

I want to protect what I've achieved



OneCare

Protection for life™

Product Disclosure Statement
12 July 2010

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



This book contains two documents:

- OneCare Product Disclosure Statement
- OneCare Super Product Disclosure Statement

Why ING Australia?

About ING Australia

ING Australia has been helping Australians grow and protect their wealth for over 120 years and is one of Australia's leading fund managers, life insurers and superannuation providers.

From May 2002 until late 2009, ING Australia operated as a joint venture between Australia and New Zealand Banking Group Limited (ANZ) and the global ING Group. On 30 November 2009, ANZ purchased ING Group's shareholding in ING Australia, and now owns 100% of the company. ING Australia now operates as ANZ's Australian specialist wealth management and protection business.

ANZ is one of Australia's largest companies and is among the top 50 banks in the world. ANZ has operations in 32 countries and has more than 40,000 staff.

Although ING Australia is now owned by ANZ, we have a licence from ING Group to continue to operate under the ING brand for a period while we transition to a new brand – expected to be by late 2010. We will work to make this transition as smooth as possible and minimise disruption for our customers.

During the transition there are likely to be changes to the names of companies, products, investment funds and investment options that are operated by ING Australia and its subsidiaries. Information about these changes and other transition updates will be available on www.ing.com.au.

Social and environmental responsibilities

At ING Australia we value and appreciate our people, our customers, the environment and society we live in and operate in. We are committed to acting ethically and meeting our social and environmental responsibilities. We actively encourage our staff to donate their time and skills to volunteering and fundraising programs to support charities and the wider community.

ING Life has won the following awards for OneCare



Risk Company of the Year
Money Management/Dexx&
Adviser Choice Risk Awards 2008



CANSTAR CANNEX:
'outstanding value' award
for life insurance 2009



Life Company of the Year
AFR Smart Investor
Blue Ribbon Awards 2009

Contents

What is OneCare?.....	2
What is Life Cover?.....	6
What is Total and Permanent Disability Cover?	8
What is Trauma Cover?	12
What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
What is Income Secure Cover?	21
What is Business Expense Cover?.....	33
What is Living Expense Cover?	37
What is Child Cover?	40
What is Extra Care Cover?	42
What is OneCare Super?.....	44
What are the risks?	49
What are the costs?	50
How do I apply?	52
How do I make a claim?.....	54
What do I need to know about taxation?.....	55
What else do I need to know?	56
Dictionary	58
Interim Cover	70

OneCare

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

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

OneCare Super

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

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

In the OneCare Super PDS, 'we', 'our', 'us' and 'ING' are references to ING Life Limited.

If you are considering whether to apply for OneCare Super you should start by reading the OneCare Super PDS on page 44.

Important information

An application for OneCare or OneCare Super as described in this PDS must be made on a current OneCare Application Form. Your application is subject to acceptance by ING Life, who may accept or decline your application, or accept it on special conditions. Any insurance policies arising from applications made are issued by ING Life. Australia and New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ) is an authorised deposit taking institution (ADI) under the Banking Act 1959. ING Life and ING Custodians are owned by ANZ but are not ADIs. Their obligations to you do not constitute a deposit or liability of ANZ or any other member of the ANZ Group. Neither ANZ nor any member of the ANZ Group stands behind or guarantees the issuers.

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

This PDS sets out the significant benefits and risks associated with holding a OneCare or OneCare Super policy, and provides information about the costs of each product. The full terms and conditions for each product are contained in the Policy Terms and Policy Schedule which we will issue to you if we accept your application. Once we have issued a Policy Schedule, you can request an additional copy of the Policy Terms free of charge. If there is any inconsistency between this PDS and the Policy Terms, the full terms and conditions contained in the Policy Terms will prevail to the extent of the inconsistency. These documents are important and you should read them carefully. Some expressions and words used throughout this book have a special meaning. These words and expressions are shown in **bold** type and are defined in the Dictionary.

The information in this PDS, including taxation information, is based on the continuance of present laws and our interpretation of those laws, and is up to date at the time of its preparation. However, some information may change from time to time. We will issue a supplementary or replacement PDS if there is a materially adverse change to information in this PDS, or there is a materially adverse omission from the PDS.

For other changes, which are not materially adverse, you can obtain up to date information at any time by either calling 133 667 or visiting our website at www.ing.com.au/productupdates. We can send you a copy of the updated information, free of charge, upon request.

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

Note: 'OneCare' and 'Protection for Life' are trademarks of ING Administration Pty Limited.

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What is OneCare?

At a glance

OneCare provides a range of insurance covers to suit your financial circumstances, no matter what your life stage, whether you are single, have a family or run a business. Conveniently, the flexible nature of OneCare allows you to tailor insurance for all members of your family and/or business all under the one policy by choosing from the following covers.

	Cover type	Benefit payment type	Insured events	Possible purposes	
OneCare policy	Life Cover*		Lump sum or Instalment	When the life insured dies or becomes terminally ill .	To pay out debt, leave money for family to live on or help with living expenses, estate planning or business buyouts.
	Total and Permanent Disability (TPD) Cover*		Lump sum or Instalment	When the life insured becomes totally and permanently disabled .	To pay out debt, have money to continue standard of living and cover medical expenses etc.
	Trauma Cover*	Comprehensive or Premier	Lump sum or Instalment	When the life insured suffers a specified trauma condition .	To pay out debt and cover the costs of lifestyle changes and home adjustments, medical expenses, stopping work etc.
	Income Secure Cover*	Standard, Comprehensive, Professional or Special Risk	Guaranteed or Indemnity monthly benefit	When the life insured is temporarily totally or partially disabled and is unable to work due to illness or injury .	To replace wages or salary so you can cover bills, mortgage payments, daily living costs etc.
	Business Expense Cover		Guaranteed or Indemnity monthly benefit	When the life insured is temporarily totally or partially disabled and is unable to work due to illness or injury .	To pay overheads and regular ongoing bills of your business (e.g. rent, employees' salaries).
	Living Expense Cover		Guaranteed monthly benefit	When the life insured is significantly disabled and needs care.	To meet financial obligations and make home adjustments to maintain lifestyle (e.g. home care).
	Child Cover		Lump sum	When the insured child suffers a specified trauma condition or dies.	To cover costs of caring for a child, such as home adjustments, stopping work and medical expenses.
	Extra Care Cover*	Accidental Death, Terminal Illness or Extended Needle Stick	Lump sum or Instalment	When the life insured dies in an accident, becomes terminally ill or has a needle stick injury.	To top up any of the main covers for extra protection.

* Life Cover, TPD Cover, Trauma Cover, Income Secure Cover and Extra Care Cover may be purchased through superannuation. Prior to purchasing cover through superannuation, please check the governing rules with the trustee of that fund. If you want to purchase Life Cover, TPD Cover, Income Secure Cover or Extra Care Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 44.

Each of the above covers is described in detail in sections of this Product Disclosure Statement (PDS).

If you are unsure of the meaning of highlighted terms throughout this PDS, please refer to the Dictionary on page 58.

Cover structure

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

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

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

Multiple lives insured

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

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

There is a premium discount for multiple-life policies. For details, please refer to 'What are the costs?' on page 50.

Amount insured

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

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

For Income Secure, Business Expense and Living Expense Cover this is called the 'monthly amount insured'. Depending on whether the benefit payment type of the monthly amount insured is Guaranteed or Indemnity, this amount may be based on your earnings and/or expenses at the time when you apply, or may be adjusted based on your earnings and/or expenses at the time of claim.

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

Benefit payment types

Life, TPD, Trauma, Child and Extra Care Cover

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

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

- Child Cover or
- Life Cover, TPD Cover and Extra Care Cover purchased through superannuation.

Lump sum

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

Instalment

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

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

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

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

Throughout this PDS, benefit limits are shown as lump sum amounts, unless stated otherwise. If an instalment benefit payment type has been selected, the equivalent instalment amount will apply.

To calculate the equivalent instalment amount based on a particular lump sum amount insured, use the formulae shown in the following example.

Example

Lump sum amount: \$3 million Life Cover

Fixed term

Equivalent instalment amount insured =

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

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

$$\frac{\$3,000,000}{5 \times 12} = \$50,000 \text{ per month}$$

Age-based term

Life insured age at policy commencement: 45

Age-based term chosen: Age 65

Monthly instalment amount insured: \$35,000

- If the client claims at age 55, they will receive the monthly instalment amount of \$35,000 every month until the policy anniversary when they are, or would have been, age 65.
- If the client claims at age 61, they will receive the monthly instalment amount of \$35,000 every month until the policy anniversary when they are, or would have been, age 65.

We will pay the instalment amount insured monthly in arrears, and in the event of a claim being accepted, any instalment payments will not increase with indexation.

Income Secure, Business Expense and Living Expense Cover

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

Guaranteed

If you choose the guaranteed benefit payment type, the amount we pay if the life insured is **totally** or **partially disabled** depends on the life insured's income or expenses at the time of application and the monthly amount insured. Once satisfactory financial evidence has been provided to us, we will not review or reassess the monthly amount insured shown on the Policy Schedule in the event of a claim.

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

Indemnity

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

Nominating a beneficiary

OneCare

Generally, benefits payable under the policy in the event of the life insured's death are paid to the policy owner. As a policy owner, you can nominate beneficiaries to receive benefits payable in the event of a life insured's death. The nomination will apply to death benefits payable across all covers under the policy. If you do not nominate a beneficiary, any death benefit will be paid to you or your estate.

If the sum of benefits payable to nominated beneficiaries under the policy is less than 100% of the total death benefits payable, you or your estate will receive any balance of benefits under the policy so that the total sum of death benefits payable equals 100%. Similarly, you or your estate will receive any benefits allocated to a beneficiary in the event that they die before you.

A beneficiary can not be you or a life insured under the policy, and any nominations will be cancelled if the ownership of the policy is transferred to a new policy owner.

To nominate beneficiaries for policies owned by the trustee of an external superannuation fund, please consult that fund's trustee.

OneCare Super

This option differs for policies owned through superannuation. If you choose OneCare Super, please refer to page 46 for details of how to nominate beneficiaries in relation to benefits in the ING MasterFund.

Premiums

The amount you pay to keep a OneCare policy is called the 'premium'.

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

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

The level premium option is not available for Child Cover or Extra Care Cover.

The premium includes a Policy Fee for each life insured under the policy. The Policy Fee increases each year by the **indexation factor** and will be quoted with the premium when you apply.

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

You will need to consider other factors in regard to your premium. Please refer to 'What are the costs?' on page 50 for further details.

