



SUNCORP

# Suncorp Financial Protection Plan Product Disclosure Statement

Prepared on: 1st September 2006. Effective date: 23rd October 2006.





# Suncorp Financial Protection Plan

## Product Disclosure Statement

**Issuers:** Suncorp Life & Superannuation Ltd ('SLSL')  
Suncorp Superannuation Pty Ltd ('SSPL' or 'Trustee')  
**RSE Licence No:** L0002141

**Prepared:** 1st September 2006

**ABN:** 87 073 979 530  
**ABN:** 59 009 931 435  
**RSE Registration No:** R1005240

**AFSL:** 229880

**AFSL:** 229879

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
- Suncorp Stand Alone Total and Permanent Disability Insurance
- Suncorp Stand Alone Business Expenses 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, Suncorp Income Provide Insurance, Suncorp Stand Alone Total and Permanent Disability Insurance and Suncorp Stand Alone Business Expenses 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 57 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 58 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.

Any advice contained in this PDS has been prepared without taking into account your particular objectives, financial situation or needs. For that reason, before acting on the advice you should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs. Where advice relates to the acquisition or possible acquisition of a particular financial product, you should consider this PDS before making any decision regarding this product.

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 66–68 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.

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# About the Suncorp Group

The Suncorp Group comprises Australia's 6th largest bank and ranks in the top 4 General Insurance Groups.\* Suncorp-Metway Limited, the parent company in the Suncorp Group, ranks in the top 25 Australian listed companies in terms of market capitalisation.

The Suncorp Group provides financial solutions for individuals and businesses. Its diverse range of products and services include banking, insurance, wealth management, superannuation and financial planning which are provided through various companies in the Suncorp Group.

Customers can access services through an extensive network of retail branches and agencies, as well as via the internet and telephone.

\* Source: KPMG Financial Institutions Performance (major and regional banks), General Insurance Surveys 2005.

## **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, managed investments and financial planning advice. This division also includes the funds management activities of Suncorp Metway Investment Management Limited ABN 31 068 147 651 AFSL: 229884.

# 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:

|   |   |                |
|---|---|----------------|
| <b>Term Life Insurance</b>                        |   | <b>Page 8</b>  |
| What is it?                                       | A policy that pays a lump sum Benefit on death or Terminal Illness.   |                |
| Who should consider 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 8–20 of this PDS.   |                |
| <b>Total &amp; Permanent Disability Insurance</b> |   | <b>Page 21</b> |
| What is it?                                       | A policy that pays a lump sum Benefit if you are Totally and Permanently Disabled due to Sickness or Injury.  |                |
| Who should consider it?                           | Anyone, including those with debt, mortgage or a family.  |                |
| What policies are available?                      | Suncorp Stand Alone TPD Insurance, Suncorp Yearly Renewable Term Life Insurance, Suncorp Superannuation Term Life Insurance.                                  |                |
| Where is it explained?                            | Pages 21–24 of this PDS.  |                |
| <b>Trauma Insurance</b>                           |   | <b>Page 25</b> |
| What is it?                                       | A policy that pays a lump sum Benefit if you are diagnosed with one of the listed Critical Conditions.  |                |
| Who should consider it?                           | Anyone who could incur additional expenses associated with a major Sickness or Injury.  |                |
| What policies are available?                      | Suncorp Essential Trauma Insurance or Suncorp Comprehensive Trauma Insurance.   |                |
| Where is it explained?                            | Pages 25–32 of this PDS.  |                |
| <b>Income Protection Insurance</b>                |   | <b>Page 33</b> |
| What is it?                                       | A policy that pays a replacement income of up to 75% of your pre-tax income if you are unable to work due to Sickness or Injury.                              |                |
| Who should consider it?                           | Anyone who would find it difficult to make ends meet without their regular income.  |                |
| What policies are available?                      | Suncorp Comprehensive Income Protection Insurance, Suncorp Standard Income Protection Insurance, Suncorp Income Provide Insurance.                            |                |
| Where is it explained?                            | Pages 33–48 of this PDS.  |                |
| <b>Business Expenses Insurance</b>                |   | <b>Page 49</b> |
| What is it?                                       | A policy that pays a monthly benefit if you are Totally or Partially disabled due to Sickness or Injury by covering certain monthly expenses of the business. |                |
| Who should consider it?                           | Anyone whose business could incur additional expenses associated with the self employed person being unable to work due to Injury or Sickness.                |                |
| What policies are available?                      | Suncorp Stand Alone Business Expenses Insurance or as an optional benefit to Suncorp Standard or Comprehensive Income Protection Insurance.                   |                |
| Where is it explained?                            | Pages 49–51 of this PDS.  |                |

**Notes:** 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.



## What is Life Insurance?

A policy for peace of mind. Life Cover pays a lump sum benefit on death or terminal illness. Life Insurance may assist with clearing the mortgage, covering debts and children's education.

**“In Australia there is one death every 3 minutes and 56 seconds”**

Source: Australian Bureau of Statistics 2006.



# 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  |
|--|---|--|
| <b>Product Description</b>   | 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 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 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. |
| <b>Minimum Age entry</b>   | 18 next birthday  | 18 next birthday   |
| <b>Maximum Age entry</b>   | 75 next birthday  | 64 next birthday   |
| <b>Guaranteed Renewable up to Renewal Date before</b>  | Insured Person's 99th birthday  | Insured Person's 65th birthday (this can be extended to 75th birthday if you are eligible to remain a member of the Suncorp Personal Superannuation Fund)  |
| <b>Minimum Sum Insured</b>   | \$75,000  | As per Yearly Renewable Term Life Insurance  |
| <b>Maximum Sum Insured</b>   | Assessed on individual circumstances at the time of application.  | As per Yearly Renewable Term Life Insurance  |
| <b>Indexation of Sum Insured</b>   | The greater of the increase in the Consumer Price Index (CPI) over the year or 3%   | As per Yearly Renewable Term Life Insurance  |
| <b>Minimum Premium</b>   | \$200 per year (including policy fee)   | As per Yearly Renewable Term Life Insurance  |
| <b>Policy Fee per annum</b>  | Between \$60 and \$64.80 (including frequency loading)  | As per Yearly Renewable Term Life Insurance  |
| <b>Premium Rates available</b>   | Males, Females, Smokers, Non-smokers, Age and by Occupation type  | As per yearly Renewable Term Life Insurance  |
| <b>Sum Insured Premium Loading</b>   | <\$125, 000 10% loading   | As per Yearly Renewable Term Life Insurance  |
| <b>Sum Insured Premium Discounts</b>   | \$250,000 to \$499,999 10% discount<br>\$500,000 to \$999,999 17.5% discount<br>\$1M to \$1,999,999 22.5% discount<br>\$2M + 25% discount   | As per Yearly Renewable Term Life Insurance  |
| <b>Standard Benefits (for further details of these Benefits please refer to pages 11, 19, 52 &amp; 70)</b> | <ul style="list-style-type: none"> <li>• Terminal Illness Benefit</li> <li>• Interim Cover</li> <li>• Life Cover Advance Payment Benefit</li> <li>• Automatic Indexation</li> <li>• Convertibility Option</li> </ul>  | <ul style="list-style-type: none"> <li>• Terminal Illness Benefit</li> <li>• Interim Cover</li> <li>• Automatic Indexation</li> <li>• Convertibility Option</li> </ul>   |
| <b>Optional Benefits (for further details of these Benefits please refer to pages 12–17)</b>               | <ul style="list-style-type: none"> <li>• Total &amp; Permanent Disablement ("TPD") (choice of "Any" or "Own" Occupation Cover)</li> <li>• Death Cover Retention (as an addition to "Any" or "Own" Occupation TPD Cover)</li> <li>• Trauma Insurance (Essential or Comprehensive)</li> <li>• Future Insurability</li> <li>• Waiver of Premium on Trauma</li> <li>• Comprehensive Trauma with TPD as a defined event (choice of "Any" or "Own" Occupation Cover)</li> <li>• Waiver of Premium on TPD</li> <li>• Death Cover Buy Back on TPD</li> <li>• Children's Benefit Plus</li> </ul> | <ul style="list-style-type: none"> <li>• Total &amp; Permanent Disablement ("TPD") ("Any" Occupation Cover only)</li> <li>• Death Cover Retention ("Any" Occupation Cover only)</li> <li>• Waiver of Premium on Trauma (where a Stand Alone Trauma Policy is taken in addition to Super Term Life Insurance)</li> <li>• Waiver of Premium on TPD</li> <li>• Death Cover Buy Back on TPD</li> </ul>                     |

# Suncorp Term Life Insurance

## Entry and expiry dates

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                                |
| Total & Permanent Disablement (TPD)<br>(Any or Own Occupation Cover) | 18 to 60                   | 99                                |
| Death Cover buy back on TPD  | 18 to 60                   | 99                                |
| Waiver of Premium on TPD   | 18 to 60                   | 65                                |
| Death Cover Retention  | 18 to 60                   | 65                                |
| Trauma Insurance   | 18 to 70                   | 75                                |
| Waiver of Premium on Trauma  | 18 to 64                   | 65                                |
| Future Insurability  | 18 to 59                   | 60                                |
| Super Term Life Insurance  | 18 to 64                   | 65*                               |
| Death Cover buy back on TPD  | 18 to 64                   | 65*                               |
| Waiver of Premium on TPD   | 18 to 60                   | 65*                               |
| Total & Permanent Disablement (TPD)<br>(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 that you wish to terminate your insurance; 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 Insurance 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 your policy is not in force (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

## 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 18 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.

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 in the next column) 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 the policy owner 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 52 of this PDS for additional Benefits for Term Life Insurance.

