATION AS STATED ON YOUR APPLICATION FORM

This Policy covers you against a Sickness or Injury that prevents you from working in the occupation/s shown on your Application Form.

SLSL is not liable under this Policy to pay Benefits if:

- you engage in another occupation instead of, or as well as, your occupation/s shown on the Application Form; or
- you cease to be fully employed in the occupation/s shown on the Application Form; or
- you partially or fully retire from the occupation/s shown in the Application Form, unless you were forced to retire as the result of a disability that is covered by this Policy.

For any change in your occupation please notify one of our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super').

GENERAL EXCLUSIONS

Suncorp will not pay for Total Disablement resulting from:

- intentional self-inflicted injury performed by you or under your instruction, 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.

Non-smokers conditions

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

The non-smoker premium rates for Income Provide 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.

Criminal activity

No Benefit shall be payable if a claim results from the Insured Person being a voluntary participant in a criminal activity or during any period where the Insured Person is incarcerated.

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 your 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 your age before SLSL pays you any Benefits under this Policy. If you have not given your 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 your true age 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 SLSL some or all of your Benefits may not be paid.

Before we 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 if cover is in force and all Premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice.

BENEFIT ENTITLEMENTS

The Benefit payable in respect of any week may not exceed 75% of your Average Weekly Income. In the event of a claim, you will be requested to provide details of your Income over the past 3 years.

Your Benefit may be adjusted in accordance with the definition of Average Weekly Income contained on page 64.

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) 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
- iv) income from your current employment or business.

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

We will ignore any other Income or regular payments including:

- investment income; and
- amounts paid as compensation because of your pain and suffering; and
- 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 we have paid or will pay 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. Compensation includes but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan. If you receive compensation for future loss of income, SLSL reserves the right to discontinue or reduce future benefits depending on the amount of any compensation paid.

When Benefits Stop

Payments will cease with any one of the following events, whichever happens the earliest:

- termination of the Policy; or
- your death; 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 Totally Disabled.

The date on which you cease to be Totally Disabled will be the date on which you begin to engage in your occupation as stated in your Application Form, or any other occupation for remuneration, profit or otherwise, or the date on which SLSL, acting reasonably on the advice of Medical Practitioners, determines that you are no longer Totally Disabled.

Extension of Expiry Date

Should a claim be admitted prior to the Expiry Date of your Policy then your Benefit will be extended to whichever happens earliest:

- the date on which you cease to be Totally Disabled; or
- the end of the Benefit Period in respect of any one Injury or any one Sickness; or
- your death.

How Benefit Payments are Made

If you become Totally Disabled, you will receive your first disability Benefit payment two weeks after the end of the Waiting Period. The 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.

ADDITIONAL PRODUCT FEATURES

The following product features are common to all products, unless otherwise indicated.

FUTURE UPGRADE

We constantly aim to improve our products, which means 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 version, your insurance will automatically be upgraded to the new version. 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.

AUTOMATIC INDEXATION

Term Life Insurance, TPD and Trauma Insurance

SLSL will automatically increase your Sum Insured by the greater of the increases in the Consumer Price Index (CPI) over the year or 3% per annum on each Renewal Date of your Policy up to age 65.

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.

If SLSL agrees 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 (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 on the Policy Document Notice).
- Automatic Indexation will only apply up to a maximum sum insured of \$2.5 million for Total and Permanent Disablement (TPD) and \$2 million for Trauma.

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.

Income Protection Insurance (excluding Income Provide Insurance)

With Income Protection Insurance, SLSL will automatically increase your Sum Insured and Business Expense Sum Insured (see page 38) by the greater of the increases in the CPI over the year or 3% per annum, in order to keep pace with inflation. 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. Please note that the cover to a maximum Benefit payable in the event of a claim will be 75% of your Average Weekly Income unless you have selected the Guaranteed Agreed Value option under a Comprehensive Income Protection Policy (see page 34 for full details).

Your Premiums will be recalculated each year based on your age next birthday and the increased Sum Insured.

Even when you are receiving weekly disability Benefits, SLSL 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.

MULTIPLE INSURED PERSONS (not applicable for Income Protection & Income Provide Insurance)

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 the 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.

INTERIM COVER (not applicable for Essential Trauma Insurance or Income Provide Insurance)

SLSL will provide you with interim cover for up to 90 days while we are assessing your application. Benefits are paid from the Suncorp Life No.1 Statutory Fund.

The level of cover and circumstances in which SLSL will pay vary according to the Policy applied for and our standard underwriting guidelines and practices. Please refer to the appropriate product or products on the next page for full details of how Interim Cover will be paid for each product.

ADDITIONAL PRODUCT FEATURES

What we mean by Total and Permanent Disablement, Total Disability and when we will and won't pay for business expenses is described in the relevant section of this PDS (see page 11).

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 SLSL or any other Life Insurance office at standard rates and without exclusion; and
- ii)** the Insured Person is between ages:
 - 18–75 for Yearly Renewable Term Life Insurance (death);
 - 18–64 for Super Term Life Insurance (death);
 - 18–70 for Comprehensive Trauma Insurance;
 - 18–60 for Total & Permanent Disablement Insurance;
 - 18–60 for Income Protection and Business Expenses; and
- 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 (or signed authorised payment deduction authority) has been submitted to SLSL.

Your Application for Financial Protection Plan

If you claim under Interim Cover for any person to be insured, SLSL 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 11).