Indexation

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

Cover type	Indexation expiry age	Indexation factor	Exceptions
Life Cover	70	5% or CPI, whichever is greater.	<ul style="list-style-type: none"> In the event of a claim being accepted, any amounts we pay as instalments will not increase with indexation.
TPD Cover	65	5% or CPI, whichever is greater.	<ul style="list-style-type: none"> In the event of a claim being accepted, any amounts we pay as instalments will not increase with indexation.
Trauma Cover	70	5% or CPI, whichever is greater.	<ul style="list-style-type: none"> Indexation does not apply while Premium Freeze applies. Indexation will not apply to Life Cover reinstated under the Double TPD or Double Trauma Option. Indexation will not apply to Trauma Cover reinstated under the Trauma Cover Reinstatement Option.
Income Secure Cover	65	CPI	<ul style="list-style-type: none"> Indexation does not apply while premiums are paused. If the life insured is on claim under Income Secure Cover, indexation will not apply (unless the Increasing Claim Option applies).
Business Expense Cover	65	CPI	<ul style="list-style-type: none"> If the life insured is on claim under Business Expense Cover, indexation will not apply (unless the Increasing Claim Option applies).
Living Expense Cover	65	CPI	<ul style="list-style-type: none"> If the life insured is on claim under Living Expense Cover, indexation will not apply.
Child Cover	21	5% or CPI, whichever is greater.	
Extra Care Cover	65	5% or CPI, whichever is greater.	<ul style="list-style-type: none"> In the event of a claim being accepted, any amounts we pay as instalments will not increase with indexation.

Guaranteed continuing cover

Your policy will continue each year upon payment of the premium, regardless of changes to the health of each life insured.

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

Guaranteed upgrade of benefits

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

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

Your policy will not be worse off as a result of the guaranteed upgrade. If you or a life insured is inadvertently disadvantaged in any way, then the previous benefit wording will apply. If certain exclusions were noted on your Policy Schedule previously, these continue to apply.

Interim Cover

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

Interim Cover starts when ING or your **financial adviser** receives a completed Application Form and a cheque, Direct Debit Request, credit card authorisation or ING Transfer Authority Form for the payment of the first premium.

For further information and conditions on Interim Cover please refer to 'Interim Cover' on page 70.

More information

If you require more information regarding any of the benefits in OneCare, including the built-in benefits and built-in features, please ask your **financial adviser**.

What is Life Cover?

At a glance

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

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

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 6.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age-based term (to age 55 or 65)	
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium		
Optional cover How would you like your Life Cover structured? Page 3.	Life Cover	Life Cover with optional TPD Cover	Life Cover with optional Trauma Cover	Life Cover with optional Trauma Cover and optional TPD Cover
Options available at extra cost Which of the extra cost options would you like to add to Life Cover to meet your needs? Page 7.	Premium Waiver Disability Option	Business Guarantee Option		

Life Cover may be purchased through superannuation. If you want to purchase Life Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 44.

Who can apply

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

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

Amount insured

The minimum amount insured for Life Cover is \$50,000.

Built-in benefits

Death Benefit

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

Terminal Illness Benefit

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured.

Accommodation Benefit

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

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

Financial Advice Benefit

If we pay the amount insured for death or **terminal illness**, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

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

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

Advance Assistance Benefit

If the amount insured is more than \$25,000 when the life insured dies, we will pay an advance of \$25,000 on receipt of a full Australian death certificate or other evidence satisfactory to us.

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

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

Built-in features

Serious Disability Premium Waiver

If the life insured is age 65 or under and suffers an **illness** or **injury** that results in the life insured being permanently unable to perform at least two of the **activities of daily living** without the physical assistance of another adult person, we will waive the premiums for the life insured until the earlier of:

- two years' premiums having been waived or
- the date cover ends under the policy.

The following built-in features are explained in more detail in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Premium Freeze	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Options available at extra cost

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

Extra cost option	PDS section	Page
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

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

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

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

When we will not pay

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

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

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

The above 13 month exclusion does not apply if the OneCare Life Cover is replacing similar cover issued by us or another insurer if:

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

Where the Life Cover amount insured under this policy exceeds that of the policy to be replaced, this exclusion will apply to the excess.

When Life Cover ends

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

- date we pay (or commence paying) the full Life Cover lump sum (or instalment) amount insured
- date the cover is cancelled and/or avoided
- date of the life insured's death
- cover expiry date shown on the Policy Schedule (if applicable)
- policy anniversary when the life insured is age 75 if the policy is issued under OneCare Super. We will accept an application for the life insured, without underwriting, for the Life Cover to continue on the same terms under a non-superannuation policy.

What is Total and Permanent Disability Cover?

At a glance

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

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

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 8.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age based term (to age 55 or 65)	
Total and permanent disability definition Which definition best suits your needs? Page 9.	Any Occupation	Own Occupation	Home-maker	Non-working
Premium type How would you like your premiums to be calculated? Page 4.	Level premium	Stepped premium		
Optional cover How would you like your TPD Cover structured? Page 3.	Stand alone TPD Cover	TPD Cover as an option to Life Cover	TPD Cover as an option to Trauma Cover	
Options available at extra cost Which of the extra cost options would you like to add to TPD Cover to meet your needs? Page 10.	Premium Waiver Disability Option	Business Guarantee Option	Double TPD Option	Life Cover Purchase Option

TPD Cover may be purchased through superannuation. If you want to purchase TPD Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 44.

Who can apply

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

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

Amount insured

The minimum amount insured for TPD Cover is \$50,000.

The following table shows the maximum amount insured for each TPD definition that may be applied for.

TPD definition	Maximum amount insured
Overall maximum (Any, Own and Non-working)	\$5 million
Any	\$5 million
Own	\$5 million
Any and Own combined	\$5 million
Home-maker	\$2 million
Non-working	\$5 million
Home-maker and Non-working combined	\$3 million

Built-in benefits

Total and Permanent Disability Benefit

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

The life insured must survive without life support for eight days from the date they satisfy the TPD condition.

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

Partial payment for specific loss

If the life insured suffers a specific loss (being the total and permanent loss of the use of one limb or one eye), we will pay a partial amount of 25% of the TPD Cover amount insured to a maximum of \$500,000.

This benefit is not available under OneCare Super.

Total and permanent disability definitions

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

The table below provides a summary of the TPD definitions. For full details of the terms and conditions of each element, please refer to the Dictionary on page 58.

Elements	As a result of illness or injury the life insured:	TPD definitions			
		Own Occupation	Any Occupation	Home-maker	Non-working
Unlikely ever again to be able to do their own occupation	<ul style="list-style-type: none"> has been absent from, and unable to, work in their own occupation for three months, or has suffered at least 25% permanent whole person impairment and is unlikely to be able to perform their own occupation ever again. 	Yes			
Unlikely ever again to be able to do any occupation	<ul style="list-style-type: none"> has been absent from, and unable to, work for three consecutive months or has suffered at least 25% permanent whole person impairment and is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation: <ul style="list-style-type: none"> for which they are reasonably suited by their education, training or experience, and which is likely to generate average monthly earnings of at least 25% of the life insured's average monthly earnings in the 12 months prior to claim. 		Yes		
Unlikely ever again to be able to do normal domestic duties	<ul style="list-style-type: none"> has been unable to perform normal domestic duties, leave their home unaided or do any occupation for three months, and requires the ongoing care of a medical practitioner, or has suffered at least 25% permanent whole person impairment and is unlikely to be able to ever perform normal domestic duties or any occupation for which they are reasonably suited by education, training or experience. 			Yes	
Loss of limbs and/or sight	<ul style="list-style-type: none"> suffers the permanent loss of the use of: <ul style="list-style-type: none"> two limbs the sight in both eyes or one limb and the sight in one eye. 	Yes	Yes	Yes	Yes
Loss of independent existence	<ul style="list-style-type: none"> is totally and irreversibly unable to perform at least two out of five activities of daily living. 	Yes	Yes	Yes	Yes
Cognitive loss	<ul style="list-style-type: none"> suffers total and permanent loss of intellectual capacity requiring continuous care and supervision. 	Yes	Yes	Yes	Yes

Limited Death Benefit

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

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

Accommodation Benefit

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

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

Financial Advice Benefit

If we pay a TPD Benefit, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

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

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

Built-in features

Life Cover Buy Back

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

If we pay the full TPD Cover amount insured, you can buy back Life Cover up to the amount of the TPD Benefit paid, without having to supply further medical evidence.

We will offer the Life Cover Buy Back 12 months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied the conditions of the TPD definition.

You must take up this offer within 30 days of our letter of offer.

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

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

Auto Conversion

On the Policy Anniversary when the life insured is age 65:

The TPD definition for the policy will automatically convert to the Non-working TPD definition. However, if the life insured is classed as occupationally white collar, you may apply to continue for up to \$1 million, or if an instalment benefit payment type applies, an **equivalent instalment amount** of their Any or Own occupation TPD definition cover to age 70.

- If the amount insured is \$3 million or less across all of the life insured's TPD Cover with us, the amount insured will remain the same.
- If it is over \$3 million the amount insured will be reduced to \$3 million.

The following table shows the maximum amount insured for each TPD definition type at the policy anniversary when the life insured is age 65:

TPD definition	Maximum amount insured
Overall maximum (Any, Own and Non-working)	\$3 million
Any	\$1 million
Own	\$1 million
Any and Own combined	\$1 million
Non-working	\$3 million

Policy Anniversary when the life insured is age 70

On the policy anniversary when the life insured is age 70, all Any occupation or Own occupation TPD Cover will convert to the Non-working TPD definition.

More built-in features are explained in the following sections.

Built-in features	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Premium Freeze	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Options available at extra cost

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

Double TPD Option

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

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

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

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

We will not reinstate Life Cover under this option if a benefit for **terminal illness** has been paid for the life insured. The life insured must also survive the relevant survival period for the applicable TPD definition for this option to apply.

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

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

Life Cover Purchase Option

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

If you choose this option and we pay the full TPD Cover amount insured, you can purchase Life Cover up to the amount of the TPD Benefit paid, without having to supply further medical evidence.

We will offer the Life Cover Purchase Option 12 months after the later of:

- the date we received the fully completed claim form or
- the date you satisfied the conditions of the TPD definition.

You must take up this offer within 30 days of our letter of offer.

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

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

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

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

More extra cost options

Extra cost option	PDS section	Page
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

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

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

- If you have Trauma Cover with optional TPD Cover for a life insured, the TPD Cover amount is reduced by any Trauma Benefit paid under Trauma Cover, or TPD Benefit Paid under TPD Cover for that life insured under the policy.
- If stand alone TPD Cover applies for a life insured, the TPD Cover amount insured is reduced by a partial payment for a TPD Benefit under TPD Cover.

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

When we will not pay

We will not pay any benefits under TPD Cover:

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

When TPD Cover ends

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

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

The maximum expiry ages for TPD Cover are:

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

* Amounts insured in excess of \$1 million convert to the Non-working TPD definition.

^ At age 70 all Any or Own TPD amounts insured convert to the Non-working TPD definition.

~ Converts to the Non-working TPD definition.

The Premium Waiver Disability Option and Business Guarantee Option end at different ages. Please refer to the relevant sections on page 19 and page 20. The Double TPD Option, Life Cover Buy Back and Life Cover Purchase Option expire at age 65.

What is Trauma Cover?

At a glance

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

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

Amount insured How much would you like to be paid in the event of a claim being accepted? Page 12.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.						
Benefit payment type How would you like the amount insured to be paid? Page 3.	Lump sum	Instalment – fixed term (3, 5 or 10 years)	Instalment – age based term (to age 55 or 65)				
Cover type Which of the cover types offer the best protection for you? Page 13.	Comprehensive	Premier					
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium					
Optional cover How would you like your Trauma Cover structured? Page 3.	Stand alone Trauma Cover	Trauma Cover with optional TPD Cover	Trauma Cover as an option to Life Cover				
Options available at extra cost Which of the extra cost options would you like to add to Trauma Cover to meet your needs? Page 14.	Premium Waiver Disability Option	Business Guarantee Option	Double Trauma Option	Life Cover Purchase Option	Trauma Cover Reinstatement Option	Premier Maximiser Option	Baby Care Option

Who can apply

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

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

Amount insured

The minimum amount insured for Trauma Cover is \$50,000 and the overall maximum that may be applied for is \$2 million.