# Suncorp 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  | ✓                          | ✓*              |
| Children’s Benefit Plus – extra cost  | ✓                          | ✗               |
| Waiver of Premium on TPD – extra cost   | ✓                          | ✓               |
| Death Cover Buy Back on TPD – 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 and Stand Alone TPD 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 the Sum Insured in accordance with the following limits:

| Event                   | Increase by:  |
|-------------------------|---|
| Spouse and Child Option | The lesser of: <ul style="list-style-type: none"> <li>• \$200,000; or</li> <li>• 25% of the Sum Insured at the Policy Commencement Date.</li> </ul>   |
| Salary Increase Option  | The lesser of: <ul style="list-style-type: none"> <li>• \$200,000; or</li> <li>• 25% of the Sum Insured at the Policy Commencement Date; or</li> <li>• five times the annual amount of salary increase.</li> </ul>  |
| Mortgage Option         | The lesser of: <ul style="list-style-type: none"> <li>• \$200,000; or</li> <li>• 50% of the Sum Insured at the Policy Commencement Date; or</li> <li>• the initial amount lent under the mortgage; or</li> <li>• the amount of any increase in the amount of monies lent under the mortgage.</li> </ul> |

**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 unit holder, and this Policy forms part of a buy/sell, share purchase or business succession agreement (“**Business Insurance Option**”); and
- An increase in the amount of, or the entering into of, 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 the Sum Insured in accordance with the following limits:

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

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

# Suncorp Term Life Insurance

## 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 (this is reduced to \$1 million at the Renewal Date prior to the Insured Person's 65th birthday) 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 cannot exceed the level of death Benefit under the Policy;
- Where TPD and Trauma Insurance are added as options to Yearly Renewable Term Life Insurance the total cover inclusive of any increases made under the Future Insurability Benefit for Trauma Insurance and TPD 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.

At the Renewal Date immediately prior to the Insured Person's 65th birthday the definition for TPD will change. From that date, only suffering the loss of limbs or sight, the inability to perform two or more Activities of Daily Living, or suffering significant cognitive impairment will apply. The maximum level of cover payable is \$1 million, therefore any Sum Insured over this amount will be reduced to \$1 million at this time.

### 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 (except for Super Term Life Insurance, which is restricted to "Any" occupation cover). There is an additional premium for "Own" Occupation cover. The maximum levels of cover for both "Any" and "Own" occupation TPD is \$2.5 million.

**"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 category details on page 50). The "Own" Occupation definition is not available under Superannuation Term Life Policies. Your adviser will be able to tell you the Insured Person's occupation category.

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 TPD 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 TPD 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 Disability as specified in this PDS, SLSL will pay the TPD Benefit without reducing the Death Benefit. If you receive a TPD 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.

**Death Cover Buy Back (Upon Total and Permanent Disablement) – Optional (extra cost)**

Where Total and Permanent Disablement Insurance is attached as an optional benefit to Yearly Renewable Term Life Insurance or Super Term Life Insurance, a one year buy back option is provided. This feature allows you to repurchase the amount of your TPD Sum Insured (subject to a maximum of your term life cover) as Yearly Renewable Term Life Insurance or Super Term Life Insurance cover in respect of the Insured Person. This happens one year after the TPD Sum Insured has been paid under your TPD Insurance Benefit.

This option is:

- Subject to the life insurance cover being reinstated at the lesser of the Total and Permanent Disablement Insurance Benefit that was paid to you or the Term Life Insurance cover that was in force when the Total and Permanent Disablement Insurance Benefit 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 first year anniversary date of your Total and Permanent Disablement Insurance Benefit being paid.

# Suncorp Term Life Insurance

## 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 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 14. The CCTPD Benefit will apply in the same manner as the other Critical Conditions under Comprehensive Trauma Insurance (page 27).

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 59–65 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 CCTPD 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 first year anniversary date of your Comprehensive Trauma Insurance Benefit being paid; and
- Not available for Essential Trauma Insurance.

### When your Trauma Insurance Cover Ceases

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

- you notify us in writing that you wish to terminate this Benefit or your Policy; 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 TPD can exceed the death cover. However, a minimum sum insured of \$200,000 of death cover must be taken out.
- Where comprehensive Trauma Insurance and TPD 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 Insurance 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 TPD, Death Cover Retention, Waiver of Premium on TPD 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, any CPI increases in the Sum Insured that may have occurred 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 Retention Option.

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

The waiver of Premium option is available if you purchase Term Life Insurance and TPD Insurance as combined cover, or as separate Stand Alone policies. Upon payment of the total TPD Sum Insured, the Waiver of Premium Benefit will apply to your Term Life Insurance (including Super Term Life Insurance), provided it is in force at the time the total Sum Insured Benefit is paid under your TPD Insurance. Premiums will be waived in respect of Death cover (and the optional benefits of Trauma, Waiver of Premium on Trauma and Future Insurability if applicable).

Where TPD 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 TPD Insurance 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, any CPI increases in the Sum Insured that may have occurred and the premium rates then applying to that cover.

### The Waiver of Premium (on TPD) 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 Waiver of Premium on Trauma benefit.

The Waiver of Premium on TPD Benefit option is not available where TPD is added as a Critical Condition to your Comprehensive Trauma Insurance Benefit.

## Children's Benefit Plus – Optional (extra cost)

This Benefit provides the option for you to apply for Children's Benefit Plus, 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 aged between 2 and 17 years (inclusive) at the date of application.

There is flexibility when choosing the Sum Insured amount, however the Sum Insured must be the same for each Insured Child. The minimum Sum Insured is \$10,000 to a maximum Sum Insured of \$100,000. The Sum Insured for each child cannot exceed the Term Life Sum Insured.

The Sum Insured will be paid in the event the Insured Child:

- dies;
- suffers and is diagnosed with a Terminal Illness; or
- suffers and is diagnosed with one of the Critical Conditions listed below;
 

|                          |                                  |
|--------------------------|----------------------------------|
| – Benign Brain Tumour    | – Cancer*                        |
| – Stroke*                | – Chronic Liver Disease          |
| – Chronic Lung Disease   | – Chronic Kidney Disease         |
| – Encephalitis           | – Heart Valve Surgery*           |
| – Major Organ Transplant | – Coma                           |
| – Aplastic Anaemia       | – Diplegia                       |
| – Hemiplegia             | – Paraplegia                     |
| – Quadriplegia           | – Tetraplegia                    |
| – Major Head Trauma      | – Severe Burns                   |
| – Deafness               | – 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 an "\*" 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 59–65 of this PDS).

# Suncorp Term Life Insurance

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.

## 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 as 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.

### 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, the Trustee cannot override it. 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 dependant includes:

- Your spouse (including a defacto spouse);
- Your children (including step children, adopted children and ex-nuptial children); or
- Any person (whether or not related by family) with whom you have an interdependency relationship.

#### Two persons have an interdependency relationship if:

- They have a close personal relationship; and
- They live together; and
- One or both provides the other with financial support; and either
- One or each of them provides the other with domestic support and personal care; or
- One or each of them provides the other with support and care of a type and quality normally provided in a close personal relationship rather than by a mere friend or flatmate.

Where a close personal relationship exists, but the other requirements of an interdependency relationship are not satisfied because of a disability of one or both persons (whether physical, intellectual or psychiatric), then an interdependency relationship will be held to exist.

**Your Legal Personal Representative** is the executor of your Will. If you do not leave a Will (or the person you name as executor is not able or willing to act) an application may be made to the Court for appointment of an administrator of your estate. Your spouse would make this application if you have one, but if not, your next of kin would generally be entitled to apply. The person appointed as administrator is then your Legal Personal Representative.

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 any time 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.

#### Note:

- 1) The Trustee will consider a range of factors when determining whether an interdependency relationship exists.
- 2) Two persons will not have an interdependency relationship if one of them provided domestic support and personal care to the other a) under an employment contract or contract for services or b) on behalf of another person or organisation such as a government agency a body corporate or a benevolent or charitable organisation.