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 SLSL would accept for you under our normal underwriting guidelines.

TPD

The amount paid will be the lesser of:

- i)** \$500,000; or
- ii)** the proposed Sum Insured; or
- iii)** the Sum Insured SLSL would accept for you under our normal underwriting guidelines.

The maximum SLSL will pay for all additional Benefits attaching to Yearly Renewable Term Life Insurance (eg. Trauma Insurance & TPD), and Super Term Life Insurance (eg. TPD) will be the proposed sum insured to a maximum of \$500,000.

Comprehensive Trauma Insurance

If the application is for Comprehensive Trauma Insurance SLSL will pay the Benefit if the person to be insured should be diagnosed with one of the following Critical Conditions as a result of Injury or illness first occurring during the period of Interim Cover (refer to the "Medical Definitions for Trauma Insurance" section on pages 56–63 of this PDS):

- Coma
- Severe Burns
- Blindness
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Major Head Trauma
- Loss of Independent Existence

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 Yearly Renewable Term Life Insurance (eg. Trauma Insurance 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 PDS (see page 29).

Amount payable:

The amount paid will be the lesser of:

- i)** \$10,000 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 Sickness or Injury first occurring during the period of Interim Cover. "Total Disability" has the same meaning as in the relevant section of the PDS (see page 66).

Amount payable:

The amount paid will be the lesser of:

- i)** \$10,000 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

In addition to reasons listed in this PDS under the heading 'General Exclusions', SLSL will not pay any Benefits if the application is one which SLSL would not normally accept under their standard underwriting guidelines and practices. Benefits will also not apply where a claim for death, Total & Permanent Disablement, Trauma or Total Disability Benefits is caused by:

- i)** suicide or intentional self inflicted injury performed by you or the person to be insured 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 SLSL 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 SLSL ordinarily in the course of its business to reject your application.

ADDITIONAL PRODUCT FEATURES

Interim Cover Conditions:

The following terms and conditions apply to the Interim Cover.

- 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 SLSL 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 SLSL ordinarily in the course of its business to reject your application.

- 2)** A deposit of one month's Premium (or signed payment deduction authority) is received with your application.
- 3)** Any previous insurance on the person to be insured must have been accepted by SLSL or any other Life Office at standard rates and without exclusion.
- 4)** The person to be insured must be between 18–75 for Yearly Renewable Term Life Insurance, 18–64 for Super Term Life Insurance, 18–70 for Trauma Insurance and 18–60 for Total & Permanent Disablement Insurance, Income Protection Insurance and/or Business Expenses Insurance.

- 5)** The level of Sum Insured is financially justifiable as determined by SLSL.
- 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 SLSL standard underwriting guidelines.
- 8)** Interim Cover does not apply if the claim is a result of war, terrorism or the person to be insured's voluntary participation in a criminal act.
- 9)** Interim Cover only applies if the cause of the claim happens in Australia or New Zealand.

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;
- iv)** you withdraw your application; or
- v)** SLSL advises you in writing that your application will not be accepted at standard rates or without modifications.

HOW MUCH WILL IT COST?

PREMIUMS

Your Premium pays for your insurance cover and the cost of setting up and administering your insurance.

Super Term Life Insurance Premiums are paid into the Capital Guaranteed Superannuation No. 1 portfolio of the Suncorp Life No. 1 Statutory Fund.

All other Premiums for the insurance types listed below are paid into the Capital Guaranteed Life No. 1 portfolio of the Suncorp Life No. 1 Statutory Fund:

- Yearly Renewable Term Life Insurance;
- Essential Trauma Insurance;
- Comprehensive Trauma Insurance;
- Standard Income Protection Insurance;
- Comprehensive Income Protection Insurance;
- Income Provide Insurance.

These Premiums are not an investment and therefore are not directly affected by the fund's investment performance.

We may make special offers from time to time. If we have a special offer available that is not in this PDS, we can give you a separate terms and conditions brochure about the offer if you ask us. The offers might be short-term and we can withdraw them at any time.

Premium Components

The Premium you pay is determined by multiplying your level of cover ("Sum Insured") by the applicable Premium rate. Depending on the type of insurance and level of cover chosen, your Premium rate may be based on some or all of the following factors: age, sex, Waiting Period, Benefit Period, health, occupation, pursuits and smoking status.

In addition, your Premium may also include:

- a Policy fee based on the frequency of payment;
- a loading if you pay more frequently than yearly;
- a discount or a loading, depending on the level of Sum Insured selected;
- stamp duty; and
- amounts relating to additional benefits.

Premium Guarantee

The Premium rates 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 of the same kind as yours. The Premium will then be charged at the new rates set by SLSL and will

apply from your next Renewal Date. Your Premiums will be recalculated each year to reflect:

- the increase in the Insured Person's age; and
- any increase in the Sum Insured by way of indexation.

Your Sum Insured may be increased each year by the greater of the increase in the Consumer Price Index ("CPI") over the year or 3%. This increase is subject to age and Sum Insured limitations. Please contact us if you want a table of Premium rates.

Premium Payments

You must pay your first Premium on the Policy Commencement Date. Second and subsequent Premiums are payable by the next Due Date (which depends on how frequently you wish to pay) for as long as you want the insurance to continue or until your cover runs out, as explained in this PDS.

You have up to 30 days, from your Due Date to pay your second and subsequent Premiums. This period is called the 'Days of Grace'.