Cover type

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

Trauma Comprehensive – provides cover for 44 specified trauma conditions.

Trauma Premier – provides cover for 55 specified trauma conditions. We pay partial payments for the additional 11 conditions.

Trauma conditions

Please refer to the Dictionary on page 58 for definitions of the following trauma conditions.

Trauma Comprehensive and Trauma Premier

Trauma conditions	
Alzheimer's disease [†]	loss of speech
angioplasty ^{*††}	loss or paralysis of limb
aortic surgery [*]	major head trauma [†]
aplastic anaemia	major organ transplant
benign brain tumour [†]	medically acquired HIV
benign tumour of the spine [†]	meningitis and/or meningococcal disease
blindness	motor neurone disease [†]
cancer ^{*†}	multiple sclerosis [†]
cardiomyopathy	muscular dystrophy [†]
chronic kidney failure	occupationally acquired HIV
chronic liver disease	open heart surgery [*]
chronic lung disease [†]	Parkinson's disease [†]
cognitive loss	pneumonectomy [†]
coma	primary pulmonary hypertension
coronary artery by-pass surgery ^{*†}	severe burns
deafness	severe diabetes ^{*†}
dementia [†]	severe osteoporosis ^{*†}
encephalitis	severe rheumatoid arthritis ^{*†}
heart attack ^{*†}	stroke ^{*†}
heart valve surgery [*]	systemic sclerosis [*]
intensive care	terminal illness [†]
loss of independent existence	triple vessel angioplasty [*]

Trauma Premier

Trauma conditions	
adult insulin dependent diabetes mellitus ^{*††}	melanoma ^{*††}
burns of limited extent [†]	partial blindness ^{*†}
carcinoma in situ (CIS) ^{*††}	partial deafness ^{*†}
chronic lymphocytic leukaemia ^{*††}	severe endometriosis ^{*†}
diagnosed benign tumour ^{††}	systemic lupus erythematosus (SLE) with lupus nephritis ^{*†}
hydrocephalus ^{*†}	

* Trauma Cover has a qualifying period of 90 days for this benefit to be payable. Please refer to '90 day qualifying period' below.

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

‡ These conditions are subject to a partial payment of the Trauma Cover amount insured. Please refer to 'Partial payments' on page 14.

Built-in benefits

Trauma Benefit

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

To be eligible for a claim the:

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

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

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

90 day qualifying period

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

- date that ING Life receives the complete application for Trauma Cover
- date that ING Life receives a written request for the reinstatement of Trauma Cover
- date that ING Life receives the complete application for an increase to the Trauma Cover amount insured (in respect of the increased portion only).

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

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

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

Partial payments

In the table on page 13, trauma conditions marked with a ‡ are eligible for partial payment of the Trauma Cover amount insured. The partial payment for these conditions (subject to a minimum of \$10,000) is the lesser of:

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

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

The Trauma Benefit is payable once for each condition. The one exception is **angioplasty**, where we will pay for multiple occurrences when:

- the first **angioplasty** procedure occurs after the end of the 90 day qualifying period and
- for each subsequent **angioplasty** procedure which occurs at least six months after the previous **angioplasty** procedure.

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

Limited Death Benefit

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

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

Accommodation Benefit

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

Financial Advice Benefit

If we pay the full Trauma Cover amount insured, we will reimburse up to \$2,000 for the preparation of a financial plan by a **financial adviser**.

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

Built-in features

Life Cover Buy Back

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

If we pay the full Trauma Cover amount insured, you can buy back Life Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence.

- For the following trauma conditions:
 - Alzheimer's disease
 - blindness

- deafness
- dementia
- loss or paralysis of limb
- multiple sclerosis
- Parkinson's disease

we will offer Life Cover Buy Back six months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the above trauma conditions.

- For all other trauma conditions, we will offer Life Cover Buy Back 12 months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the other trauma conditions.

You must take up this offer within 30 days of our letter of offer.

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

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

Auto Conversion

On the policy anniversary when the life insured is age 70, Trauma Cover will convert to TPD Cover with the Non-working TPD definition. If at that point the amount insured is \$3 million or less across all of the life insured's TPD Cover with us (including the converted Trauma Cover), that amount insured will remain the same. If it is over \$3 million, it will be reduced to \$3 million.

More built-in features are explained in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18
Business Debt Protector	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Premium Freeze	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

Options available at extra cost

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

Double Trauma Option

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

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

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

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

We will not reinstate Life Cover under this option if:

- a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**
- the life insured does not survive the eight day survival period.

However, when multiple payments total the full amount insured, we will reinstate Life Cover for the sum of the Trauma Benefits paid.

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

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

Life Cover Purchase Option

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

If you choose this option and we pay the full Trauma Cover amount insured, you can purchase Life Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence.

For the following trauma conditions:

- **Alzheimer's disease**
- **blindness**
- **deafness**
- **dementia**
- **loss or paralysis of limb**
- **multiple sclerosis**
- **Parkinson's disease**

we will offer the Life Cover Purchase Option six months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the above trauma conditions

For all other trauma conditions, we will offer the Life Cover Purchase Option 12 months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the other trauma conditions.

You must take up this offer within 30 days of our letter of offer.

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

You can not exercise this option if:

- a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**.

However, you can exercise this option when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

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

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

Trauma Cover Reinstatement Option

If you choose this option and we pay the full Trauma Cover amount insured, you can reinstate Trauma Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence.

We will offer the Trauma Cover Reinstatement Option 12 months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied the condition of the trauma event definition.

You must take up this offer within 30 days of our letter of offer.

You can not exercise this option if:

- a TPD Benefit or a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**.

However, you can exercise this option when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

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

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

We will not pay a claim under the reinstated Trauma Cover for the same trauma condition, or any related condition, for which we paid a claim under the original Trauma Cover.

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

Premier Maximiser Option

This option is available if you choose Trauma Premier.

If you choose this option, we will double the amount payable for any partial payment condition under Trauma Premier. This means that in the event of a claim being accepted, a payment of 40% of the Trauma Cover amount insured (to a maximum of \$200,000) will apply for the following conditions:

- adult insulin diabetes mellitus
- burns of limited extent
- carcinoma in situ (CIS)
- chronic lymphocytic leukaemia
- diagnosed benign tumour
- hydrocephalus
- melanoma
- partial blindness
- partial deafness
- severe endometriosis
- systemic lupus erythematosus (SLE) with lupus nephritis.

The Premier Maximiser Option also applies to **angioplasty**. This means that in the event of a claim being accepted, a payment of 20% of the Trauma Cover amount insured (to a maximum of \$40,000) will apply for **angioplasty**.

Baby Care Option

This option is available if you choose Trauma Premier.

It provides cover for additional trauma conditions for female lives insured. You can apply for this option for lives insured between the ages of 16 and 40. This option expires at age 45 and has a 12 month qualifying period.

The Baby Care Option has three built-in benefits:

- Complication of Pregnancy Benefit
- Congenital Abnormality Benefit (30 day survival period applies)
- Death Benefit.

If you choose this option, we will pay \$50,000 as a lump sum for a specified Complication of Pregnancy and/or a Congenital Abnormality Benefit. We will pay \$10,000 as a lump sum under the Death Benefit. This option does not reduce the Trauma Cover amount insured.

Multiple claims are allowed under the Baby Care Option subject to the following conditions:

- There may be no more than one claim per child
- There may be no more than one claim under any benefit.

Indexation will apply to the Complication of Pregnancy and the Congenital Abnormality Benefit. It will not apply to the Death Benefit.

The conditions covered under the Baby Care Option are:

Benefit and conditions covered under that benefit		
Complication of Pregnancy Benefit	Congenital Abnormality Benefit	Death Benefit
disseminated intravascular coagulation	absence of hand or foot	infant death
eclampsia	cleft lip and/or palate	neonatal death
ectopic pregnancy	congenital blindness	stillbirth (>20 wks pregnancy)
hydatidiform mole	congenital deafness	
	developmental dysplasia of the hip	
	Down's Syndrome	
	infantile hydrocephalus	
	oesophageal atresia	
	spina bifida myelomeningocele	
	tetralogy of fallot	
	trachea-oesophageal fistula	
	transposition of great vessels	

Please refer to the Dictionary on page 58 for definitions of the trauma conditions above.

We will not pay a claim under the Baby Care Option for:

- elective pregnancy termination
- surrogacy – either being the surrogate mother or engaging a surrogate mother
- death, or a Baby Care condition, which arises as a direct result of an intentional act or omission of the policy owner, the parents of the foetus or infant or someone who lives with or supervises the child
- foetal death less than 20 weeks unless death is due to a specified complication of pregnancy
- complications of pregnancy due to In Vitro Fertilisation (IVF)
- any claim which is a direct result of drug or alcohol abuse
- adopted or step children, except where death is not as a result of a listed Congenital Abnormality.

If Trauma Cover is reinstated using the Trauma Cover Reinstatement Option, the Baby Care Option will not be reinstated.

A child ceases to be covered under the Baby Care Option on their second birthday. You will have the option to apply for Child Cover at the time that the child ceases to be covered under the Baby Care Option. We will offer an extension on the cover provided by the Baby Care Option for 30 days, while you submit the application for Child Cover.

Premium Freeze will not apply to this option.

More extra cost options

Extra cost option	PDS section	Page number
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19
Business Guarantee Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	20

Benefit reductions

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

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

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

When we will not pay

We will not pay any benefits under Trauma Cover:

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

When Trauma Cover ends

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

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

The maximum expiry age for Trauma Cover is age 70, with the following exceptions:

- The Premium Waiver Disability Option and Business Guarantee Option end at different ages (please refer to the relevant section on pages 19 and 20).
- Trauma Cover converts to TPD Cover with the Non-working TPD definition at age 70.

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

Built-in features

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

Future Insurability

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

Personal events	The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:
<ul style="list-style-type: none"> The life insured marries.* The life insured or their spouse gives birth to, or adopts, a child.^ The life insured has a dependent child who starts secondary school.* The life insured completes an undergraduate degree at a government recognised Australian university.* The life insured's spouse dies.* The life insured's divorce.* The life insured becomes a carer for the first time and is financially responsible for provision of such care, and/or is physically providing such care.* The life insured has a change in tax dependency status as a result of the life insured ceasing to have any tax dependents as defined by current law.*#~ 	<ul style="list-style-type: none"> \$200,000 25% of the amount insured at the cover start date.
<ul style="list-style-type: none"> The life insured takes out or increases a mortgage on their principal place of residence with an accredited mortgage provider (excludes re-draw and refinancing).* 	<ul style="list-style-type: none"> \$200,000 50% of the Life Cover amount insured at the cover start date 25% of the TPD/Trauma/Extra Care Cover amount insured at the cover start date the amount of the mortgage, or increase to the mortgage
<ul style="list-style-type: none"> The life insured has a salary package increase of 15% or more.* 	<ul style="list-style-type: none"> \$200,000 25% of the amount insured at the cover start date 10 times the amount of the salary package increase.
Business events	The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:
<ul style="list-style-type: none"> The life insured is a partner, shareholder or similar principal in a business and this policy supports a buy/sell, share purchase or business succession agreement and their value in the business increases.† 	<ul style="list-style-type: none"> the increase in the value of the life insured's financial interest in the business \$200,000 25% of the amount insured at the cover start date.
<ul style="list-style-type: none"> The life insured is a key person in a business and their value to the business increases.† 	<ul style="list-style-type: none"> five times the average of the last three consecutive annual increases in the gross remuneration package 25% of the amount insured at the cover start date \$200,000.
Policy event	The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:
<ul style="list-style-type: none"> Every third policy anniversary* (if you have not increased the Life/TPD/Trauma/Extra Care Cover amount insured under Future Insurability in the previous 3 years). 	<ul style="list-style-type: none"> \$200,000 25% of the amount insured at the cover start date.