## 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.**

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

- the insurance under the policy to be replaced has been in force for a minimum of 13 consecutive months immediately prior to the cover start date of this cover (this includes reinstatement of a lapsed Policy); and
- the policy to be replaced is cancelled immediately after the issue of this cover; and
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases); and
- no claim is payable or pending under the policy to be replaced; and
- if the above conditions are met, the exclusion will not apply if the policy sum insured is no greater than the sum insured for the policy being replaced. However, where the policy sum insured is greater than the policy being replaced, the 13 month exclusion will apply to the excess over the sum insured under the policy being replaced.

### 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. We will notify you of those exclusions before issuing your policy.

# Suncorp Term Life Insurance

## 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 Benefit

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 Certified Copy of the Will;
- HIC & PBS Authorities.

To make a claim for terminal illness we require the following information:

- a claim form;
- a certified copy of the Insured Person's birth certificate;
- the Policy Document Notice and this PDS;
- medical evidence from a specialist Medical Practitioner with supporting medical evidence that the Insured Person will die within 12 months;
- HIC & PBS Authorities.

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.

While the Insured Person is Totally & Permanently Disabled for any definition other than "a) Loss of Limbs or Sight" (see pages 14–15), 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 25-32 for full details of how to claim.

## Payment of Benefits

### Term Life Insurance Benefit

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.**

### Terminal Illness Benefit

The amount of the Terminal Illness Cover Benefit will be shown on the last CPI Indexation Notice as the Death Cover 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.

### 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 15) 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 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 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.



## **What is Total and Permanent Disablement Insurance?**

A policy to provide the Insured Person with a lump sum benefit to provide financial peace of mind in the event they become Totally and Permanently Disabled. Total and Permanent Disablement may assist with modifications to the home, ongoing medical expenses and daily living expenses.

**“Life Insurance statistics say at the age of 35 you are 10 times more likely to be disabled from an illness or injury than you are to die from it”**

Source: Health Matters Consumer Guide 2003.

# Suncorp Stand Alone Total and Permanent Disablement Insurance

## Overview

Suncorp Stand Alone Total and Permanent Disablement Insurance ("Stand Alone TPD Insurance") pays a lump sum if the Insured Person is Totally and Permanently Disabled. The Benefit you receive can help repay your mortgage and other debts, fund a change in lifestyle and help cover the burden of medical costs.

|  | Stand Alone Total & Permanent Disablement Life Insurance   |                |
|--|--|----------------|
| Product Description  | Pays a lump sum Benefit if the Insured Person is Totally and Permanently Disabled.   |                |
| Minimum Age entry  | 18 next birthday   |                |
| Maximum Age entry  | 60 next Birthday   |                |
| Guaranteed Renewable up to Renewal Date before   | 99 next birthday   |                |
| Minimum Sum Insured  | \$75,000   |                |
| Maximum Sum Insured  | \$2.5 million (reducing to \$1 million after age 65)   |                |
| Indexation of Sum Insured  | The greater of the increase in the Consumer Price Index (CPI) over the year or 3%  |                |
| Minimum Premium  | \$200 per year (including policy fee)  |                |
| Policy Fee per annum   | From \$60 to \$64.80 (including frequency loading)   |                |
| Premium Rates available  | Males, Females, Smokers, Non-Smoker, Age and by Occupation type  |                |
| Sum Insured Premium Loading  | <\$125,000   | 10% loading    |
| Sum Insured Premium Discounts  | \$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<br>(for further details of these Benefits please refer to pages 23 & 24) | <ul style="list-style-type: none"> <li>• Interim Cover</li> <li>• Automatic Indexation</li> <li>• Limited Death Benefit</li> </ul>             |                |
| Optional Benefits<br>(for further details of these Benefits please refer to pages 23 & 24) | <ul style="list-style-type: none"> <li>• Future Insurability</li> <li>• Children's Benefit Plus</li> <li>• Waiver of Premium on TPD</li> </ul> |                |

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 that you wish to terminate your insurance; 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; or
- the Renewal Date immediately prior to the Insured Person's 99th birthday.

**If your policy is not enforce (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

### Total and Permanent Disablement

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

- suffers the loss of limbs or sight; or
- is unable to work (only applies up to age 65); or
- is unable to perform two or more Activities of Daily Living; or
- is suffering from significant cognitive impairment;

as defined in the following sections.

**a) Loss of Limbs or Sight**

Please refer to page 14 for definition.

**b) Unable to Work**

Please refer to page 15 for definition.

**"Any" Occupation Cover**

Please refer to page 15 for definition.

**"Own" Occupation Cover**

Please refer to page 15 for definition.

**c) Activities of Daily Living**

Please refer to page 15 for definition.

**d) Significant Cognitive Impairment**

Please refer to page 15 for definition.

### When we won't pay your Stand Alone TPD 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.

## Benefits (no extra cost)

### Death Benefit

If the Insured Person dies and the Stand Alone TPD Benefit is not payable, SLSL will pay you or the Insured Person's Legal Personal Representative \$25,000.

#### This benefit will not be paid if:

- the Insured person commits suicide within 13 months of the Policy Commencement Date; or
- where the claim results from certain activities or certain types of conditions which were notified to you as exclusions on your Policy Document Notice.

### Future Insurability

The Future Insurability (Stand Alone TPD) Benefit provides the option to increase the Sum Insured on your Stand Alone TPD Insurance policy 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 Stand Alone TPD cover on our standard terms and conditions.

Please refer to pages 12–14 for the full details of Personal Circumstances and Business Events as well as Conditions of increase without evidence.

#### When we won't pay your increased Stand Alone TPD Benefit

If you take out the Future Insurability (Stand Alone TPD) 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).

# Suncorp Stand Alone Total and Permanent Disablement Insurance

## Optional Benefits (extra cost)

### Children's Benefit Plus – Optional (extra cost)

Please refer to Page 17 for details of cover.

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

The waiver of Premium option is available if you purchase Stand Alone TPD together with Term Life Insurance. Upon payment of the total TPD Sum Insured, the Waiver of Premium Benefit will apply to your Term Life Insurance (including Super Term Life Insurance), provided it is in force at the time the total Sum Insured Benefit is paid under your Stand Alone TPD Insurance. Premiums will be waived in respect of Death cover (and the optional benefits of Trauma, Waiver of Premium on Trauma and Future Insurability if applicable).

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, any CPI increases in the Sum Insured that may have occurred and the premium rates then applying to that cover.

#### **The Waiver of Premium (on TPD) 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 Waiver of Premium on Trauma benefit.

## General Exclusions

Please refer to page 19 for full details of General Exclusions.





## **What is Trauma Insurance?**

A policy that provides the insured person with a lump sum benefit in the event they suffer a major trauma. Trauma Insurance may assist with living costs, medical expenses and medical care required during this time of need.

**“On average 1 in 3 men and 1 in 4 woman are likely to suffer some form of cancer during their lifetime”**

Source: Australian Institute of Health and Welfare 2004.

# Suncorp Trauma Insurance

## Overview

Suncorp Trauma Insurance (“Trauma Insurance”) pays a lump sum Benefit if the Insured Person is diagnosed with a Critical Condition and satisfies the definition of that Critical Condition as specified in this 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 Critical Conditions, and satisfies the definition of that Critical Condition, as specified on pages 59–65 of this PDS. | As per Essential Trauma Insurance |
| 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   | As per Essential Trauma Insurance |
| Indexation of Sum Insured                      | The greater of the increase 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 |

## Critical conditions

| Critical Conditions Covered                      | Essential Trauma Insurance | Comprehensive Trauma Insurance | Benefit Payable                  |
|--|----------------------------|--------------------------------|----------------------------------|
| <b>Heart Disorders</b>                           |                            |                                |                                  |
| Heart Attack *                                   | ✓                          | ✓                              | 100%                             |
| Coronary Artery Bypass Grafting *                | ✓                          | ✓                              | 100%                             |
| Heart Valve Surgery *                            | ✗                          | ✓                              | 100%                             |
| Aorta Surgery *                                  | ✗                          | ✓                              | 100%                             |
| Cardiomyopathy                                   | ✗                          | ✓                              | 100%                             |
| Out of hospital Cardiac Arrest                   | ✗                          | ✓                              | 100%                             |
| Cardiac Pacemaker*                               | ✗                          | ✓                              | 25% (maximum \$100,000)#         |
| Primary Pulmonary Hypertension                   | ✗                          | ✓                              | 100%                             |
| Non Major Cardiac Surgery (Partial Benefit) *^   | ✗                          | ✓                              | 25% (min \$10,000 max \$25,000)# |
| Coronary Artery Angioplasty (Partial Benefit) *^ | ✗                          | ✓                              | 25% (min \$10,000 max \$25,000)# |
| Triple Vessel Angioplasty *                      | ✗                          | ✓                              | 100%                             |
| <b>Nervous System Disorders</b>                  |                            |                                |                                  |
| Stroke *   | ✓                          | ✓                              | 100%                             |
| Multiple Sclerosis                               | ✗                          | ✓                              | 100%                             |
| Hemiplegia                                       | ✗                          | ✓                              | 100%                             |
| Diplegia   | ✗                          | ✓                              | 100%                             |
| Paraplegia                                       | ✗                          | ✓                              | 100%                             |
| Quadriplegia                                     | ✗                          | ✓                              | 100%                             |
| Tetraplegia                                      | ✗                          | ✓                              | 100%                             |
| Major Head Trauma                                | ✗                          | ✓                              | 100%                             |
| Coma   | ✗                          | ✓                              | 100%                             |
| Dementia & Alzheimer's Disease                   | ✗                          | ✓                              | 100%                             |
| Parkinson's Disease                              | ✗                          | ✓                              | 100%                             |
| Encephalitis                                     | ✗                          | ✓                              | 100%                             |
| Muscular Dystrophy                               | ✗                          | ✓                              | 100%                             |
| Motor Neuron Disease                             | ✗                          | ✓                              | 100%                             |

Where a ✓ is shown it indicates that the Benefit is covered.