Payment Methods

You can pay your Premiums either yearly, half yearly, monthly or by payroll deduction. When you pay your Premium more frequently than yearly or by payroll deduction, your total annual Premium will include a loading to cover administrative costs on these payments, as follows:

Payment Frequency	Loading	Payment Type		
		Cheque	Direct Debit	Credit Card
Yearly	Nil	✓	✓	✓
Half yearly	4%	✓	✓	✓
Monthly	8%	✗	✓	✓
Payroll Deduction	8%	✗	✗	✗

"✓" means the payment type is available for the payment frequency specified.

"✗" means the payment type is not available for the payment frequency specified.

SLSL reserves the right to:

- withdraw payroll deductions as a method of payment in the future; and/or
- increase these loadings.

If we decide in the future to alter either of the above, you will be given at least 3 months' written notice.

You can vary your method of payment by contacting our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super').

HOW MUCH WILL IT COST?

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 to continue to pay your current Premium, and not an increased Premium. To do so you must contact our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super') and we will reduce your Sum Insured to allow for any increase in the rate of Premium for the Insured Person's age. This adjustment will be made provided the minimum Sum Insured and minimum Premium requirements for your Policy are satisfied.

If you don't pay your Premium

Your Policy will be terminated without any refund of Premium if you don't pay the full amount of your Premium within the Days of Grace period. 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, becomes Totally and Permanently Disabled, is diagnosed with one of the specified Critical Conditions or becomes Totally or Partially Disabled, within the Days of Grace, we will pay the Benefit due less any unpaid Premium. Similarly, if you have chosen any of the optional Benefits and you are entitled to payment of the Benefit within the Days of Grace, 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; and
- full payment of the Premium due; and
- full payment of all Premium arrears.

The reinstatement must be requested within 2 years after the Due Date of the outstanding Premium. We have full discretion to refuse your application for revival, or to impose conditions if we accept it.

Fees and Charges

All the charges are fully described in this section. SLSL will not apply any other charges without your consent (other than Government taxes and charges).

Policy Fee

A Policy fee will apply for each insurance you buy and the amount payable will depend on the frequency of your Premium payment and the type of cover, as follows:

Policy	Yearly	Half-Yearly	Monthly	Payroll Deduction
Term Life Insurance	\$60.00	\$31.20	\$5.40	\$2.49
Trauma Insurance	\$60.00	\$31.20	\$5.40	\$2.49
Income Protection Insurance	\$75.00	\$39.00	\$6.75	\$3.12
Income Provide Insurance	\$75.00	\$39.00	\$6.75	\$3.12

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

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

Policy Document Replacement Fee*

If you lose your PDS or Policy Document Notice you need to complete a lost policy declaration which can be obtained by ringing our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super'). A fee of \$50 will be charged to replace your PDS 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?

A percentage of your Premium is paid as commission to your adviser. 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 insurance. Your adviser uses commissions to pay business expenses as well as it being a 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 insurance is cancelled in the first year, some or all of the commission, must be repaid to SLSL 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 INFORMATION

This information is based on our interpretation of tax laws that were current at the date of preparation of this PDS.

The taxation Information is of a general nature and individual circumstances may differ and taxation laws may change.

Future legislative changes may impact on the taxation treatment outlined in this section. Advice should be sought from a tax adviser or the Australian Taxation Office in relation to your own individual circumstances. The table below summarises the tax deductibility of premiums and the tax treatment of benefit payments.

These comments are a guide only, based on our current understanding of tax laws.

Tax Deductibility of Premiums

Type of Cover	Tax Deductible?
Yearly Renewable Term Life Insurance (with or without TPD)	Premiums are generally not tax deductible* (for further information on the taxation of Yearly Renewable Life Insurance refer below)
Super Term Life Insurance	Premiums are generally not tax deductible* (for further information on the taxation of Super Term Life Insurance see below)
Trauma Insurance	Premiums are generally not tax deductible*
Income Protection Insurance (including Income Provide Insurance)	Premiums are generally tax deductible. There are certain exceptions.

* The taxation treatment of Premiums and claims may alter if the Policy Owner is an employer and the Insured Person is their employee.

Taxation of Benefit Payments

Type of Cover	Assessable Income
Yearly Renewable Term Life Insurance (with or without TPD)	Payments made in the event of death or disability are generally not subject to income tax* (for further information on the taxation of Yearly Renewable Life Insurance refer below)
Super Term Life Insurance	Payments made in the event of death or disability are generally not subject to income tax* (for further information on the taxation of Super Term Life Insurance see below)
Trauma Insurance	Payments made in the event of death or disability are generally not subject to income tax*
Income Protection Insurance (including Income Provide Insurance)	Payments made in the event of death or disability are generally assessable for personal income tax.

* The taxation treatment of Premiums and claims may alter if the Policy Owner is an employer and the Insured Person is their employee.

Taxation of Benefit Payments Tax Deductibility of Premiums

YEARLY RENEWABLE TERM LIFE INSURANCE

The Premiums you pay for Yearly Renewable Life Insurance will generally not be tax deductible to you. Any death Benefit paid is generally not taxable. The taxation treatment of premiums and claims may alter if the Policy Owner is an employer and the Insured Person is their employee or the Policy owner is the trustee of a superannuation fund and the Insured Person is a member of the Fund.