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

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

^ Within the first six months of an increase to the TPD and/or Trauma Cover amounts insured for this event, we will pay the portion of the amount insured which exceeds \$50,000, only for the life insured's total and permanent disablement or trauma condition (as applicable) which result from an accident.

Applies only if the cover is taken out under superannuation, and only for any Life/Extra Care (Accidental Death) Cover.

~ We will increase the amount insured under Future Insurability for this event only once during the period of the policy.

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

Your application needs to be made:

- within 30 days of the occurrence of the personal event or
- within 30 days of the policy anniversary date following a personal, policy or business event.

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

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

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

Future Insurability is not available:

- if the life insured is over age 55
- if you have exercised the Business Guarantee Option for the same event
- if you have made, or are entitled to make, a claim under any policy issued by us for the life insured
- if your OneCare policy was issued with a medical loading greater than 50% as shown on the Policy Schedule
- for business events, if cover has been taken out under superannuation.

Business Debt Protector

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

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

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

When a benefit is paid for one of the lives insured under one of the covers, the cover for all lives insured is reduced in accordance with that cover's benefit reductions. For further information on benefit reductions, please refer to page 7 for Life Cover, page 11 for TPD Cover and page 17 for Trauma Cover.

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

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

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

Premium Freeze

This is not available for Extra Care Cover.

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

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

Options available at extra cost

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

Premium Waiver Disability Option

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

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

We will also waive the premium that relates to the waiting period under Income Secure, Business Expense or Living Expense Cover for the first six consecutive months of the life insured's disability.

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

If we are waiving premiums for all covers under a policy for the life insured, we will also waive premiums for any Child Cover under the policy.

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

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

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

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

Business Guarantee Option

This is not available for Extra Care Cover.

This option gives you the flexibility to increase insurance without having to supply further medical evidence, as your business requirements grow. It may be useful for any of the following purposes nominated by you and approved by us at the time of taking out the original cover:

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

You may apply for one increase in any 12 month period.

Each increase under this option must relate to the business insurance purpose that we originally approved and may not be greater than the increase in the value associated with the business insurance purpose and the specified maximum limits.

Individual maximum increase

If exercising this option within three years of the commencement of this option, or within three years of the last increase under this option, the maximum individual increase available is the lesser of:

- the increase in value of the business insurance purpose
- the 'total maximum increase' for the relevant cover type (see below).

If more than three years pass since the commencement of this option and an increase in cover under this option has not occurred in the previous three years, the maximum individual increase available is the lesser of:

- the increase in value of the business insurance purpose
- three times the original amount insured
- \$2 million for each cover.

Total maximum increase

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

- three times the original amount insured
- the following amounts:
 - Life Cover – \$15 million
 - TPD Cover – \$5 million (amounts in excess of \$3 million are to be purchased as Non-working TPD except for white collar occupations).
 - Trauma Cover – \$2 million.

The amount insured as a percentage of the life insured's share of the value associated with the business purpose must never increase.

To apply for an increase under this option:

- you need to provide relevant, current financial information appropriate to the purposes of cover as originally applied for, and any other evidence (other than medical evidence) that we may require
- the life insured must be actively at work in their usual occupation at the time of applying for the increase.

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

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

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

To apply for this option, the life insured must be within the entry ages shown in each of the covers for stepped premiums or aged between 15 and 60 for level premiums.

What is Income Secure Cover?

OneCare offers four types of Income Secure Cover, which all offer a different level of protection for different premiums.

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

Income Secure Comprehensive – extends on the Standard Cover by offering additional benefits to assist with expenses incurred as a result of **illness** or **injury**.

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

Income Secure Special Risk – provides basic income protection for those whose occupations have traditionally been deemed uninsurable.

At a glance

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

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

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 22	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.						
Benefit payment type How would you like the amount insured to be calculated? Page 22.	Guaranteed	Indemnity					
Cover type Which of the cover types offer the best protection for you? Page 21.	Income Secure Standard	Income Secure Comprehensive	Income Secure Professional	Income Secure Special Risk			
Premium type How would you like your premium to be calculated? Page 4.	Stepped premium		Level premium				
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit commences? Page 23.	14 days	30 days	60 days	90 days	180 days	1 year	2 years
Benefit period What is the maximum period you would like to be paid benefits while the life insured is disabled and unable to work? Page 23.	2 years	6 years	To age 55	To age 60	To age 65	To age 70	
Options available at extra cost Which of the extra cost options would you like to add to Income Secure Cover to meet your needs? Page 26.	Increasing Claim Option	Accident Option or Premier Accident Option	Booster Option	Priority Income Option – Mortgage Maintenance	Priority Income Option – Superannuation Maintenance		

Income Secure Standard and Special Risk may be purchased through superannuation. If you want to purchase Income Secure Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 44.

Who can apply

Income Secure Cover is generally available to people working a minimum of 30 hours per week in their principal occupation.

However, provided the life insured's occupation is permanent part time and they are working at least three days a week you can apply for Income Secure Professional if the life insured is working as little as 20 hours a week.

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

Benefit period	Entry ages	
	Minimum	Maximum
2 years	19	60*
6 years	19	60
To age 55	19	50
To age 60	19	55
To age 65	19	60
To age 70	19	60

*Monthly benefits in excess of \$40,000 are subject to an entry age of 54.

If the life insured is not eligible to apply for Income Secure Cover, they may be eligible for Living Expense Cover (see page 37).

Monthly amount insured

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

- 75% of the first \$320,000 of annual income as at the cover start date
- 50% of the next \$240,000 of annual income and
- 20% of the balance.

If you nominate some of the life insured's income as Priority Income you can insure up to 80% of their **monthly earnings**. Please refer to page 27 for more information on the Priority Income Option.

The minimum monthly amount insured for all Income Secure Cover types is \$1,250 per month and the overall maximum monthly amount insured for Standard, Comprehensive and Professional that may be applied for is \$60,000 per month. Amounts insured over \$30,000 are limited to a two year benefit period.

Income Secure Special Risk has a maximum overall monthly amount insured of \$10,000 per month.

It is important to select a level of cover that is appropriate for the life insured's income. The premiums payable are based on this level of cover and if the life insured is over insured, no refunds in premiums will be provided. Your **financial adviser** will be able to assist you in determining an appropriate amount insured.

Monthly amount insured payable

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

Guaranteed benefit payment type

Under the guaranteed benefit payment type, the monthly amount insured payable is guaranteed not to reduce with any future changes to income.

You can provide proof of **pre-application income** either before or after your policy starts.

If you choose the guaranteed benefit payment type and proof of **pre-application income** has been provided and confirmed by us, the monthly amount insured payable is the amount shown on the Policy Schedule and may be subject to certain reductions. Annual indexation increases are guaranteed.

If financial evidence has not been provided and confirmed prior to claim, then at the time of the claim we require you to provide satisfactory financial evidence for the purpose of determining the life insured's **pre-application income**.

If you have notified us of a claim and proof of **pre-application income** has not been provided or confirmed, the monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule and
- 75% of the average monthly **pre-application income** (or 80% if you also purchased the Priority Income Option).

This benefit payment type is not applicable for Income Secure Special Risk or OneCare Super.

Indemnity benefit payment type

Under the indemnity benefit payment type, the monthly amount insured payable will be the lesser of:

- the monthly amount insured shown in the Policy Schedule and
- 75% of the life insured's **pre-claim earnings** (or 80% if you also purchased the Priority Income Option).

With the indemnity benefit payment type, if the life insured's income reduces between the time of purchase of Income Secure Cover and when you make a claim, the benefit you are eligible to receive may be less than the monthly amount insured shown on the Policy Schedule.

Waiting period

The waiting period is the period you wait before the benefit period commences.

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

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

* Not available for Income Secure Special Risk.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **total disability** (or either **total** or **partial disability** for Income Secure Professional).

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

If the life insured returns to work for a longer period, the waiting period will restart from the day after the last day worked, provided a **medical practitioner** confirms that the life insured is **totally disabled** again (or either **totally** or **partially disabled** again for Income Secure Professional).

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

Benefit period

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

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

- 2 years
- 6 years
- to age 55*
- to age 60*
- to age 65*
- to age 70*^.

* Not available for Income Secure Special Risk.

^ Only available to occupation codes A, C, D, E, F, I and P. After age 65, the monthly amount insured is reduced each policy anniversary on a sliding scale.

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

- the end of the selected benefit period (if the benefit period is to age 55, to age 60, to age 65 or to age 70, the benefit period ends at the policy anniversary when the life insured is age 55, 60, 65 and 70 respectively)
- the cover expiry date
- the date the life insured is no longer **disabled**
- 36 months from the date on which we started paying the Partial Disability Benefit if the life insured's occupation category is H (heavy trade), HH (heavy duty) or R (special risk)
- the date the cover ends (refer to 'When Income Secure Cover ends' on page 32).

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

Income Secure Standard, Comprehensive and Professional

Built-in benefits

Total Disability Benefit

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

(Applies to Income Secure Professional)	(Applies to Income Secure Comprehensive and Standard)
<ul style="list-style-type: none"> • disabled during the waiting period, and • continuously disabled since the end of the waiting period (unless claiming as a recurring claim). 	<ul style="list-style-type: none"> • totally disabled for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade) or HH (heavy duty), this is 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period, and • disabled for the remainder of the waiting period, and • continuously disabled since the end of the waiting period (unless claiming as a recurring claim).

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

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

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

Partial Disability Benefit

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

(Applies to Income Secure Professional)	(Applies to Income Secure Comprehensive and Standard)
<ul style="list-style-type: none"> • disabled during the waiting period, and • continuously disabled since the end of the waiting period (unless claiming as a recurring claim). 	<ul style="list-style-type: none"> • totally disabled for at least seven out of 12 consecutive days during the waiting period. However, if the occupation category is H (heavy trade), or HH (heavy duty), this is 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period, and • disabled for the remainder of the waiting period, and • continuously disabled since the end of the waiting period (unless claiming as a recurring claim).

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

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

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

where:

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

B = the life insured's **monthly earnings** for the month in which they are **partially disabled**. If the life insured is **partially disabled** and is not working to their capability as a result of causes other than **illness** or **injury** and this situation continues for at least three months, then 'B' will be calculated on what the life insured could reasonably be expected to earn if they were working to the extent of their capability.