Where a ✗ 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.

# Suncorp Trauma Insurance

## Critical conditions (cont)

| Critical Conditions Covered                    | Essential Trauma Insurance | Comprehensive Trauma Insurance | Benefit Payable                  |
|--|----------------------------|--------------------------------|----------------------------------|
| <b>Body Organ Disorders</b>                    |                            |                                |                                  |
| Cancer *                                       | ✓                          | ✓                              | 100%                             |
| Prostate Cancer *                              | ✓                          | ✓                              | 20%(max \$100,000)#              |
| Benign Brain Tumor                             | ✗                          | ✓                              | 100%                             |
| Major Organ Transplant                         | ✗                          | ✓                              | 100%                             |
| Chronic Kidney Failure                         | ✗                          | ✓                              | 100%                             |
| Chronic Lung Disease                           | ✗                          | ✓                              | 100%                             |
| Chronic Liver Disease                          | ✗                          | ✓                              | 100%                             |
| Blindness                                      | ✗                          | ✓                              | 100%                             |
| Deafness                                       | ✗                          | ✓                              | 100%                             |
| Loss of Speech                                 | ✗                          | ✓                              | 100%                             |
| Severe Burns                                   | ✗                          | ✓                              | 100%                             |
| <b>Blood Disorders</b>                         |                            |                                |                                  |
| Aplastic Anaemia                               | ✗                          | ✓                              | 100%                             |
| Accidentally Acquired HIV (Partial Benefit)    | ✗                          | ✓                              | max \$250,000#                   |
| Occupationally Acquired HIV                    | ✗                          | ✓                              | 100%                             |
| Medically Acquired HIV                         | ✗                          | ✓                              | 100%                             |
| <b>Other Events</b>                            |                            |                                |                                  |
| Loss of Independent Existence                  | ✗                          | ✓                              | 100%                             |
| Intensive Care                                 | ✗                          | ✓                              | 100%                             |
| Single Loss of Limb (Paralysis)                | ✗                          | ✓                              | 100%                             |
| Single Loss of Limb or Sight (Partial Benefit) | ✗                          | ✓                              | 15% (min \$10,000 max \$25,000)# |
| Advancement Benefit (Partial Benefit)          | ✗                          | ✓                              | 25% (max \$50,000)#              |
| <b>Optional Benefits</b>                       |                            |                                |                                  |
| Future Insurability (No extra Cost)            | ✓                          | ✓                              | n/a                              |
| Total and Permanent Disablement (extra Cost)   | ✗                          | ✓                              | 100%                             |
| Children's Benefit Plus (extra Cost)           | ✗                          | ✓                              | min \$10,000 max \$100,000       |
| Female Benefit Plus (extra Cost)               | ✗                          | ✓                              | min \$10,000 max \$100,000       |

Where a ✓ is shown it indicates that the Benefit is covered.

Where a ✗ 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.

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

- you notify us in writing that you wish to terminate your cover; 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 your policy is not enforce (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

## 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 59–65 of this PDS for definitions of the Critical Conditions.

For details on Interim Cover refer to pages 70–71.

### 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.

Please refer to pages 12–14 for the full details of Personal Circumstances and Business Events as well as Conditions of increase without evidence.

#### 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).

#### Total and Permanent Disablement– Optional (Extra Cost) (Comprehensive Trauma Insurance Only)

If you choose to include Total and Permanent Disablement ("TPD") as a Critical Condition under your Comprehensive Trauma Insurance, your Policy Document Notice will show the Sum Insured for this Benefit.

Your Comprehensive Trauma Insurance Benefit will be payable if the Insured Person is Totally and Permanently Disabled. Please refer to Pages 14–15 of this PDS for the definition of "Totally and Permanently Disabled".

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

This Benefit provides the option for you to apply for Children's Benefit Plus 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 aged between 2 and 17 years (inclusive) at the date of application.

There is flexibility when choosing the Sum Insured amount however the Sum Insured must be the same for each Insured Child. The minimum Sum Insured is \$10,000 and the maximum Sum Insured is \$100,000. The Sum Insured for each child cannot exceed the Trauma Sum Insured.

The Sum Insured 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 a "\*" 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 59–65 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 \$100,000 inclusive. The Benefit is payable on the first occurrence of one of the events listed. This Benefit is payable once only.

# Suncorp Trauma Insurance

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<br>Severe Endometriosis<br>Osteoporotic Fractures   | 18 to 70                   | 75                                |
| Complications of Pregnancy# | Death of the Foetus or Child of the Insured Person (maximum Benefit of \$10,000 payable)^<br>Disseminated Intravascular Coagulation (DIC)<br>Choriocarcinoma<br>Hydatidiform Mole<br>Ectopic Pregnancy (maximum Benefit of \$10,000 payable)^<br>Double Ectopic Pregnancy<br>Eclampsia  | 18 to 40                   | 45                                |
| Childhood Anomalies#        | Down's Syndrome<br>Spina Bifida<br>Tetralogy of Fallot<br>Transposition of Great Vessels<br>Oesophageal Atresia<br>Trachea-Oesophageal Fistula<br>Developmental Dysplasia of the Hip<br>Absence of Hand or Foot<br>Anal Atresia<br>Infantile Hydrocephalus<br>Cleft Palate<br>Patent Ductus Arteriosus<br>Congenital Hypertrophic Pyloric Stenosis<br>Atrial Septal Defect<br>Ventricular Septal Defect<br>Congenital Talipes Equinovarus – Clubfoot<br>Congenital Blindness<br>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 occurs 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 Policy 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 Policy 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 59–65 of this PDS.

## General Exclusions

### Specified conditions within 90 days

We will not pay any Benefit in the case of Cancer, Prostate Cancer, Cardiac Pacemaker, 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.

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

- the similar qualifying period has expired for the same conditions or events in the policy to be replaced (including qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases); and
- the policy to be replaced is cancelled immediately after the issue of this policy; and
- no claim is payable or pending under the policy to be replaced; and
- if the above conditions are met, the exclusion will not apply if the policy sum insured is no greater than the sum insured for the policy being replaced. However, where the policy sum insured is greater than the policy being replaced, the 90 day qualifying period will apply to the excess over the sum insured under the policy being replaced; and
- if the above conditions are met, the exclusion will not apply if the policy sum insured is no greater than the sum insured for the policy being replaced. However, where the policy sum insured is greater than the policy being replaced, the 90 day qualifying period will apply to the excess over the sum insured under the policy being replaced.

### 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

No benefit will be paid (including in respect of death) under Children's Benefit Plus 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.

## 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. We will notify you of those exclusions before issuing your policy.

## 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.

# Suncorp Trauma Insurance

## 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 59–65 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 54).

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.

The Benefits are paid as lump sums in Australian currency. The Trauma Insurance cover for the Insured Person 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 31 for more information).





## **What is Income Protection Insurance?**

A policy that provides a monthly benefit of up to 75% of the Insured Person's pre-tax income if they are unable to work due to Sickness or Injury. These monthly payments allow the Insured Person to continue to meet their expenses and lifestyle needs if the Insured Person is unable to work.

**“Every working Australian has a 1 in 3 chance of becoming disabled for more than 3 months before turning 65”**

Source: Australian Institute of Health and Welfare 2004.

# Suncorp Income Protection Insurance

## Overview

Suncorp Income Protection Insurance protects one of the most important assets – the ability to earn an income. It provides a monthly Benefit payment of up to 75% of pre-tax income if the Insured Person is unable to work due to Sickness or Injury. You may even be eligible for a Benefit if the Insured Person is able to work at a reduced capacity.