SUPERANNUATION TERM LIFE INSURANCE

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%. By law, superannuation funds are required to ask all members for their Tax File Number ("TFN"). This also applies to Super Term Life Insurance. It is not compulsory for you to provide a TFN, however the consequences of not doing so can include additional tax being withheld from benefit payments (which may not have been payable if the TFN had been provided).

HOW MUCH WILL IT COST?

Death Benefits are not subject to tax when paid to your spouse (including ex-spouse), financial dependant/s 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 \$1,297,886 (for the 2005/2006 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.

PROVIDING YOUR TAX FILE NUMBER

Superannuation funds are required to ask you for your 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; but will not otherwise be disclosed to any person or body.

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

- Tax may be deducted from a death or TPD 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 Call Centre Consultants on 13 11 55 (and ask for 'Life and Super'). For further information you can contact the Australian Tax Office Hotline on 13 10 20.

OTHER IMPORTANT INFORMATION

WHAT ARE THE RISKS?

You should be aware of the risks involved before buying any life insurance policy. Read this PDS carefully and discuss with your financial advisor before making a decision on the type of Policy and the extent of cover you require.

Some of the risks associated with Life Insurance include:

- your Policy may not suit your needs;
- your level of cover may be insufficient;
- you may not be able to obtain the cover that you need because of your health or circumstances;
- your Income Provide Policy may not be renewed. This may occur where the claims experience on your Policy or similar Policies, has been unfavourable.

It's important that your Policy meets your needs both now and in the future. Considering your future needs now while you are healthy can ensure you have the appropriate cover throughout your life.

COOLING OFF PERIOD

We want you to be satisfied that you have made the right decision. After you sign-up for cover and we send you the Policy Document Notice, you have 21 days to check that the insurance meets your needs – this is known as the cooling-off period.

Within this time you may cancel your Policy without paying any charges. The right to cancel cannot be exercised after you have made a claim under your Policy.

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 us your Policy Document Notice and your copy of the PDS.

If your policy is cancelled within this cooling off period, we will refund any Premiums you have paid. For SunCorp Superannuation Term Life Insurance, generally we are required to transfer the amount of your Premium to another superannuation product.

YOUR DUTY OF DISCLOSURE

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

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

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

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

SLSL, 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 SLSL.

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

IS THIS POLICY REPLACING AN EXISTING POLICY WITH ANOTHER LIFE INSURER?

If you already hold a life insurance policy, you must cancel that Policy within 21 days of receiving notice that you will be covered by SLSL. If you do not cancel your previous policy, the SLSL Policy will be deemed never to have commenced and SLSL will not be liable for the payment of any Benefit under the SLSL Policy.

COMPLAINTS AND DISPUTE RESOLUTION

At Suncorp we try to make sure that our level of service meets your expectations. However, sometimes problems occur. If you have a complaint or dispute, we have established a process to help you.

How do I make a complaint or notify a dispute?

If you have a complaint or dispute about this product or our services, please tell the people who provided your initial service. Or you can:

phone us on: 13 11 55 (and ask for 'Life and Super') (for the cost of a local call*)

fax us on: (07) 3362 2904

write to us at: Suncorp Superannuation Pty Ltd (LS035)
GPO Box 1453
Brisbane QLD 4001

or

Suncorp Life & Superannuation Ltd (LS035)
GPO Box 1453
Brisbane QLD 4001

email us on: life&super@suncorp.com.au

* A higher charge may apply for public telephones and mobile telephones.

What Suncorp will do

- 1) We will try to settle your complaint or dispute within 1 working day.
- 2) If we can't do this, we will phone you, email you or tell you in writing that we have received your complaint or dispute. You should get this notice within 3 working days.
- 3) We will try to settle more complicated complaints or disputes within 21 days, and in no more than 45 days.
- 4) If we can't settle your complaint or dispute quickly, we will write to you every 21 days giving you reasons for the delay.
- 5) Once we make a decision regarding your complaint or dispute, we will tell you in writing and include our reasons for reaching that decision. If you are dissatisfied with our decision or the way we handled your complaint or dispute, please let us know.

Otherwise, for complaints relating to a Trustee decision you can contact the Superannuation Complaints Tribunal ("SCT") and for all other complaints or disputes, the Financial Industry Complaints Services ("FICS").

Superannuation Complaints Tribunal (SCT)

The SCT is an independent body set up by the Federal Government to help members or beneficiaries settle certain types of complaints or disputes with fund trustees.

You can contact the SCT by:

phoning: 1300 884 114
(for the cost of a local call*) or

writing to: Superannuation
Complaints Tribunal
Locked Bag 3060
GPO MELBOURNE VIC 3001

The SCT will only consider your complaint or dispute if you are not satisfied with our final decision or the way we handled your complaint or 90 days have passed since we received your complaint or dispute. If the SCT accepts your complaint or dispute, they will tell you this in writing within 7 days and they will ask us for more information. We have 28 days to reply. The SCT might then organise a meeting between you and us to settle the issue. If this is unsuccessful, the complaint or dispute goes back to the SCT for their decision which is binding.

Financial Industry Complaints Services (FICS)

FICS is a free service and a totally independent and impartial body. FICS will deal with your complaint or dispute directly or follow up the matter on your behalf. If this is unsuccessful, the matter will go to the FICS Review Committee for a decision. If you want more information on FICS, please ask us for a brochure.