In determining what the life insured could reasonably be expected to earn if they were working to the extent of their capability, we will take into account available medical evidence (including the opinion of the life insured's **medical practitioner**) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place.

'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the monthly amount insured payable as defined on page 22.

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

Rehabilitation and Retraining Expenses Benefit

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

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

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

We can not reimburse any expenses that are regulated by health legislation or which can be paid from another source.

Basic Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured, up to a total of \$60,000 across all Income Secure Standard, Comprehensive and Professional Covers. The life insured does not need to be **on claim** to receive this benefit.

No Claim Benefit

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

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

Meal Allowance Benefit

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

This benefit is not applicable for OneCare Super.

Specific Injury Benefit

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

This benefit is not applicable for OneCare Super.

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

Specific Injury	Payment period
Paralysis	60 months*
Loss of both feet or both hands or sight in both eyes	24 months
Loss of any combination of two of:	24 months
• a hand	
• a foot	
• sight in one eye	
Loss of one leg or one arm	12 months
Loss of one foot or one hand or sight in one eye	12 months
Loss of thumb and index finger of the same hand	6 months
Fractures of the:	
• thigh or pelvis	3 months
• leg (between knee and foot), or knee cap	2 months
• upper arm including the elbow and shoulder bone	2 months
• skull (except bones of the nose or face)	2 months
• lower arm (including the wrist but excluding the elbow, hand and fingers)	1 month
• jaw or collarbone	1 month

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

Unemployment Benefit

If the life insured becomes **involuntarily unemployed** for reasons other than **illness** or **injury**, we will pay the minimum repayments on any home loans, investment home loans, business loans, personal loans and margin lending loans issued by ANZ Bank while you remain **unemployed** for a period of three months.

This benefit only applies if the life insured has been **involuntarily unemployed** for at least 30 days.

The maximum monthly benefit is the lesser of your monthly cover amount, the minimum loan repayments with ANZ or \$5,000.

This benefit is not applicable for OneCare Super.

There is no cover with respect to this benefit if the life insured is:

- aware of their **involuntary unemployment** or was informed of their **involuntary unemployment** prior to or during the first 180 days of the start date of the cover or
- is self-employed.

Built-in features

Waiver of premiums

You do not have to pay premiums for Income Secure Cover while the life insured is **on claim** under Income Secure Cover. We will also waive the premiums during the waiting period if the life insured does go **on claim**.

Conversion to Living Expense Cover

If the life insured is not **on claim** or entitled to make a claim at the expiry of the Income Secure Cover, we will offer a conversion to Living Expense Cover without medical underwriting.

We will offer a benefit period of two years and a cover expiry at age 80.

The following table details the waiting periods available.

The waiting period for Income Secure at time of conversion	Available waiting periods on Living Expense Cover
14 days	30, 90, 1 year, 2 year
30 days	30, 90, 1 year, 2 year
60 days	30, 90, 1 year, 2 year
90 days	90, 1 year, 2 year
180 days	90, 1 year, 2 year
1 year	1 year, 2 year
2 year	2 year

The life insured is able to take up this conversion option prior to the expiry of the Income Secure Cover by contacting us and completing the appropriate forms.

Please note if converting from OneCare Super the Living Expense Cover offered is non-superannuation.

Please refer to 'What is Living Expense Cover?' on page 37 for more details.

Waiting period conversion

This feature allows you to apply to change the waiting period from two years to 90 days without needing to provide medical evidence when the life insured ceases to be covered under a Group Salary Continuance scheme (GSC) or similar arrangement provided by an employer.

Increasing Income

If the life insured's income increases, this feature allows you to increase the monthly amount insured without medical underwriting by up to 15% of the monthly amount insured after the indexation increases applicable.

Each year on the policy anniversary, you may increase the monthly amount insured, in addition to any indexation increase.

Family Cover Pause

If the life insured's average **monthly earnings** reduce while pregnant or after you or your **spouse** have children, you can request to reduce the monthly amount insured by up to 75% to reflect the life insured's new average **monthly earnings**. You will have the option to reinstate the monthly amount insured when the life insured's **monthly earnings** increase without having to undergo medical underwriting. You can reinstate all or part of the monthly amount insured at any time prior to the life insured's youngest child turning six years old.

To activate the Family Cover Pause, your policy must have been in force for at least two years.

If satisfactory financial evidence can not be provided, the reinstated amount may be available as an indemnity benefit payment type.

There is no cover and no benefit payable in relation to this feature (in respect of the amount of cover that is paused only) in the first 90 days after each increase of cover from Family Cover Pause (in respect of the increased portion only).

Indexation

Please refer to page 5 for more details.

Options available at extra cost

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

Increasing Claim Option

If you choose this option, the monthly amount insured payable will increase every three months while the life insured is **on claim** by a quarter of the **indexation factor**.

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

Accident Option

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

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

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

Premier Accident Option

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

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

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

Booster Option

If you have chosen this option with Income Secure Standard and a trauma recovery event occurs during the period of the Income Secure Cover resulting in you receiving a **total** or **partial disability benefit** we will pay an additional $\frac{1}{3}$ of the monthly amount insured payable (for up to 24 months) as long as the life insured continues to be **totally** or **partially disabled**.

If you have chosen this option with Income Secure Comprehensive and Professional and a trauma recovery event occurs during the period of the Income Secure Cover, we will pay an additional $\frac{1}{3}$ of the Trauma Recovery Benefit payable for six months regardless of whether the life insured is **totally** or **partially disabled**.

If the life insured is **totally** or **partially disabled** at the end of the payment period of six months due to the trauma recovery event for which we have paid the Trauma Recovery Benefit, we will pay an additional $\frac{1}{3}$ of the **total** or **partial disability** benefit (as applicable) from the later of the:

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

for up to a further 18 months as long as the life insured continues to be **totally** or **partially disabled**.

Trauma conditions

Alzheimer's disease [†]	loss or paralysis of limb
aortic surgery*	major head trauma [†]
aplastic anaemia	major organ transplant
benign brain tumour [†]	medically acquired HIV
benign tumour of the spine [†]	meningitis and/or meningococcal disease
blindness	motor neurone disease [†]
cancer**	multiple sclerosis [†]
cardiomyopathy	muscular dystrophy [†]
chronic kidney failure	occupationally acquired HIV
chronic liver disease	open heart surgery*
chronic lung disease [†]	Parkinson's disease [†]
cognitive loss	pneumonectomy [†]
coma	primary pulmonary hypertension
coronary artery by-pass surgery* [†]	severe burns
deafness	severe diabetes** [†]
dementia [†]	severe osteoporosis* [†]
encephalitis	severe rheumatoid arthritis* [†]
heart attack* [†]	stroke* [†]
heart valve surgery*	systemic sclerosis*
intensive care	terminal illness [†]
loss of independent existence	triple vessel angioplasty*
loss of speech	

There is no Booster Option payable in respect of the conditions marked with an '[†]' if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**, during the first 90 days after the date ING Life receives:

- the complete application for Income Secure Standard, Comprehensive or Professional Cover
- a written request for the reinstatement of Income Secure Standard, Comprehensive or Professional Cover

- the complete application for an increase to the Income Secure Standard, Comprehensive or Professional Cover monthly amount insured (in respect of the increased portion only).

The trauma recovery events marked with a '+' must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

This benefit is not applicable for OneCare Super.

The Booster option will only apply to the first \$30,000 of the monthly amount insured.

Please refer to the Dictionary on page 58 for definitions of the trauma recovery events.

Priority Income Option

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

The benefits available under the Priority Income Option include:

- Mortgage Maintenance – increase your cover by 5% of the life insured's **monthly earnings**. Available if the life insured is contributing at least 5% of their **monthly earnings** towards paying a mortgage on their principal residence at the time of application. Benefits under the Mortgage Maintenance option will be paid to the policy owner in the event of a claim.
- Superannuation Maintenance – increase your cover by 5% of the life insured's **monthly earnings**. Available if the life insured or their employer is contributing at least 5% of the insured's **monthly earnings** towards superannuation at the time of application. Benefits under the Superannuation Maintenance option will be paid to your nominated superannuation fund. You may request for ING to contribute more of your benefit to your nominated superannuation fund while **on claim**, however if you choose to do this, it must represent a minimum of 5% of the life insured's **monthly earnings**.

Only Mortgage Maintenance is available for OneCare Super.

Income Secure Comprehensive and Professional

Income Secure Comprehensive and Professional include everything listed in the previous section plus the benefits detailed below. The following benefits or features are not applicable to Income Secure Standard or Special Risk.

Built-in benefits

Trauma Recovery Benefit

If a trauma recovery event occurs during the period of the Income Secure Cover, we will pay the monthly amount insured for a payment period of six months, regardless of whether the life insured is **totally** or **partially disabled**, needs ongoing medical treatment or is working. The specific trauma events covered under this benefit include all trauma events listed under Trauma Comprehensive, except **angioplasty**. This benefit is payable during the waiting period.

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

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

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

Trauma conditions	
Alzheimer's disease [†]	loss or paralysis of limb
aortic surgery*	major head trauma [†]
aplastic anaemia	major organ transplant
benign brain tumour [†]	medically acquired HIV
benign tumour of the spine [†]	meningitis and/or meningococcal disease
blindness	motor neurone disease [†]
cancer**†	multiple sclerosis [†]
cardiomyopathy	muscular dystrophy [†]
chronic kidney failure	occupationally acquired HIV
chronic liver disease	open heart surgery*
chronic lung disease [†]	Parkinson's disease [†]
cognitive loss	pneumonectomy [†]
coma	primary pulmonary hypertension
coronary artery by-pass surgery**†	severe burns
deafness	severe diabetes**†
dementia [†]	severe osteoporosis**†
encephalitis	severe rheumatoid arthritis**†
heart attack**†	stroke**†
heart valve surgery*	systemic sclerosis*
intensive care	terminal illness [†]
loss of independent existence	triple vessel angioplasty*
loss of speech	

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

- the complete application for Income Secure Comprehensive or Professional Cover
- a written request for the reinstatement of Income Secure Comprehensive or Professional Cover
- the complete application for an increase to the Income Secure Comprehensive or Professional Cover monthly amount insured (in respect of the increased portion only).

The trauma recovery events marked with a † must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

Please refer to the Dictionary on page 58 for definitions of the trauma recovery events.

Rehabilitation and Retraining Incentive Benefit

We will pay the Rehabilitation and Retraining Incentive Benefit if the life insured:

- participates in a rehabilitation and/or retraining program for which we provide our written approval and as a result the life insured makes a successful return to work in either the life insured's **regular occupation** or another occupation and
- has worked continuously for six months following their return to work and has not been entitled to any benefit under Income Secure Cover during that six month period.

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

The cover must have been in force at the time you became entitled to this benefit.

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

Enhanced Death Benefit

This replaces the Basic Death Benefit referred to on page 24.

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to six times the monthly amount insured, up to a total of \$60,000 across all Income Secure Covers for the life insured under all OneCare policies. The life insured does not need to be **on claim** for this benefit to apply.

Accommodation Benefit

If a **medical practitioner** certifies that the life insured is **totally disabled** and must remain confined to bed, we will reimburse accommodation costs for an **immediate family member** of up to \$500 per day for a maximum of 30 days across all Income Secure Covers under a OneCare policy.