You can choose from two types of Income Protection Cover:

- Suncorp Standard Income Protection Insurance (“Standard Income Protection”); or
- Suncorp Comprehensive Income Protection Insurance (“Comprehensive Income Protection”).

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 the Insured Person's Average Weekly Income if they are unable to work due to Sickness or Injury   | As per Standard Income Protection                               |              |                      |              |                       |              |            |                |                                   |
| 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 <sup>^</sup>  | 2 year, 5 year, or to age 65 next birthday <sup>^</sup>         |              |                      |              |                       |              |            |                |                                   |
| 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                               |              |                      |              |                       |              |            |                |                                   |
| Maximum Sum Insured Business Expenses          | A maximum Sum Insured of \$20,000 per month for Business Expenses applies   | As per Standard Income Protection                               |              |                      |              |                       |              |            |                |                                   |
| Indexation of Sum Insured                      | The greater of the increase 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<br>SM – Nominated Professionals (medical)<br>SA – Professional White Collar<br>S1 – Combined Clerical and Light Manual<br>S2 – Light to Heavy Skilled Manual Worker<br>S3 – Light to Heavy Unskilled Manual Worker<br>(not available for Business Expense Insurance) | As per Standard Income Protection                               |              |                      |              |                       |              |            |                |                                   |

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

<sup>^</sup> Not available to all S3 occupations. Your adviser will be able to tell you available occupation categories.

## Income Protection Benefits

| Benefit   | Standard Income Protection | Comprehensive Income Protection |
|---|----------------------------|---------------------------------|
| The Cover Includes  |                            |                                 |
| Interim Cover (refer to pages 70–71 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 World Wide Cover  | ✓                          | ✓                               |
| Non-Smoker Discount   | ✓                          | ✓                               |
| Indexation  | ✓                          | ✓                               |
| Return to Work During the Waiting Period  | ✓                          | ✓                               |
| Waiver of Premium   | ✓                          | ✓                               |
| Extended Waiver of Premium  | X                          | ✓                               |
| Concurrent Disability   | ✓                          | ✓                               |
| AIDS Cover  | ✓                          | ✓                               |
| Transplant & Cosmetic Surgery   | X                          | ✓                               |
| Leave Without Pay   | X                          | ✓                               |
| Unemployment  | X                          | ✓                               |
| Claims Escalation   | ✓*                         | ✓                               |
| Death Benefit   | ✓                          | ✓                               |
| <b>Early Cash Benefits (No Waiting Period)</b>                                    |                            |                                 |
| Specified Injury  | X                          | ✓                               |
| Specified Trauma  | X                          | ✓                               |
| Bed Confinement   | X                          | ✓                               |
| Rehabilitation Program  | ✓                          | ✓                               |
| Rehabilitation Aides & Equipment  | X                          | ✓                               |
| Recurrent Disability  | ✓                          | ✓                               |
| <b>Cover to Help the Family</b>   |                            |                                 |
| Family Accommodation (No Waiting Period)  | X                          | ✓                               |
| Family Care   | X                          | ✓                               |
| <b>Optional Benefits (extra cost)</b>   |                            |                                 |
| Guaranteed Agreed Value   | X                          | ✓                               |
| Business Expenses <sup>#</sup>  | ✓                          | ✓                               |
| Day 1 Accident Cover <sup>#</sup>   | ✓                          | ✓                               |

Where a ✓ is shown it indicates that the Benefit is covered. Where a X is shown it indicates that the Benefit is not available.

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

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

# Suncorp Income Protection Insurance

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

- you notify us in writing that you wish to terminate your cover; 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's death; or
- the Insured Person's Permanent Retirement, unless it is a result of the Insured Person's Total Disability. (If the Insured Person stops 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 the Insured Person has Permanently Retired); or
- the Renewal Date immediately prior to the Insured Person's 65th birthday.

**If your policy is not enforce (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

## Benefits – no extra cost

Income Protection Insurance provides a replacement income of up to 75% of the Insured Person's Average Weekly Income unless you have selected the Guaranteed Agreed Value Benefit (see page 41). This is paid in the event of Sickness or Injury resulting in Total Disability or Partial Disability that prevents the Insured Person 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 paid in Australian currency and reduced by the amount of the following entitlements the Insured Person receives while disabled:

- sick leave payments during the period of disability following the Waiting Period;
- workers compensation payments;
- 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;
- any compensation received for future loss of income; and
- Income from the Insured Person's current employment or business.

Where the Insured Person's 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 the Insured Person receives any compensation that includes an amount for loss of income resulting from the Insured Person's 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 the Insured Person has 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 the Insured Person's 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 below and continues over page.

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:

- Where a "C" is shown it indicates that Benefit is covered under Comprehensive Income Protection.
- Where an "S" is shown it indicates that Benefit is covered under Standard Income Protection.

### Total Disability (C and S)

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

The Total Disability Benefit will be paid if due to Sickness or Injury, the Insured Person is:

- unable to perform at least one of the important duties of the Insured Person's occupation\* where an important duty of the Insured Person's occupation consists of one or more duties that are important and essential in producing his/her 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, "the Insured Person's occupation" in the Total Disability Benefit definition is replaced by "any occupation for which the Insured Person is 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 the Insured Person 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:

- the Insured Person has been Totally Disabled for 7 continuous days<sup>#</sup> during the Waiting Period; and
- the Insured Person returns to work and has suffered a loss of income as a direct result of the Total Disablement, Sickness or Injury; and
- the Insured Person has 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
- the Insured Person is under the care of a Medical Practitioner and following the treatment prescribed by the Medical Practitioner.

<sup>#</sup> The requirement to be Totally Disabled for 7 continuous days will be waived if in our opinion and based on medical advice, the Insured Person is 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 66)

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 the Insured Person is earning less than 20% of his/her 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.

## 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; or
- 30 days; or
- 60 days; or
- 90 days; or
- 180 days; or
- 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 Sickness or any one Injury.

## 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
- the Insured Person reaches the Renewal Date before age 65; or
- the Insured Person is deemed to have Permanently Retired.

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

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

# Suncorp Income Protection Insurance

## Non-Smoker Discount (C and S)

If the Insured Person has 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)

The Insured Person 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 the Insured Person returns 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 the Insured Person is 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, Business Expenses Insurance, Trauma Insurance, Term Life Insurance and Total and Permanent Disablement Cover taken out on or after 1st February 1998 on the Insured Person's life. 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 the Insured Person is disabled at any time as a result of more than one Sickness or Injury, 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 the Insured Person 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 the Insured Person remains disabled.

Should the Insured Person's occupation be that of a Surgeon, Medical Practitioner or Dentist (SM occupations) and the Insured Person acquires HIV or Hepatitis B or C then

### Scenario A)

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

### Scenario B)

Should you choose to cease performing "exposure prone" 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 36) that reads "the Insured Person is unable to perform at least one of the important duties of his/her 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 the Insured Person is Totally or Partially Disabled due to elective surgery for cosmetic purposes or donates an organ for organ transplant, the Insured Person's condition will be deemed to be a Sickness and the Benefit amount will be payable. The Insured Person 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 the Insured Person remains 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 the Insured Person is on unpaid leave for maternity or paternity leave, sabbatical leave, study leave, compassionate leave, or if the Insured Person is unemployed (to continue the Policy you must notify SLSL within 3 months of the Insured Person becoming unemployed). After this time, and provided Premiums continue to be paid, a claim will be paid provided the Insured Person is disabled under the following definition:

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

Should disability occur whilst the Insured Person is on leave without pay, Benefits will be paid from the end of the Waiting Period for as long as the Insured Person remains disabled, to a maximum of the Benefit Period applicable to your Policy.

Your Policy can be continued while the Insured Person is unemployed and Actively Seeking Employment. Premiums must continue to be paid whilst the Insured Person is unemployed.

Alternatively, you can elect to suspend premiums and cover under this Policy while the Insured Person is 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 the Insured Person 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 the Insured Person's occupation and income details if reinstatement is requested.

You must inform us if the Insured Person has Permanently Retired. If you do not inform us that the Insured Person has been unemployed for more than 12 months (and he/she has 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 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 the Insured Person dies whilst receiving a Benefit for Total or Partial Disability in respect of Comprehensive or Standard Income Protection Policies, SLSL will pay you or the Insured Person's 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 the Insured Person is 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 the Insured Person still satisfies 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 40). 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 on page 40. The payment of any Benefit will be subject to the exclusions listed under "General Exclusions" on page 43.

If the Insured Person suffers from one of the events listed in the following Table of Benefits, contact us as soon as possible for advice. The notification of the Insured Person's disability must be received by us as soon as possible 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.

# Suncorp Income Protection Insurance

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 the Insured Person suffers a specified medical condition covered under this Benefit, the Benefit amount will be paid immediately upon confirmation of diagnosis for 6 months even if the Insured Person is working. This Benefit is paid in advance as a lump sum.