You can contact FICS by:

phoning: 1300 780 808
(for the cost of a local call*) or

writing to: Financial Industry Complaints
Service Limited
PO Box 579,
Collins Street West
MELBOURNE VIC 8007

* A higher charge may apply for public telephones and mobile phones

FREQUENTLY ASKED QUESTIONS

How do I?	What should I do?
Apply for Cover/Policy?	Complete and sign an Application Form (available from your adviser) and satisfy our other requirements.
Increase my Cover?	Complete and sign an Application Form (available from your adviser) and satisfy our other requirements.
Decrease my Cover?	Contact us by phone or if your request is in writing please specify the policy number, the amount you wish to decrease the sum(s) insured to and ensure you have signed your consent.
Add a new Insured Person to my Policy?	Complete and sign a Financial Protection Plan Application Form (available from your adviser).
Change Payment Method?	Contact us by phone or in writing. If required the appropriate deduction authority will be forwarded to you for completion.
Change to non-smoker conditions?	Contact us by phone or in writing and a non-smokers declaration will be forwarded to you for completion.
Change beneficiaries?	Contact us by phone or in writing and a Nomination of Beneficiaries form will be forwarded to you for completion.
Change ownership of my insurance?	Contact us by phone or in writing and a Memorandum of Transfer form will be forwarded to you for completion. (Not allowable for all Policies)

Note: For full contact details please refer to the back page of this PDS.

MEDICAL DEFINITIONS FOR TRAUMA INSURANCE

DEFINITIONS OF CRITICAL CONDITIONS

The following definitions apply in respect of Essential and Comprehensive Trauma Insurance.

Please note:

- i) Where a “**C**” is shown it indicates that the Critical Condition is covered under **Comprehensive Trauma Insurance**.
- ii) Where an “**E**” is shown it indicates that the Critical Condition is covered under **Essential Trauma Insurance**.
- iii) Unless otherwise indicated, the benefit payable will be 100% of the Sum Insured.
- iv) 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.
- v) 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 as stated in this PDS 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 E)

This means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be supported by any two of the following criteria being consistent with a heart attack:

- New confirmatory electrocardiograph (ECG) changes; or
- Diagnostic rise and fall (other than as a result of coronary or cardiac intervention) of; cardiac enzyme CK-MB, or Troponin I in excess of 2.0µg/l, or Troponin T in excess of 0.6µg/l; or

- Satisfactory evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less, measured at least three months after the event; or
- New pathological Q waves.

Heart Valve Surgery (C)

This means the undergoing of a surgical procedure by open chest surgery or keyhole surgery to replace or repair any cardiac valve(s) as a consequence of heart valve defects or abnormalities with a diagnosis of at least moderate severity as evidenced by a Doppler Echocardiogram.

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

Aorta Surgery (C)

This means the undergoing of a major surgical procedure to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

Non Major Cardiac Surgery (C)

Partial Benefit payable: 25% of Sum Insured for unlimited occurrences subject to a minimum of \$10,000 and a maximum of \$25,000 per occurrence (subject to the overall Sum Insured not being exceeded).

This means the actual undergoing of thoracoscopic, laparoscopic, valvotomy, catheter or ‘minimally invasive’ surgery not specifically covered by Heart Valve Surgery or Aorta 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.

Each surgery to treat or repair the cardiac valve must occur at least six months after the previous cardiac surgery.

Investigative or diagnostic procedures are specifically excluded.

Coronary Artery Angioplasty (C)

Partial Benefit payable: 25% of Sum Insured for unlimited occurrences subject to a minimum of \$10,000 and a maximum of \$25,000 per occurrence (subject to the overall Sum Insured not being exceeded).

This means the actual undergoing of Coronary Artery Angioplasty to correct a narrowing or blockage of one or more coronary arteries.

Cover does not start for Coronary Artery Angioplasty until the date 3 months after:

- the Policy Commencement Date; or
- an increase to the Sum Insured (in respect of the increased portion amount only); or
- the most recent reinstatement of the Policy

The Benefit will be paid for:

- the first Coronary Artery Angioplasty procedure to occur after the cover for the procedure starts; and
- each subsequent Coronary Artery Angioplasty procedure to occur at least 6 months after the previous Coronary Artery Angioplasty procedure.

The Sum Insured will reduce by each payment under the Coronary Artery Angioplasty Benefit.

Triple Vessel Angioplasty (C)

This means the actual undergoing of Coronary Artery Angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating at least 50% obstruction of three or more arteries is required to confirm the need for this procedure.

Coronary Artery Bypass Grafting (C and E)

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

Cardiomyopathy (C)

This means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment.

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 3 of the New York Association classification of cardiac impairment.

NERVOUS SYSTEM DISORDERS

Stroke (C and E)

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 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)

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 56.

Hemiplegia (C)

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

Diplegia (C)

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

Paraplegia (C)

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

Quadriplegia (C)

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

Tetraplegia (C)

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 or brain.

Major Head Trauma (C)

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 on page 56.

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 56.

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.

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 56.

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 56.

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 as listed on page 56.

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 56.

BODY ORGAN DISORDERS

Cancer (C and E)

This means a malignant tumour (subject to any exclusions set out below) 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.