Special Care Benefit

We will reimburse the costs of employing a registered nurse or housekeeper for a maximum of six months, to a maximum monthly amount insured of up to \$5,000 a month.

Immediate Family Member Benefit

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

Nursing Care Benefit

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

Relocation Benefit

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

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

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

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

Child Care Assistance Benefit

If we are paying a Total Disability Benefit and the **illness or injury** means the life insured requires additional child care assistance from the start of the benefit period, we will reimburse the monthly costs of child care fees that can not be recovered from another source. We will pay the lesser of 5% of the monthly amount insured or \$400.

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

Income Secure Professional

Income Secure Professional includes everything listed in the previous sections plus the benefits and features detailed below. The following benefits and features are not applicable to Income Secure Standard, Income Secure Comprehensive or Income Secure Special Risk.

Built-in benefits

Emergency Domestic Travel Benefit

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

This benefit is payable once per claim. The amount we will pay is the lesser of the expenses incurred, two times the monthly benefit or \$2,000, across all OneCare policies.

Commuter Benefit

If the life insured incurs expenses for travel to and from work when they attempt to return to work during the waiting period, and subsequently goes **on claim** at the end of the waiting period, we will reimburse travel expenses approved by us that can not be reclaimed from another source. We will pay the lesser of expenses incurred for the travel, one third of the monthly amount insured or \$500.

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

Built-in features

Unemployment Premium Waiver

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

Premium Pause

If the life insured becomes **unemployed** or takes long-term leave from work, you can apply to pause your premium payments for up to 12 consecutive months.

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

Cover Continuation

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

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

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

Income Secure Special Risk

Built-in benefits

Total Disability Benefit

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

- **totally disabled** for 30 consecutive days during the waiting period, and
- **disabled** for the remainder of the waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim**).

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

The Total Disability Benefit will be the monthly amount insured payable, using an indemnity benefit payment type.

If the period of payment is part of a month, we will pay 1/30 of the Total Disability Benefit for each day the life insured is **totally disabled**. Benefits are payable monthly in arrears with the first payment occurring one month after the end of the waiting period.

Partial Disability Benefit

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

- **totally disabled** for 30 consecutive days during the waiting period, and
- **disabled** for the remainder of the waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim**).

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

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

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

where:

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

B = the life insured's **monthly earnings** for the month in which they are **partially disabled**. If the life insured is **partially disabled** and is not working to their capability as a result of causes other than **illness** or **injury** and this situation continues for at least three months, then 'B' will be calculated on what the life insured could reasonably be expected to earn if they were working to the extent of their capability.

In determining what the life insured could reasonably be expected to earn if they were working to the extent of their capability, we will take into account available medical evidence (including the opinion of the life insured's **medical practitioner**) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place.

'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the monthly amount insured payable as defined on page 22.

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

Rehabilitation and Retraining Expenses Benefit

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

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

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

We can not reimburse any expenses that are regulated by health legislation or which can be paid from another source.

Basic Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured, up to a total of \$30,000 across all Income Secure Special Risk Covers. The life insured does not need to be **on claim** to receive this benefit.

Built-in features

Waiver of premiums

You do not have to pay premiums for Income Secure Cover while the life insured is **on claim** under Income Secure Cover. We will also waive the premiums during the waiting period if the life insured does go **on claim**.

Conversion to Living Expense Cover

If the life insured is not **on claim** or entitled to make a claim at the expiry of the Income Secure Cover, we will offer a conversion to Living Expense Cover without medical underwriting.

We will offer a benefit period of two years and a cover expiry at age 80.

The following table details the waiting periods available.

The waiting period for Income Secure at time of conversion	Available waiting periods on Living Expense Cover
30 days	30, 90, 1 year, 2 year
60 days	30, 90, 1 year, 2 year
90 days	90, 1 year, 2 year
180 days	90, 1 year, 2 year
1 year	1 year, 2 year
2 year	2 year

The life insured is able to take up this conversion option prior to the expiry of the Income Secure Cover by contacting us and completing the appropriate forms.

Please note if converting from OneCare Super the Living Expense Cover offered is non-superannuation.

Please refer to 'What is Living Expense Cover?' on page 37 for more details.

Waiting period conversion

This feature allows you to apply to change the waiting period from two years to 90 days without needing to provide medical evidence when the life insured ceases to be covered under a Group Salary Continuance scheme (GSC) or similar arrangement provided by an employer.

Family Cover Pause

If the life insured's average **monthly earnings** reduce while pregnant or after they or their **spouse** have children, you can request to reduce the monthly amount insured by up to 75% to reflect the life insured's new average **monthly earnings**. You will have the option to reinstate the monthly amount insured when the life insured's **monthly earnings** increase without having to undergo medical underwriting. You can reinstate all or part of the monthly amount insured at any time prior to the life insured's youngest child turning six years old.

To activate the Family Cover Pause, your policy must have been in force for at least two years.

If satisfactory financial evidence can not be provided, the reinstated amount may be available as an indemnity benefit payment type.

There is no cover and no benefit payable in relation to this feature (in respect of the amount of cover that is paused only) in the first 90 days after each increase of cover from Family Cover Pause (in respect of the increased portion only).

Indexation

Please refer to page 5 for more details.

Options available at extra cost

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

Increasing Claim Option

If you choose this option, the monthly amount insured payable will increase every three months while the life insured is **on claim** by a quarter of the **indexation factor**.

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

Booster Option

If you have chosen this option and a trauma recovery event occurs during the period of cover resulting in the life insured receiving a **total or partial disability benefit** we will pay an additional $\frac{1}{3}$ of the monthly amount insured payable (for up to 24 months) as long as the life insured continues to be **totally or partially disabled**.

Trauma conditions	
Alzheimer's disease [†]	loss or paralysis of limb
aortic surgery*	major head trauma [†]
aplastic anaemia	major organ transplant
benign brain tumour [†]	medically acquired HIV
benign tumour of the spine [†]	meningitis and/or meningococcal disease
blindness	motor neurone disease [†]
cancer**†	multiple sclerosis [†]
cardiomyopathy	muscular dystrophy [†]
chronic kidney failure	occupationally acquired HIV
chronic liver disease	open heart surgery*
chronic lung disease [†]	Parkinson's disease [†]
cognitive loss	pneumonectomy [†]
coma	primary pulmonary hypertension
coronary artery by-pass surgery**†	severe burns
deafness	severe diabetes**†
dementia [†]	severe osteoporosis**†
encephalitis	severe rheumatoid arthritis**†
heart attack**†	stroke**†
heart valve surgery*	systemic sclerosis*
intensive care	terminal illness [†]
loss of independent existence	triple vessel angioplasty*
loss of speech	

There is no Booster Option payable in respect of the conditions marked with an '**' if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**, during the first 90 days after the date that ING Life receives:

- the complete application for Income Secure Special Risk Cover
- a written request for the reinstatement of Income Secure Special Risk Cover
- the complete application for an increase to the Income Secure Special Risk Cover monthly amount insured (in respect of the increased portion only).

The trauma recovery events marked with a '†' must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

This benefit is not applicable for OneCare Super.

Please refer to the Dictionary on page 58 for definitions of the trauma recovery events.

Additional information

The following additional information applies to all types of Income Secure Cover.

Benefit limitations

One benefit payable

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

Unemployment, or maternity, paternity or sabbatical leave

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

For Income Secure Special Risk, cover will cease after 12 months of **unemployment**.

Blood borne diseases

If the life insured is a health care professional and they contract a blood borne disease such as HIV, Hepatitis B or C, their ability to work can be affected by factors other than physical inability due to the illness.

The following is our approach to claims.

There are three scenarios that could affect the life insured. For all three scenarios the life insured must notify the relevant governing body of their medical condition:

- The life insured chooses to disclose their condition to their patients which may lead to some of their patients seeking medical treatment elsewhere. It could also be difficult for the life insured to attract new patients.
- The life insured chooses to cease performing 'exposure prone' procedures as defined by the relevant governing body.
- The life insured's governing body advises the life insured to cease performing 'exposure prone' procedures as defined by the relevant governing body.

With all of these scenarios it is likely that the life insured's income will reduce, especially for those professionals who generate a high percentage of their income from performing 'exposure prone' procedures.

In all of these cases we will assess whether the life insured is **totally disabled** or **partially disabled** in accordance with the terms and conditions in the Policy Terms.

Benefit reductions

We will reduce the monthly amount insured payable in any month by the amount of 'other payments' received by you or the life insured for the purpose of income replacement due to **illness** or **injury**.

We will not reduce the Total Disability Benefit by **monthly earnings** attributable to the life insured working 10 hours* or less per week as described within the **totally disabled** definition. (Not applicable to Income Secure Special Risk.)

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

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

'Other payments' for Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk include:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or application for an increase in benefits were not disclosed to us or that were disclosed to us but were to be replaced by this policy
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- sick leave payments received. This does not include an entitlement to sick leave when it is not received or taken by the life insured.

If any of the 'other payments' listed above are received in the form of a lump sum, and if all or a part of that lump sum is a payment in compensation for loss of earnings and can not be allocated to specific months, we will convert that part of the compensation for loss of earnings to income on the basis of 1% of the loss of earnings component for each month that we pay the benefit for a maximum of eight years.

The balance of the lump sum, if any, will not be offset.

'Other payments' do not include:

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

* If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

When we will not pay

We can not reimburse any expenses that we are not permitted by law to reimburse or are regulated by health legislation.

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

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

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

When Income Secure Cover ends

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

- date the cover is cancelled and/or avoided
- date of the life insured's death
- cover expiry date shown on the Policy Schedule.

The maximum expiry ages for Income Secure Cover are:

Benefit period – stepped or level premium	Cover expiry date (the policy anniversary when the life insured is age)*
2 years	65
6 years	65
To age 55	55
To age 60	60
To age 65	65
To age 70	70

* Refer to 'Conversion to Living Expense Cover' on page 30.

What is Business Expense Cover?

At a glance

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

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

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 33.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Benefit payment type How would you like the amount insured to be calculated? Page 33.	Guaranteed	Indemnity		
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium		
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit period commences? Page 34.	14 days	30 days	60 days	90 days
Option available at extra cost Would you like to add the extra cost option to your Business Expense Cover to meet your needs? Page 35.	Accident Option or Premier Accident Option			

Who can apply

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

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

Monthly amount insured

The monthly amount insured can be up to 100% of the life insured's monthly **business expenses**. The minimum monthly amount insured for Business Expense Cover is \$1,250 per month, but if taken with Income Secure Cover the minimum amount insured is \$500 per month. The overall maximum that may be applied for is \$60,000 per month.

The monthly amount insured is based on the life insured's **business expenses**. You will need to provide financial evidence to help determine the monthly amount insured.

If more than one person generates income in the life insured's **business**, we distribute the **business expenses** proportionally between the life insured and the other person(s), to determine the life insured's share, unless we agree to divide the **business expenses** on a different basis.

Monthly amount insured payable

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

Guaranteed benefit payment type

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

If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application.

The monthly amount insured payable will be the monthly amount insured shown on the Policy Schedule. It may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 36).

Indemnity benefit payment type

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

The monthly amount insured payable will be the lesser of:

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

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

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

The amount we pay may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 36).

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

Waiting period

The waiting period is the period you wait before the benefit period commences.