If the Insured Person dies 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 the Insured Person is 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 the Insured Person suffers 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 59–65 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 the Insured Person’s 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 the Insured person assistance regarding suitable rehabilitation or appropriate re-training programs. We will discuss appropriate programs with the Insured Person and their 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 the Insured Person suffers Total Disability and in the opinion of SLSL the Insured Person's recovery would be enhanced or accelerated or the Insured Person's 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 the Insured Person return to work but suffer a further disability due to the same cause within 26 weeks of their 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 the Insured Person becomes 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 the Insured Person 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 the Insured Person to be confined to a hospital at a location greater than 100km from their normal place of residence. The Benefit will be paid for a maximum of 30 days for any one Sickness or any one Injury. No Waiting Period applies to this Benefit.

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

## Family Care (C)

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

- the monthly income forfeited by the Immediate Family Member in providing care to the Insured Person; 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 the Insured Person's Average Weekly Income. A Benefit will be paid when the claim is accepted equal to the Sum Insured (including any indexation increases). This may mean the Benefit exceeds 75% of the Insured Person's 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, including the Business Expense optional benefit.

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 Disability 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 Disability during the Waiting Period; and
- ii) Total Disability 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 Disability 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.

# Suncorp Income Protection Insurance

## 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. It can also be purchased as a Stand Alone policy (refer to pages 49–51). Business Expenses Benefit protects the business while the Insured Person is 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 Benefit will be paid if the business is sold or Business Expenses cease to be incurred.

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 the Insured Person turns age 65. The cumulative total of Benefits paid under this Policy cannot exceed the annual Sum Insured.

### Total & Partial Disability for Business Expenses

If the Insured Person becomes Totally or 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 36 for a definition of Total Disability.

### Death Benefit for Business Expenses

If the Insured Person dies, a lump sum of three times the monthly Sum Insured, to a maximum of \$60,000 will be paid. The Insured Person must be "On Claim" and eligible for Total Disability Benefits at the time of death.

### No Claim Benefit for Business Expenses

If your cover has been in force for 3 years and no claim has been made on the Business Expenses Policy, the Death Benefit will be doubled. This will occur only once, at the end of the 3 year policy anniversary. This does not apply to policies after reinstatement.

### Day 1 Accident (extra cost)

The Day 1 Accident Benefit may be added to the Business Expense Policy.

In addition, this benefit 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).

## 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 for 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 the Insured Person or to any other person who directly contributes to their 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 the Insured Person's business, (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of Benefits payable under this Policy.

## General Exclusions

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

- intentional self-inflicted Injury performed by the Insured Person or under the Insured Person's instructions or attempted suicide;
- the Insured Person 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 the Insured Person spends more than three months Totally Disabled from the date their pregnancy ends the period of Total Disability will start at the end of that three months.

### Non-smokers Conditions

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

Your entitlement to the 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 payable to a smoker in the circumstances where the same amount of Premium has been 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 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. We will notify you of those exclusions before issuing your policy.

#### **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 the Insured Person's age before SLSL pays you any Benefits under this Policy. If you have not given the 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 Insured Person's true age at that time.

### Making a Claim

If the Insured Person falls ill or has an accident that could result in a claim, contact us as soon as possible for advice.

The notification of the Insured Person's disability must be received by us as soon as possible after the occurrence of the disability and no later than the expiry of the Waiting Period.

If the Insured Person does 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 the Insured Person's disability. We reserve the right to request any medical, financial or other evidence that we might reasonably need to assess your claim. 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. The Insured Person will also be asked to supply evidence on a monthly basis of his/her continuing disability. The cost of providing medical evidence in support of the Insured Person's claim is your responsibility. We reserve the right to appoint our own Medical Practitioner at any time to examine and assess the Insured Person.

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.

# Suncorp Income Protection Insurance

## Benefit Entitlements

### Income Protection Insurance

The Benefit payable in respect of any week will be the lesser of 75% of the Insured Person's Average Weekly Income and the weekly Sum Insured unless you have selected the Guaranteed Agreed Value Benefit (see page 41). In the event of a claim, you will be requested to provide details of Income earned over the past 3 years.

Any Benefit payment will be paid in Australian currency and reduced by the amount of the following entitlements the Insured Person receives 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 the Insured Person's 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 the 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 the Insured Person's pain and suffering; and
- lump sums that are paid because the Insured Person is Totally and Permanently Disabled.

However, if the Insured Person receives any compensation, that includes an amount for loss of income resulting from the Insured Person's disability, for any period we have paid or will pay the Insured Person's Benefits under this Policy, the Insured Person must, on demand by us, repay either the Benefits we have paid or the amount the Insured Person has 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 the Insured Person's employer or any other disability income, sickness or accident plan.

If the Insured Person receives 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 and Partial Disability

The Benefit payable will be the lesser of:

- 1) The weekly\* Insured 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 the Insured Person and the other person/s, to determine the Insured Person's share;
  - If you ask us to distribute the Business Expenses unequally between the Insured Person 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 the allowable weekly Income (excluding deductions for business expenses) exceeds the 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 the Insured Person's 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 the Insured Person ceases to be disabled.

The date on which the Insured Person ceases to be disabled will be whichever one of the following happens earliest:

In the case of Total Disability:

  - The date on which the Insured Person begins to engage in his/her 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 the Insured Person resumes all his/her 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 the Insured Person is no longer disabled.



## **What is Income Provide Insurance?**

A policy that provides a continuing income if the Insured Person is unable to work due to Sickness or Injury. This income will allow you to continue to meet your expenses and lifestyle needs.

**“Tradespersons and related workers (aged 18 years and over) were the occupation group most likely to be injured while working for an income.”**

Source: Australian Bureau of Statistics (2001)

# Suncorp Income Provide Insurance

## Overview

Suncorp Income Provide Insurance ("Income Provide") is designed to provide continuing income if the Insured Person is unable to work due to Sickness or Injury. It is renewable every year until the Renewal Date immediately prior to the Insured Person's 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 the Insured Person is unable to work due to Sickness or Injury  |                      |              |                      |              |                       |              |            |                |
| 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)   |                      |              |                      |              |                       |              |            |                |
| Premium Rates available  | Males, Females, Smokers, Non-smokers, by Age, Waiting Period, Benefit Period and Occupation  |                      |              |                      |              |                       |              |            |                |
| 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 |
| \$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<br>(for further details of these features please refer to page 47) | <ul style="list-style-type: none"> <li>• Total Disability</li> <li>• 24 hour World Wide Cover</li> </ul>   |                      |              |                      |              |                       |              |            |                |

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

- you notify us in writing that you wish to terminate your policy; 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 Sickness or Injury; 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's death; or
- the Insured Person's Permanent Retirement, unless it is a result of the Insured Person's Total Disability, if the insured person stops 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 the Insured Person has permanently retired; or
- the Renewal Date immediately prior to the Insured Person's 60th birthday, unless this date is extended (see page 48).

**If your policy is not in force (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

## Benefits - no extra cost

Income Provide Insurance provides a replacement income of up to 75% of the Insured Person's Average Weekly Income. This is paid in the event of Sickness or Injury resulting in the Insured Person's Total Disability that prevents him/her 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 paid in Australian currency and will be reduced by the amount of the following entitlements the Insured Person receives while disabled:

- sick leave payments during the period of disability following the Waiting Period;
- workers compensation payments;
- payment under any other disability, Injury or Sickness policy and temporary disablement Benefit taken out on the life of the Insured Person, if it was not disclosed to us when you applied for this Policy or when you last applied for an increase in cover; and
- income from the Insured Person's current employment or business.

However, if the Insured Person receives any compensation that includes an amount for loss of income resulting from the Insured Person's 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 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 the Insured Person's employer or any other disability income, sickness or accident plan. If the Insured Person receives compensation for future loss of income, SLSL reserves the right to discontinue or reduce future benefits depending on the amount of any compensation paid.

### Total Disability

If the Insured Person becomes 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, the Insured Person is:

- unable to perform at least one of the important duties of his/her occupation where an important duty of his/her occupation consists of one or more duties that are important and essential in producing his/her 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 54).

## Policy Renewal – a Cancellable Contract

Your Income Provide Policy is renewable every year until the Renewal Date immediately prior to the Insured Person's 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 World Wide Cover

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

### Recurrent Disability

If the Insured Person 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.

## The Insured Person's occupation as stated on the Application Form

This Policy provides cover against a Sickness or Injury that prevents the Insured Person from working in the occupation/s shown on the Application Form.

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

- the Insured Person engages in another occupation instead of, or as well as, the occupation/s shown on the Application Form; or
- the Insured Person ceases to be fully employed in the occupation/s shown on the Application Form; or
- the Insured Person partially or fully retires from the occupation/s shown in the Application Form, unless the Insured Person was forced to retire as the result of a disability that is covered by this Policy.