Numerous cancers are covered, including:

- Bowel cancer;
- Prostate cancer;
- Lung cancer;
- Leukaemia;

- Hodgkin's Disease;
- Malignant lymphoma;
- Malignant bone marrow disorders; and
- Carcinoma in situ of the breast that directly results in the removal of the entire breast. The procedure to remove the breast must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN - 1, CIN - 2 and CIN - 3) or which are histologically described as pre-malignant;
- Chronic lymphocytic leukaemia Rai Stage 0;
- All skin cancers unless there has been a spread to other organs;
- Malignant melanomas which have a depth invasion of less than Clark Level 3 and less than 1.5mm thickness under the Breslow histological method; and
- Prostatic cancers which are histologically described as TNM Classification T1 or are of other equivalent or lesser classification.

Benign Brain Tumour (C)

This means a 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 56.

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)

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)

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 Lung Disease (C)

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

Chronic Liver Disease (C)

This means end stage liver failure together with permanent jaundice, ascites and/or encephalopathy.

Blindness (C)

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)

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)

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)

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 of 9 or the Lund & Browder Body Surface chart; or
- 50% of each hand and/or 50% of the face.

Blood Disorders

Aplastic Anaemia (C)

This means the failure of bone marrow resulting in anaemia, neutropenia and thrombocytopenia requiring treatment involving one or more of the following:

- Bone marrow transplantation
- Immunosuppressants
- Marrow stimulants or
- Blood or blood product transfusions.

Accidentally Acquired HIV (C)

Partial Benefit payable: \$250,000 maximum

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. Infection by 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 7 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.

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 6 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 7 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.

For Accidentally, Occupationally and Medically Acquired HIV, the following applies:

Infection by 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.

At the time of claim, where both TPD and Trauma Insurance are Benefits under Yearly Renewable 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 Activities of Daily Living (listed on page 56) 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.

c) Significant Cognitive Impairment

In the opinion of SLSL, 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)

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

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 acuity or less).

Advancement Benefit (C)

Partial Benefit payable: 25% of Sum Insured subject to a maximum of \$50,000.

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; or
- 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 the "Medical Definitions for Trauma Insurance" section on pages 56–63.

The Advancement Benefit will also be paid if the Insured Person 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 following conditions apply:

- Only one Advancement Benefit will be paid for the Insured Person. The Sum Insured for the Trauma coverage and for any attached death cover if applicable, is then reduced by the amount paid. The Premium is then reduced accordingly.
- The Buy Back Benefit (see page 13) 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 Insured Person has been misdiagnosed with any of the events triggering an Advancement Benefit, SLSL has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this Benefit.

FEMALE CONDITIONS

The following definitions apply in respect of Female Benefit Plus under Comprehensive Trauma Insurance.

Female Specific Disorders

Carcinoma in Situ

This means the Insured Person has a carcinoma in situ, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Carcinoma in situ of the following sites is covered:

- **Cervix – uteri:** This tumour must be classified as Tis according to the TNM staging method or FIGO stage 0. (Excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN I, CIN II, and CIN III)
- **Fallopian Tube:** The tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO Stage 0.
- **Vagina:** The tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.
- **Vulva:** The tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.
- **Breast:** The tumour must be classified as Tis according to the TNM staging method or FIGO stage 0.

Note: FIGO refers to the staging method of The Federation Internationale de Gynecologie et d'Obstetrique.

Severe Endometriosis

Means the Insured Person has severe endometriosis, characterised by the presence of endometrial tissue (normal lining of the uterus outside the uterus, usually in the pelvic cavity).

Severe endometriosis must involve:

- a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, or
- the presence of endometriomas (ovarian cysts containing endometriotic material), or
- the presence of deep endometriotic deposits involving the pelvic side wall, cul de sac and broad ligaments, and involving the wall of the bladder, ureter and bowel.

For the purpose of this definition, Severe Endometriosis must result in the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions.

Osteoporotic fractures

Means the Insured Person has a fracture of the hip or vertebra as a result of osteoporosis.

Osteoporosis is defined as having a bone mineral density (BMD) which is at least 2.5 standard deviations below the mean of the female Caucasian population.

Complications of Pregnancy

Death of the Foetus or Child of the Insured

Partial Benefit payable to a maximum of \$10,000

Means death of the child of the Insured Person after 28 weeks of the Insured Person's pregnancy, and within 30 days after birth.

The survival period does not apply to this event.

Disseminated Intravascular Coagulation (DIC)

Means the Insured Person has Disseminated Intravascular Coagulation as a result of pregnancy, whereby over-activation of the coagulation and fibrinolytic system occurs, and results in thrombosis, consumption of platelets and coagulation factors, and major haemorrhage, requiring treatment with fresh frozen plasma and platelet concentrates.

Choriocarcinoma

Means the Insured Person has Choriocarcinoma as a result of pregnancy, with evidence of neoplastic cells invading blood vessels.

Hydatidiform Mole

Means the Insured Person has a Hydatidiform Mole as a result of pregnancy.

Ectopic Pregnancy

Partial Benefit payable to a maximum of \$10,000

Means the Insured Person has had an ectopic pregnancy, characterised by the development of the fertilised ovum outside of the uterine cavity in the ovary, fallopian tube or abdominal cavity, resulting in rupture, haemorrhaging of a fallopian tube and subsequent surgery. The Insured Person must be diagnosed with an ectopic pregnancy at least 365 days after the commencement or reinstatement of the policy.

Double Ectopic Pregnancy

Means the Insured Person has had two ectopic pregnancies, characterised by the development of two fertilised ovum outside of the uterine cavity in the ovary, fallopian tube or abdominal cavity rendering both fallopian tubes non-functional, thus resulting in invitro-fertilisation treatment (IVF) being commenced. The Insured must be diagnosed with the first ectopic pregnancy at least 365 days after the commencement or reinstatement of the policy.