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

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

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **total disability**.

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

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

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

Benefit period

The benefit period for Business Expense Cover is 12 months.

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

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

- the end of the benefit period
- cover expiry date
- the date the life insured is no longer **totally** or **partially disabled**
- the date the cover ends (refer to 'When Business Expense Cover ends' on page 36).

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

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

Built-in benefits

Total Disability Benefit

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

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period*. However, if the occupation category is H (heavy trade) or HH (heavy duty), the life insured must have been **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 day waiting period and
- **disabled** for the remainder of the waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim**).

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

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

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

* If the life insured has an Income Secure Professional policy and a Business Expense policy the level of disability required during the waiting period is that of the Income Secure Professional policy.

Partial Disability Benefit

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

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

- **totally disabled** for at least seven out of 12 consecutive days during the waiting period*. However, if the occupation category is H (heavy trade) or HH (heavy duty), the life insured must have been **totally disabled** for 30 consecutive days during the waiting period, or 14 consecutive days if you have a 14 waiting day period and
- **disabled** for the remainder of the waiting period, and
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim**).

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

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

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

where:

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

B = the life insured's share of **business income** for the month in which they are **partially disabled**. If the life insured is **partially disabled** and is not working to their capability as a result of causes other than **illness** or **injury** and this situation continues for at least three months, then 'B' will be the life insured's share of **business income** that could reasonably be expected to earn if they were working to the extent of their capability.

In determining what the life insured could reasonably be expected to earn if they were working to the extent of their capability, we will take into account available medical evidence (including the opinion of the life insured's **medical practitioner**) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place.

'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the monthly amount insured payable as defined on page 33. If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Partial Disability Benefit for each day the life insured is **partially disabled**. Benefits are payable monthly in arrears with the first payment occurring one month after the end of the waiting period.

* If the life insured has an Income Secure Professional policy and a Business Expenses policy the requirement during the waiting period is that of the Income Secure Professional policy.

Death Benefit

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

No Claim Benefit

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

Built-in features

Waiver of premiums

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

Increasing Expenses

If the life insured's **business expenses** increase, this feature allows you to increase the monthly amount insured without medical underwriting by 15% of the monthly amount insured after the indexation increases apply.

Each year on the policy anniversary, you may increase the monthly amount insured in addition to any indexation increase.

Indexation

Please refer to page 5 for more details.

Option available at extra cost

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

Accident Option

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

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

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

Premier Accident Option

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

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

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

Benefit limitations

One benefit payable

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

Unemployment, or maternity, paternity or sabbatical leave

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

Blood borne diseases

If the life insured is a health care professional and they contract a blood borne disease such as HIV, Hepatitis B or C, their ability to work can be affected by factors other than physical inability due to the illness.

The following is our approach to claims.

There are three scenarios that could affect the life insured. For all three scenarios the life insured must notify the relevant governing body of their medical condition.

- The life insured chooses to disclose their condition to their patients which may lead to some of their patients seeking medical treatment elsewhere. It could also be difficult for the life insured to attract new patients.
- The life insured chooses to cease performing 'exposure prone' procedures as defined by the relevant governing body.
- The life insured's governing body advises the life insured to cease performing 'exposure prone' procedures as defined by the relevant governing body.

With all of these scenarios it is likely that the life insured's business income will reduce, especially for those professionals who generate a high percentage of their business income from performing 'exposure prone' procedures.

In all of these cases we will assess whether the life insured is **totally disabled** or **partially disabled** in accordance with the terms and conditions in the Policy Terms.

Benefit reductions

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

When we will not pay

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

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

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

When Business Expense Cover ends

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

- date the cover is cancelled and/or avoided
- date of the life insured's death
- cover expiry date shown on the Policy Schedule
- policy anniversary when the life insured is age 65.

What is Living Expense Cover?

At a glance

When you choose Living Expense Cover you automatically receive the following built-in benefits and features. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details that apply.

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

Monthly amount insured How much would you like to be paid in the event of a claim being accepted? Page 37.	Your financial adviser will be able to assist you by assessing your individual needs and financial responsibilities.			
Premium type How would you like your premiums to be calculated? Page 4.	Stepped premium	Level premium		
Waiting period How long would you be comfortable waiting after the life insured is disabled and unable to work before the benefit period commences? Page 37.	30 days	90 days	1 year	2 years
Benefit period What is the maximum benefit period you would like to be paid benefits while the life insured is disabled and unable to work? Page 38.	2 years	To age 65	To age 80	

Who can apply

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

Benefit period	Entry ages	
	Minimum	Maximum
Stepped premiums		
2 years	19	75
To age 65	19	60
To age 80	19	75
Level premiums		
2 years	19	60
To age 65	19	60
To age 80	19	60

Monthly amount insured

The minimum monthly amount insured for Living Expense Cover is \$1,250 per month and the overall maximum that may be applied for is \$5,000 per month.

Monthly amount insured payable

The amount you are paid in the event of a claim is referred to as the monthly amount insured payable. Living Expense Cover uses the guaranteed benefit payment type. This means the monthly amount insured payable that we pay on claim is guaranteed to be the monthly amount insured shown in the Policy Schedule.

Waiting period

The waiting period is the period you wait before the benefit period commences.

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

- 30 days
- 90 days
- 1 year
- 2 years.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **significant disability**.

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

Benefit period

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

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

- 2 years
- to age 65
- to age 80.

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

- end of the selected benefit period (if the benefit period is to age 65 or to age 80, the benefit period ends at the policy anniversary when the life insured is 65 and 80 respectively)
- cover expiry date
- date the life insured is no longer **significantly disabled**
- date the cover ends (refer to 'When Living Expense Cover ends' on page 39).

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

Built-in benefits

Living Expense Benefit

If the life insured is **significantly disabled** due to **illness** or **injury**, we will pay the Living Expense Benefit during the benefit period after the completion of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **significantly disabled** during the waiting period and
- continuously **significantly disabled** since the end of the waiting period (unless claiming as a **recurring claim**).

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

The Living Expense Benefit will be the monthly amount insured.

If the life insured is **on claim**, the monthly amount insured payment may be reduced if you or the life insured receive any other money for this **disability** (refer to 'Benefit reductions' on this page).

If the period of payment is part of a month, we will pay $\frac{1}{30}$ of the Living Expense Benefit for each day the life insured is **significantly disabled**. Benefits are payable monthly in arrears with the first payment occurring one month after the end of the waiting period.

Death Benefit

If the life insured dies or is diagnosed with a **terminal illness**, we will pay a lump sum equal to three times the monthly amount insured. The life insured does not need to be **on claim** for this benefit to apply.

Built-in features

Waiver of premiums

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

Indexation

Please refer to page 5 for more details.

Benefit reductions

We will reduce the monthly amount insured payable in any month by the amount of 'other payments' received by you or the life insured for the purpose of income replacement due to **illness** or **injury**.

'Other payments' include:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or application for an increase in benefits were not disclosed to us or that were disclosed to us but were to be replaced by this policy
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- sick leave payments received. This does not include an entitlement to sick leave when it is not received or taken by the life insured.

If any of the 'other payments' listed above are received in the form of a lump sum then, if all or a part of that lump sum is a payment in compensation for loss of earnings and can not be allocated to specific months, we will convert that part of the compensation for loss of earnings to income on the basis of 1% of the loss of earnings component for each month that we pay the benefit for a maximum of 8 years.

The balance of the lump sum, if any, will not be offset.

'Other payments' do not include:

- any business expenses disability insurance indemnifying against business expenses
- payments made to dependent children
- total and permanent disability benefits, trauma benefits, terminal illness benefits or superannuation benefits
- payment awarded from the courts for pain and suffering.

When we will not pay

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

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

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

When Living Expense Cover ends

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

- date the cover is cancelled and/or avoided
- date of the life insured's death
- cover expiry date shown on the Policy Schedule.

The maximum expiry ages for Living Expense Cover are:

Benefit period	Cover expiry date (the policy anniversary when the life insured is age)	
	Stepped premiums	Level premiums
2 years	80	65
To age 65	65	65
To age 80*	80	65

* If you are paying level premiums, the life insured will automatically be transferred to stepped premiums at age 65.

What is Child Cover?

At a glance

When you choose Child Cover you automatically receive the following built-in benefits and features. When we accept your application and issue a policy, we will send you a Policy Schedule which outlines the specific details that apply.

Who can apply

You can apply for Child Cover if the insured child is between the age of 2 and 15.

Child Cover is only available if you buy another OneCare Cover under the same policy.

There is no limit to the number of children who can be insured under the one policy.

Amount insured

The minimum amount insured for Child Cover is \$10,000 and the maximum that may be applied for is \$150,000.

Built-in benefits

Child Cover Benefit

If the insured child dies or suffers one of the following trauma conditions, we will pay the full amount insured:

Trauma conditions	
aplastic anaemia	encephalitis
benign brain tumour [^]	loss of speech
benign tumour of the spine [^]	loss or paralysis of limb
blindness	major head trauma [^]
brain damage [^]	major organ transplant
cancer ^{*^}	meningitis and/or meningococcal disease
cardiomyopathy	severe burns
chronic kidney failure	stroke ^{*^}
deafness	terminal illness [^]

* Please refer to '90 day qualifying period' on this page.

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

For detailed definitions of each trauma condition, please refer to the Dictionary on page 58.

To be eligible for a claim the:

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

90 day qualifying period

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

- the complete application for Child Cover
- a written request for the reinstatement of Child Cover
- the complete application for an increase to the Child Cover amount insured (in respect of the increased portion only).

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

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

Where the Child Cover amount insured exceeds that of the policy to be replaced, the 90 day exclusion will apply to the excess.

Accommodation Benefit

If a **medical practitioner** certifies that the insured child must remain confined to bed due to the trauma condition for which they are claiming, we will reimburse accommodation costs for an **immediate family member** of up to \$150 per day for a maximum of 14 days.

Built-in features

Continuation of cover

Child Cover may continue if the policy owner dies or there is no more cover, other than the Child Cover, under the policy due to a claim being paid.

If the insured child is at least 10 years old, they may choose to start a new policy and become the policy owner. Parent or guardian consent is required if the child is between 10 and 16 years.

If this option is exercised, we will allow the Child Cover to continue even if there is no other cover under this new policy.

Conversion of Child Cover

On the policy anniversary date when the insured child is age 21, we will give you the option of converting to Life Cover with optional Trauma Comprehensive without medical underwriting.

Indexation

Please refer to page 5 for more details.

When we will not pay

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

- the intentional act or omission of the child, the child's parents, you or someone who lives with or supervises the child
- a congenital condition, i.e. a condition which is present at birth as a result of either hereditary or environmental influences.

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

When Child Cover ends

Child Cover for the insured child will end automatically on the earlier of the:

- date we pay the full Child Cover lump sum amount insured
- date the cover is cancelled and/or avoided
- date of the insured child's death
- cover expiry date shown on the Policy Schedule
- policy anniversary when the insured child is age 21.

What is Extra Care Cover?

At a glance

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

Extra Care Cover may be purchased through superannuation, except for the Extended Needle Stick Benefit. If you wish to purchase Extra Care Cover through the ING MasterFund, please refer to the OneCare Super PDS on page 44.