# Suncorp Income Provide Insurance

## General Exclusions

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

- intentional self-inflicted injury performed by the Insured Person or under your or the Insured Person's instruction, or attempted suicide;
- the Insured Person 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, miscarriage or having an abortion. However, if the Insured Person spends more than three months Totally Disabled from the date the Insured Person's pregnancy ends the period of Total Disability will start at the end of that three months.

### Non-smokers conditions

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

The non-smoker premium rates for Income Provide Policies are based on the Insured Person's signed declaration that the Insured Person is a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount payable 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 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. We will notify you of those exclusions before issuing your policy.

## How to claim

Please refer to page 43 for information on how to claim.

## Benefit Entitlements

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

Any Benefit payment will be paid in Australian currency and reduced by the amount of the following entitlements the Insured Person receives while the Insured Person is 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 the Insured Person's 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 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 the Insured Person's pain and suffering; and
- lump sums that are paid because the Insured Person is totally and permanently disabled.

However, if the Insured Person receives any compensation that includes an amount for loss of income resulting from the Insured Person's 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 the Insured Person has 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 the Insured Person's employer or any other disability income, sickness or accident plan. If the Insured Person receives 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
- the Insured Person's death; or
- the end of the Benefit Period in respect of any one Injury or any one Sickness; or
- the date on which the Insured Person ceases to be Totally Disabled.

The date on which the Insured Person ceases to be Totally Disabled will be the date on which the Insured Person begins to engage in the occupation 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 the Insured Person is 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 the Insured Person ceases to be Totally Disabled; or
- the end of the Benefit Period in respect of any one Injury or any one Sickness; or
- the Insured Person's death.





## What is Business Expenses Insurance?

Business Expenses provides cover for certain business expenses in the event of Sickness or Injury. Business Expenses Insurance covers business expenses like office rent, motor vehicle leases, telephone costs plus many more.

“32% of people who experienced a work-related illness or injury in the previous 12 months, received neither Worker’s Compensation nor any other financial assistance.”

Source: Australian Bureau of Statistics (2002)

# Suncorp Stand Alone Business Expenses Insurance

## Overview

If you are a sole trader or in a business partnership, Suncorp Stand Alone Business Expenses Insurance ("Business Expenses Insurance") is designed to protect your business if the Insured Person is Totally Disabled or Partially Disabled.

It provides a monthly Benefit payment of up to 100% of the monthly expenses essential to the operation of the business if the Insured Person is unable to work due to Sickness or Injury.

|  | Business Expenses Insurance  |                |
|--|--|----------------|
| Product Description                            | Provides cover for certain business expenses in the event of the Insured Person's inability to work due to Sickness or Injury.   |                |
| Benefit  | Business Expenses Benefit  |                |
| Benefit Period                                 | 12 months  |                |
| Waiting Period                                 | A choice of 14 or 30 days.   |                |
| Minimum Age at entry                           | 18 next birthday   |                |
| Maximum Age at entry                           | 60 next birthday   |                |
| Guaranteed Renewable up to Renewal Date Before | 65th birthday  |                |
| Minimum Sum Insured                            | \$6,000 per annum  |                |
| Maximum Sum Insured                            | \$20,000 per month   |                |
| Indexation of Sum Insured                      | the greater of the increases in the Consumer Price Index (CPI) over the year or 3%   |                |
| Minimum Premium                                | \$300 per year (including policy fee)  |                |
| Policy Fee per annum                           | From \$75 to \$81.12 (including frequency loading)   |                |
| Premium Rates available                        | males, females, smokers, non-smokers, by age, waiting period, and occupation type  |                |
| 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 |
| Eligible Occupational Categories*              | SP – Nominated Professionals<br>SM – Nominated Professionals (medical)<br>SA – Professional White Collar<br>S1 – Combined Clerical and Light Manual<br>S2 – Light to Heavy Skilled Manual Worker<br>S3 – Not available |                |

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

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

- you notify us in writing that you wish to terminate your cover; 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's death; or
- the Insured Person's Permanent Retirement, unless it is a result of the Insured Person's Total Disability. (If the Insured Person stops 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 the Insured Person has Permanently Retired); or
- the Renewal Date immediately prior to the Insured Person's 65th birthday.

**If your policy is not in force (as a result of your policy being cancelled or terminated) at the time a claim is made, your claim will NOT be paid UNLESS your claim has resulted from the death of the Insured Person and the policy was in force at the date of death of the Insured Person.**

## Benefits -no extra cost

Business Expenses Benefit protects the business while the Insured Person is 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 immediately prior to the Insured Person's 65th birthday. The cumulative total of Benefits paid under this Policy cannot exceed the annual Sum Insured.

### Death Benefit for Business Expenses

Please refer to page 42 for details.

### No Claim Benefit for Business Expenses

Please refer to page 42 for details.

### Day 1 Accident (extra cost)

Please refer to page 42 for details.

## Definition of Benefits

### Total and Partial Disability for Business Expenses:

If the Insured Person becomes Totally and 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 36 for a definition of Total Disability.

### Business expenses we pay for:

Please refer to page 42 for details.

### Business expenses we don't pay for:

Please refer to page 42 for details.

### Benefit entitlements:

Please refer to page 44 for details.

# 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, 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 increase 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 42) by the greater of the increase 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 41 for full details).

Your Premiums will be recalculated each year based on the Insured Person's 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 & Business Expenses Insurance)

If your Policy Document Notice shows there are 2 insured persons, and we pay a claim for one of them, our cover for that insured person stops. Cover for the other insured person, who has not made a claim, is not affected. The premium will be adjusted to cover the remaining person.

## 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.

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 Interim Cover Conditions on pages 70–71 for full details of how Interim Cover will be paid for each product.

## 24 Hour World Wide Cover

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

# How much will it cost?

## Premiums

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

All Premiums for the insurances covered by this PDS are paid into the Capital Guaranteed Life No. 1 portfolio of the Suncorp Life No. 1 "Statutory Fund", excluding Super Term Life which is paid into the Capital Guaranteed Super No:1 portfolio of the Suncorp Life No: 1 "Statutory Fund".

These Premiums are not an investment and therefore are not directly affected by the Statutory 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').

## 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.

# How much will it cost?

## 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            |
| TPD Insurance               | \$60.00 | \$31.20     | \$5.40  | \$2.49            |
| Business Expenses 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.

\* This fee can alter. If we decide at any time in the future to alter this fee, 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*<br>(for further information on the taxation of Yearly Renewable Life Insurance see below) |
| Super Term Life Insurance                                  | Premiums are generally not tax deductible*<br>(for further information on the taxation of Super Term Life Insurance see below)       |
| Trauma Insurance   | Premiums are generally not tax deductible*   |
| Income Protection Insurance and Income Provide Insurance   | Premiums are generally tax deductible.<br>There are certain exceptions.  |
| Total and Permanent Disability Insurance                   | Premiums are generally not tax deductible*   |
| Business Expenses Insurance                                | Premiums are generally tax deductible.<br>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*<br>(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*<br>(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.  |
| Total and Permanent Disability Insurance                         | Payments made in the event of death or disability are generally not subject to income tax*   |
| Business Expenses Insurance                                      | Payments made in the event of death or disability are generally assessable for personal income tax.  |

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

# How much will it cost?

## Taxation of Benefit Payments Tax Deductibility of Premiums

### Yearly Renewable Term Life Insurance

The Premiums you pay for Yearly Renewable Term Life Insurance will generally not be tax deductible to you. Any death Benefit paid is generally not taxable. The taxation treatment of premiums and benefit payments 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).

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 \$1,356,291 (for the 2006/2007 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. On 9 May 2006, the Federal Treasurer announced, during his budget speech, a proposal to abolish RBLs to take effect from 1 July 2007. Information about the proposed changes is available from the following website: [www.simplersuper.treasury.gov.au](http://www.simplersuper.treasury.gov.au). 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 adviser 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. 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 of disclosure 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 and you have advised us in your application form that you will be replacing it, 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.

# Other Important Information

## 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 (LS004)  
GPO Box 1453  
Brisbane QLD 4001

or

Suncorp Life & Superannuation Ltd (LS004)  
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 780 808 (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

# 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

### The Activities of Daily Living as stated in this PDS mean:

- 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.

### Out of Hospital Cardiac Arrest (C)

This means a cardiac arrest that:

- is not associated with any medical procedure,
- is documented by an electrocardiogram, and
- occurs out of hospital, and is either:
  - cardiac asystole (heart stoppage), or
  - ventricular fibrillation (the muscle fibres of the ventricle beating rapidly without pumping any blood), with or without ventricular tachycardia.

### Cardiac Pacemaker (C)

This means the Insured Person undergoes cardiac surgery to insert a Permanent Pacemaker. This benefit will be paid on the basis of the lesser of 25% of the sum insured or \$100,000.