Eclampsia

Means the Insured Person has Eclampsia, characterised by the occurrence of grand mal seizures during pregnancy for which no other recognised cause can be identified.

Childhood Anomalies

Down's Syndrome

Means the child of the Insured Person has Down's Syndrome, a chromosomal abnormality, identified by an extra chromosome attached to chromosome 21.

Spina Bifida

Means the child of the Insured Person has Spina Bifida, a congenital defective closure of the bone encasement of the spinal cord through which the cord and meninges may or may not protrude.

Tetralogy of Fallot

Means the child of the Insured Person has Tetralogy of Fallot, an anatomic abnormality with a combination of at least two of the following:

- i)** obstruction to right ventricular outflow (pulmonary stenosis);
- ii)** ventricular septal defect;
- iii)** dextroposition of the aorta with septal override;
- iv)** right ventricular hypertrophy.

Transposition of Great Vessels

Means the child of the Insured Person has Transposition of Great Vessels, which results in surgery to correct this condition.

Oesophageal Atresia

Means the child of the Insured Person has Oesophageal Atresia, characterised by the oesophagus ending in a blind pouch.

Trachea-Oesophageal Fistula

Means the child of the Insured Person has a Tracheoesophageal Fistula (TEF) characterised by an abnormal joining of the trachea and oesophagus.

Developmental Dysplasia of the Hip

Means the child of the Insured Person has developmental dysplasia of the hip, resulting in an open reduction or pelvic osteotomy to correct the dysplasia.

Absence of Hand or Foot

Means the child of the Insured Person has a complete congenital absence of:

- one hand from the wrist, or
- one foot from the ankle.

Anal Atresia

Means the child of the Insured Person has Anal Atresia, characterised by the absence of a normal anal opening, resulting in a colostomy to correct the atresia.

Infantile Hydrocephalus

Means the child of the Insured Person has Infantile Hydrocephalus, characterised by an enlargement of the cerebrospinal fluid (CSF) spaces, which results in surgery to correct this condition.

Cleft Palate

Means the child of the Insured Person has a congenital fissure of the palate, which results in surgery to correct this condition.

Patent Ductus Arteriosus

Means the child of the Insured Person has Patent Ductus Arteriosus, characterised by a failure of the ductus arteriosus to close after birth, resulting in surgery to correct the arteriosus.

Congenital Hypertrophic Pyloric Stenosis

Means the child of the Insured Person has Congenital Hypertrophic Pyloric Stenosis, characterised by a thickening of the pylorus, causing obstruction of the gastric outlet leading to continuous projectile vomiting, resulting in surgery to correct the stenosis.

Atrial Septal Defect

Means the child of the Insured Person has an Atrial Septal Defect, characterised by an abnormal opening in the atrial septum that allows the flow of blood between the right and left atria, resulting in surgery to correct this defect.

Ventricular Septal Defect

Means the child of the Insured Person has a Ventricular Septal Defect, characterised by an abnormal opening in the ventricular septum that allows the flow of blood between the right and left ventricle, resulting in surgery to correct the defect.

Congenital Talipes Equinovarus – Clubfoot

Means the child of the Insured Person has Congenital Talipes Equinovarus, resulting in surgery to correct this condition.

Congenital Blindness

Means the child of the Insured Person has congenital, total and irreversible loss of sight in both eyes.

Congenital Deafness

Means the child of the Insured Person has congenital, total and irreversible loss of hearing in both ears.

GLOSSARY

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

A

Actively Seeking Employment

Registered with Centrelink and/or an accredited employment agency and looking for employment.

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 Yearly Renewable Term Life Insurance, Super Term Life Insurance, Trauma Insurance, Income Protection Insurance and Income Provide Insurance.

Average Weekly Income

The average weekly income (however distributed) you earned by personal exertion in your main occupation (second jobs are not counted). It is the weekly equivalent of your Pre Disability Income. (see page 66)

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.

B

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 or Income Provide 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 Benefit.

C

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 Suncorp Trauma Insurance Overview on page 18 and as defined on pages 56-63.

D

Days of Grace

The period of 30 days we allow for payment of your first Premium and all subsequent Premiums from the Due Date.

Due Date

The date that your Premium is payable. Your first Premium is payable on the Policy Commencement Date.

F

Financial Protection Plan

The product which consists of Yearly Renewable Term Life Insurance, Super Term Life Insurance, Essential Trauma Insurance, Comprehensive Trauma Insurance, Income Protection Insurance and Income Provide Insurance.

H

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.

I

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 as defined on page 56.

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. 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 currency of your Policy.

Insured Person

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

Insured Person's Occupation

The Insured Person's occupation (as contained in the Application Form) at the Policy Commencement Date.

Interdependency Relationship

In accordance with Superannuation Legislation, 2 persons (whether or not related by family) have an interdependency relationship if:

- a) they have a close personal relationship; and
- b) they live together; and
- c) one or each of them provides the other with financial support; and
- d) one or each of them provides the other with domestic support and financial care.

If 2 persons (whether or not related by family) have a close personal relationship, but do not satisfy the other requirements of an interdependency relationship as set out above because either or both of them suffer from a physical, intellectual or psychiatric disability, they have an interdependency relationship.

K**Key Person**

A person who is demonstrated to be crucial to the operation of the business.