### 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.

# Medical Definitions for Trauma Insurance

## **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 59.

### **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 59.

### **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 59.

### **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 59.

### **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 59.

### **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 59.

### **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 59.

## **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 that are histologically described as TNM Classification T1 or are of other equivalent or lesser classification.

### **Prostate Cancer (C and E)**

20% of the Trauma benefit, up to a maximum of \$100,000, is payable for Prostatic cancers which are histologically described as TNM Classification T1 or are of other equivalent 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 59.

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.

# Medical Definitions for Trauma Insurance

## **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)**

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.

A 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.

A 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.

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

## Other Events

### Loss of Independent Existence (C)

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

- a) Loss of Limbs or Sight means the total and permanent loss of use of:
- Both feet; or
  - Both hands; or
  - One hand and one foot; or
  - the sight of one eye and the use of either one hand or one foot.

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 59) 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.

### Intensive Care (C and E)

An Injury or Sickness that has for the first time resulted in the Insured Person requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Intensive care as a result of drug or alcohol intake is excluded.

### Single Loss of Limb (Paralysis) (C)

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

### 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).

### Total and Permanent Disablement (C)

The same definition as per page 14–15 of this PDS applies here.

### 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 59–65.

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 16) 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.

# Medical Definitions for Trauma Insurance

## 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 International Federation of Gynecology and Obstetrics

#### 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 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 fibronolytic 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

#### 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 Person 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, Stand Alone TPD Insurance, Income Protection Insurance, Income Provide Insurance and Business Expenses 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 67).

### **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.

## 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 pages 27–28 and as defined on pages 59–65.

## 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, Trauma Insurance, TPD Insurance, Income Protection Insurance, Income Provide Insurance and Business Expenses 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 59.

### **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**

The meaning of interdependency relationship is set out on page 18.

## **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). 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 18).

## **P**

### **Partial Disability**

As defined on page 37. 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, Trauma Insurance, Income Protection Insurance, Income Provide Insurance, Stand Alone Total & Permanent Disability Insurance and Business Expenses 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.

### **Pre-Disability Income**

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

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

#### **– Indemnity**

The Insured Person's highest monthly average income or earnings for any 12 consecutive month financial year calculated over the 3 years immediately prior to their disablement.

#### **– Agreed Value**

The Insured Person's highest monthly average income or earnings for any 12 consecutive month financial year within the period from 3 years prior to your policy commencement to the date of their disablement.

### **Premium**

The amount you pay us for the insurance.

# Glossary

## R

### **Renewal Date**

The anniversary of the Policy Commencement Date as shown on your Renewal 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, Income Provide Insurance Policy or Business Expenses Insurance.

### **SLSL**

Suncorp Life and Superannuation Limited ABN 87 073 979 530.

### **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 Insured Person's life expectancy is not greater than 12 months regardless of any available treatment.

### **Total Disability**

Income Protection Insurance and Business Expenses Insurance as defined on page 36. Income Provide Insurance as defined on page 47. Total Disablement and Totally Disabled have corresponding meanings.

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 pages 14–15, 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 or Income Provide 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. In respect of an Income Protection Insurance Policy, 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, Trauma Insurance, Income Protection Insurance, Income Provide Insurance, Total & Permanent Disability Insurance and Business Expenses Insurance –**

The Policy Owner named on the Policy Document Notice.

#### **2) Super Term Life Insurance –**

The Insured Person named on the Policy Document Notice.

# Direct Debit Request (DDR) Service

This DDR Service Agreement forms part of the terms of the Direct Debit Request ('DDR') and should be read in conjunction with the attached letter.

## DDR – Suncorp Financial Protection Plan

You can arrange to pay your life/superannuation contribution by DDR. We will process a direct debit to the account nominated on the DDR for the amount of the life/superannuation premium (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 Life insurance policy/superannuation policy contract.

We will notify you of the amount of your life/superannuation premium. We will provide you with 14 days notice if we change any of the terms of the DDR.

## Changing your DDR Service Agreement

Requests to vary the details of the account to be debited must be on a new Direct Debit Request form.

## Deferring, 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:

**Suncorp Life & Superannuation Limited**  
**GPO Box 1453 (LS004),**  
**Brisbane Qld 4001**

or telephone us on 13 11 55 (and ask for 'Life and Super').

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.

**Suncorp Life & Superannuation Limited**  
**GPO Box 1453 (LS004),**  
**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 by your financial institution.

## 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 to ensure that a DDR can be processed to your account.

## Premium Loading

All premiums paid on a monthly basis will attract a premium loading to cover administration costs. A maximum of 8% loading may apply to direct debit deductions.

If you wish to make enquiries about your DDR:

You can contact us by writing to:

**Suncorp Life & Superannuation Limited**  
**GPO Box 1453 (LS004),**  
**Brisbane Qld 4001**

Or telephone us on 13 11 55 (and ask for 'Life and Super')

# Interim Cover Conditions

## 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 performed by the Insured Person or under your or the Insured Person's instructions 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 aged between 18 and 75 for Yearly Renewable Term Life Insurance, 18 and 64 for Super Term Life Insurance, 18 and 70 for Trauma Insurance and 18 and 60 for Total & Permanent Disablement Insurance, Income Protection Insurance and/or Business Expenses.
- 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.

## 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) or Trauma 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 Sickness or Injury first occurring during the period of Interim Cover. The "Any Occupation" definition will be used for assessment purposes (refer to page 14); or
- being diagnosed with one of the Critical Conditions as defined in the Comprehensive Trauma Insurance section (refer to pages 27–28).

## Amount payable:

### Death

The amount paid will be the lesser of:

1. \$1,000,000; or
2. the proposed Sum Insured; or
3. the sum insured SLSL would accept for you under our normal underwriting guidelines.

### TPD

The amount paid will be the lesser of:

1. \$500,000; or
2. the proposed Sum Insured; or
3. 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.

## Stand Alone TPD Insurance

If you have applied for Stand Alone TPD Insurance we will pay the Benefit if the person to be insured is Totally and Permanently Disabled as a result of Sickness or Injury first occurring during the period of Interim Cover.

### Amount Payable:

The amount will be the lesser of:

1. \$500,000; or
2. the proposed Sum Insured; or
3. the Sum Insured SLSL would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional Benefits attaching to TPD Insurance 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 Sickness or Injury first occurring during the period of Interim Cover (refer to the "Medical Definitions for Trauma Insurance" section on pages 59–65 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:

1. \$500,000; or
2. the proposed Sum Insured; or
3. the Sum Insured we would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional Benefits attaching to Trauma Insurance 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 Sickness or Injury first occurring during the period of Interim Cover.

### Amount payable:

The amount paid will be the lesser of:

1. \$10,000 per month; or
2. the proposed monthly sum insured; or
3. 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.

### Amount payable:

The amount paid will be the lesser of:

1. \$10,000 per month; or
2. the proposed monthly Sum Insured; or
3. the proposed person's share of the allowable Business Expenses actually incurred during the period of Total Disability; or
4. the Sum Insured SLSL 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.

# 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.



# Interim Cover Insurance Certificate

Not available for Essential Trauma Insurance and Income Provide Insurance



## Application Confirmation

\$  has been received from:

for this application for insurance with SLSL and/or SSPL. This application and receipt are not valid if the cheque, draft, money order or credit card payment is dishonoured.

There will be no cover under the insurance (which covers Yearly Renewable Term Life Insurance, Super Term Life Insurance, Comprehensive Trauma Insurance and Income Protection Insurance) you have applied for apart from the Interim Cover for Suncorp Yearly Renewable Term Life Insurance, Superannuation Term Life Insurance, Comprehensive and Standard Income Protection Insurance and Comprehensive Trauma insurance unless or until we accept your application. Cover under this Policy is based on the fact that you have read and complied with your duty of disclosure.

If this Application Form is not accepted by us, the amount of payment will be refunded in full.

Signature of Policy Owner 1:  Date:    /    /

Signature of Policy Owner 2:  Date:    /    /

Signature of Adviser:  Date:    /    /



# Contact Details

## Enquiries

If you have enquiries, please call our  
Call Centre Consultants on 13 11 55  
(and ask for 'Life and Super'),

or

Facsimile Number: (07) 3362 2904

or

email: [life&super@suncorp.com.au](mailto:life&super@suncorp.com.au)

## Postal Addresses

Suncorp Life & Superannuation Ltd (LS004)

GPO Box 1453

Brisbane Qld 4001

Suncorp Superannuation Pty Ltd (LS004)

GPO Box 1453

Brisbane Qld 4001

## Registered Office

Level 18

Suncorp Centre

36 Wickham Terrace

Brisbane QLD 4000



If you would like to make an appointment with a Suncorp Financial Planner, call **13 11 55** and say **"Financial Planner"** at the prompt.

Your Financial Planner or Authorised Representative