L**Legal Personal Representatives**

The person(s) appointed to manage your estate under a grant of probate or letters of administration.

M**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). Other than for the definition of the policy owners occupation, this excludes the Policy Owner, the Insured Person or a Nominated Person under this insurance or any Immediate Family Member or relative of either the Policy owner or the Insured Person acting as a medical practitioner.

Monthly Earnings

Includes salary, award superannuation contributions, bonuses, commission, fees, fringe benefits and regular overtime.

N**Nominated Person**

The person or person's nominated by you in accordance with the Nomination of Beneficiaries (see page 14).

P**Partial Disability**

As defined on page 29. Partial Disablement and Partially Disabled have corresponding meanings.

Permanent Retirement

If you stop work for more than 12 months, for reasons other than being on Claim with us, and are not working 10 hours or less per week and not intending to return to the workforce.

PDS

This Product Disclosure Statement.

Policy

Your Insurance comprising the terms and conditions set out in this PDS, 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.

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.

Policy Owner:

1) Yearly Renewable Term Life Insurance

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

2) Super Term Life Insurance

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

3) Trauma Insurance

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

4) Income Protection Insurance

The Insured Person.

5) Income Provide Insurance

The Insured Person.

Pre-Disability Income

This is the income that is based on your gross earnings or income from your main occupation after Business Expenses have been deducted but before personal deductions and income tax are taken out.

The method of calculation is dependant on whether you have opted for the indemnity or agreed value options.

- Indemnity

Your highest monthly average income or earnings for any 12 consecutive month financial year calculated over the 3 years immediately prior to your disablement.

- Agreed Value

Your highest monthly average income or earnings for any 12 consecutive month financial year within the period 3 years prior to policy commencement to the date of your disablement.

Premium

The amount you pay us for the insurance.

R

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 insurance.

S

Sickness

A disease or illness which becomes apparent while you are covered by a Suncorp Trauma Insurance, Income Protection Insurance, TPD Insurance or Income Provide 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 insurance.

Superannuation Legislation

(Super Term Life Only) requirements contained in any Act, regulation, statutory instrument, administrative guideline, ruling or determination applying to the regulation of superannuation in Australia.

T

Terminal Illness

A medical condition that in SLSL’s opinion, after having considered medical and any other evidence we may require, the Life Insured’s life expectancy is not greater than 12 months regardless of any available treatment.

Total Disability

As defined on page 11. Total Disablement and Totally Disabled have 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”.

Total and Permanent Disablement

As defined on page 11 Totally and Permanently Disabled has a corresponding meaning.

Trustee

Suncorp Superannuation Pty Ltd ABN 59 009 931 435

W**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 Aides and Equipment, Recurrent Disability or Day 1 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 Ltd ABN 87 073 979 530 or in the case of Suncorp Superannuation Term Life Insurance, Suncorp Superannuation Pty Ltd ABN 59 009 931 435.

Y**You, your:****1) Yearly Renewable Term Life Insurance –**

The Policy Owner named on the Policy Document Notice.

2) Super Term Life Insurance –

The Insured Person named on the Policy Document Notice.

3) Trauma Insurance –

The Policy Owner named on the Policy Document Notice.

4) Income Protection Insurance –

The Insured Person named on the Policy Document Notice.

5) Income Provide Insurance –

The Insured Person named on the Policy Document Notice.

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:

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS053), Brisbane Qld 4001
or telephone us on 13 11 55
(and ask for 'Life and Super')

Requests to vary the details of the account to be debited must be by way of completion of a new DDR form and in terms of the operating authority for the account.

Alternatively you may request a stop or cancellation by contacting your financial institution.

DDR Dispute Resolution

If you wish to dispute a DDR transaction you can contact the bank or financial institution where your account to be debited is held or contact us as follows and we will arrange for your disputed transaction to be investigated and where appropriate, for a correction to be made.

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS053), Brisbane Qld 4001
Or telephone us on 13 11 55
(and ask for 'Life and Super')

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:

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS053), Brisbane Qld 4001
Or telephone us on 13 11 55
(and ask for 'Life and Super')

HOW DO I GET STARTED?

1. Your Adviser

Your adviser will help you to work out what your needs are, so that you are able to assess which products in the Suncorp Financial Protection Plan suit you.

2. How to apply

To apply for any of the policies in this PDS you must complete and sign the Application Form after you have obtained a quotation from your adviser (whose details can be found on the back cover of this PDS).

Your adviser must explain to you what information you must give to us. It is important that you give that information carefully and accurately. You should refer to the description of your Duty of Disclosure for more information.

CONTACT DETAILS

ENQUIRIES

If you have enquiries, please call our **Call Centre Consultants on 13 11 55 (and ask for 'Life and Super')**
Fax (07) 3362 2904, or
email life&super@suncorp.com.au

POSTAL ADDRESSES

Suncorp Life & Superannuation Ltd (LS035)
GPO Box 1453
Brisbane Qld 4001

Suncorp Superannuation Pty Ltd (LS035)
GPO Box 1453
Brisbane Qld 4001

REGISTERED OFFICE

Level 18
Suncorp Centre
36 Wickham Terrace
Brisbane Qld 4000

MY ADVISER

Suncorp is proud to use 100% Australian made paper.



Various products and services are provided by different entities in the Suncorp Group. The different entities in the Suncorp Group are not responsible for or liable in respect of products or services provided by other entities in the Suncorp Group.

00241 12/10/05 A