Who can apply

You can apply for Extra Care Cover if the life insured is between the ages of 15 and 60.

Extra Care Cover is only available if you buy another OneCare Cover under the same policy.

Amount insured

The minimum amount insured for Extra Care Cover is \$50,000 per benefit, and the maximum amount insured that may be applied for is \$1 million per benefit.

Built-in benefits

If you choose the following benefits it will be shown on your Policy Schedule.

Extra Care Accidental Death Benefit

If the life insured suffers an **accidental death**, we will pay the amount insured.

Extra Care Terminal Illness Benefit

If the life insured is diagnosed as having a **terminal illness**, we will pay the amount insured. An eight day survival period applies.

Extra Care Extended Needle Stick Benefit

If the life insured suffers an **injury** resulting in either **Occupationally acquired HIV** or **Occupationally acquired Hepatitis B or C**, we will pay the amount insured.

The Extended Needle Stick Benefit is not available under OneCare Super.

Built-in features

The following built-in features are explained in the following sections.

Built-in feature	PDS section	Page
Indexation	What is OneCare?	5
Future Insurability	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	18

Option available at extra cost

Extra cost option	PDS section	Page
Premium Waiver Disability Option	What else do I need to know about Life, TPD, Trauma and Extra Care Cover?	19

One benefit payable at a time

Only one Extra Care Cover benefit payment for a life insured will be paid within any 12 month period. Paying one of the Extra Care benefits will not reduce the other Extra Care benefits or any other cover under the policy.

When we will not pay

We will not pay any benefits under Extra Care Cover:

- for **Occupationally acquired HIV** or **Occupationally acquired Hepatitis B or C** resulting from the life insured's intentional act or omission
- if, as a result of the life insured's intentional act or omission, the life insured dies during the first 13 months from the:
 - cover start date
 - date we increase this cover at the request of the policy owner (not including any indexation increases). The exclusion applies only to the amount of the increase to the cover
 - date we agree to reinstate the cover after it has been cancelled.

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

When Extra Care Cover ends

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

- the full payment of the amount insured for each type of Extra Care benefit (as applicable)
- when there ceases to be any other cover types on the policy other than Extra Care Cover
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the cover expiry date shown on the Policy Schedule
- the policy anniversary when the life insured is age 65.

What is OneCare Super?

ING Custodians Pty Limited (ING Custodians) is the issuer of the OneCare Super PDS. ING Custodians is responsible for the contents of this PDS.

OneCare Super is a superannuation product issued by the Trustee of the ING MasterFund (MasterFund), which allows you to arrange insurance cover as a way of securing retirement and death benefits. This section contains important information about OneCare Super and the MasterFund. You should also read the following sections which provide information about the insurance provided to the Trustee by ING Life.

What is OneCare?	2
What is Life Cover?	6
What is Total and Permanent Disability Cover?	8
What else do I need to know about Life, TPD, Trauma and Extra Care Cover?.....	18
What is Income Secure Cover?	21
What is Extra Care Cover?	42
What are the risks?	49
What are the costs?	50
How do I apply?.....	52
How do I make a claim?.....	54
What else do I need to know?	56

When you choose OneCare Super, you apply to become a member of the MasterFund and you nominate the insurance benefits you require. If your application for insurance is accepted, you become a member of the MasterFund and an insurance policy is issued to the Trustee.

You can choose Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover as part of OneCare Super. Conditions apply to the insurance benefits we provide to the Trustee and these conditions are explained in the sections on Life Cover, TPD Cover, Income Secure Cover and Extra Care Cover.

As a member of the MasterFund, you make (or have made on your behalf) superannuation contributions, from which the Trustee pays the premium for the insurance cover provided under the OneCare Super policy.

Unlike some superannuation products, OneCare Super is not an investment product. When you purchase OneCare Super you will not have an accumulation balance as part of your OneCare Super interest in the MasterFund. This will be the case, regardless of whether contributions or transfers were used to purchase cover on your behalf. The amount of your contribution will equally match the premium paid by the Trustee to ING Life.

Any amounts paid to us when you apply are held in trust by ING Life while your application is assessed. If your application is declined these amounts will be refunded as appropriate.

MasterFund

The MasterFund is a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 (SIS). SIS provides members with protection and provides standards in the management of superannuation funds. Trustees must adhere to these standards. Non-compliance with these standards results in penalties levied on the trustees. As the MasterFund is offered to the public, the Trustee must be an approved trustee authorised by the Australian Prudential Regulation Authority (APRA).

The MasterFund is governed by a Trust Deed that contains details of all the rules of operation and the benefits payable from the MasterFund.

A copy of the Trust Deed may be obtained free of charge by contacting Customer Services on 133 667.

How to pay the premiums through the ING MasterFund

Option 1 – Eligibility to contribute to the MasterFund

Membership of the MasterFund is open to all persons who are eligible to contribute to superannuation or have contributions made on their behalf. When you choose OneCare Super and your application is accepted, contributions will be made to the MasterFund which are then used by the Trustee to meet the cost of the insurance taken out on your life.

Please refer to 'Who can make contributions to the ING MasterFund' on this page.

Option 2 – Transfers from an ING superannuation product

Internal transfers may be allowed from superannuation interests you hold from the following products which all sit within the ING MasterFund:

- OneAnswer Personal Super
- ANZ OneAnswer Personal Super
- OptiMix Superannuation.

Members will be required to complete a transfer authority which directs the trustee of the ING MasterFund to transfer money out of the nominated account as and when due on a yearly basis. This direction will be a standing order and will apply to the first and all subsequent transfers, until such time as the member withdraws it in writing (and nominates some other method of payment or cancels the policy).

Who can make contributions to the ING MasterFund

If you are under age 65:

- you, your **spouse** or employer may make contributions for your benefit at any time.

If you are at least age 65 but not yet age 70:

- you, your **spouse** or employer may make contributions for your benefit so long as you are 'gainfully employed' for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made
- your employer may make compulsory employer contributions, e.g. Superannuation Guarantee (SG) or Award at any time.

If you are at least age 70 but not yet age 75:

- you and your employer may make contributions for your benefit so long as you are 'gainfully employed' for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made. The final contribution needs to be received before 28 days after the end of the month in which you turn 75
- your employer may make compulsory contributions at any time.#

If you are at least age 75:

- your employer may make compulsory contributions at any time.#

SG contributions are not compulsory over age 70.

'Gainfully employed' means employed or self-employed for 'gain or reward' in any business, trade, profession, vocation, calling, occupation or employment. The concept of 'gain or reward' envisages receipt of remuneration such as salary or wages, business income, commissions, fees or gratuities, in return for personal exertion from the above mentioned activities.

Government co-contribution

If you have made a personal (after-tax) non-concessional contribution to the MasterFund or any other complying superannuation fund, you may qualify for a government co-contribution. Your entitlement is capped under law and will be assessed by the Australian Taxation Office (ATO) upon completion of your income tax return.

As a stand alone insurance risk product under the MasterFund, OneCare Super is not able to accept the government co-contribution. You may wish to have the ATO direct your government co-contribution to an alternative superannuation interest.

Speak to your **financial adviser** or a qualified taxation specialist to see if you are eligible for the government co-contribution.

Salary sacrifice (concessional contribution)

Salary sacrifice is an arrangement whereby your employer makes a contribution to a superannuation fund instead of making an equivalent gross payment as salary. The salary sacrificed contributions may then benefit from the concessional tax treatment that applies to superannuation contributions.

The concessional rate of tax on superannuation means that employees on higher personal tax rates may benefit from tax savings by receiving part of their remuneration as superannuation.

This can be particularly useful for employees on higher marginal tax rates.

Before entering into a salary sacrifice arrangement we recommend members speak to their **financial adviser**.

Spouse contributions

The contribution must be made from after-tax monies and will be treated as a non-concessional contribution.

Death Benefit

If you die, any insurance benefits under the OneCare Super policy are paid to the Trustee. You can choose who the Trustee pays benefits to in the event of your death while a member of the MasterFund. There are two options available and it is important that you read the following information so that you choose the best option for you.

You can nominate one or more beneficiaries to receive your Death Benefit in the event of your death. All beneficiaries must be:

- a dependant and/or
- your estate (we call this your 'legal personal representative').

Your nomination will only apply to the Death Benefit payable under OneCare Super. If you have another ING Custodians superannuation interest issued through the MasterFund, you must complete a separate nomination form in relation to amounts payable under that product.

Under superannuation law (which includes the Trust Deed), you can not nominate persons as beneficiaries who do not fall into one of the above categories.

A 'legal personal representative' is the person who looks after the estate of a deceased person. This may be:

- the executor of the will
- the administrator of the estate if the person dies without making a valid will (known as intestacy).

Who can be a dependant

A dependant includes:

- your **spouse** (including a de facto spouse who lives with you on a bona fide domestic basis in a relationship as a couple (whether the persons are the same sex or different sex))
- your children (including an adopted child, a step-child or an ex-nuptial child)
- any other person who is financially dependant on you at the time of your death and
- any other person with whom you have an 'interdependency relationship'.

Two persons (whether or not related by family) have an 'interdependency relationship' if:

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

An interdependency relationship also includes two persons (whether or not related by family):

- who have a close personal relationship and
- who do not meet the other three criteria listed in the paragraph above because either or both of them have a physical, intellectual or psychiatric disability.

Nominating a beneficiary

You can nominate, cancel or change your nominated beneficiaries by completing the Nomination of Beneficiaries Form. You will need to comply with the following legal requirements.

Your nomination may be, or become, defective if certain events occur such as marriage or divorce. You should revise your nomination if any of these events occur. It is very important that you keep your nomination up to date in line with your personal circumstances so that it continues to reflect your wishes.

Your Annual Statement provides details of any nominations you have made.

1. Binding nomination

If you provide us with a binding nomination that satisfies all legal requirements, the Trustee must pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided:

- the nominated beneficiary(ies) is a dependant(s) or your legal personal representative at the time of your death
- your binding nomination is current when you die, i.e. the form containing the nomination has been confirmed or amended within three years after the day it was first signed, or last confirmed or amended by you
- your binding nomination is in writing and two persons aged 18 or over who are not nominated beneficiaries have witnessed you signing your nomination
- your nomination is not defective (refer to 'Defective binding nominations' below).

Defective binding nominations

Your nomination will be defective if, for example,:

- it is unclear to the Trustee (e.g. because it is illegible or because the nominated proportions do not total 100%)
- you did not sign or date the beneficiary nomination form
- the Trustee receives information before paying the benefit that, when you made the nomination, you did not understand the consequences of making it
- the nomination has not been confirmed or amended within three years after the day it was first signed, last confirmed or amended by you.

2. Non-binding nomination

You can also provide us with a non-binding nomination which does not have to be confirmed or updated every three years. If you provide us with a non-binding nomination, the Trustee will pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided:

- the nominated beneficiary(ies) is a dependant(s) or your legal personal representative at the time of your death
- you have not married, entered a de facto or like relationship with a person of either sex, or permanently separated from your **spouse** or partner since making your nomination
- your non-binding nomination has not been revoked and is not defective for any reason (refer to 'Defective non-binding nominations' below).

It is important to note that a non-binding nomination will not override a valid binding nomination. If you have already made a binding nomination, you must revoke it first before making a non-binding nomination.

Defective non-binding nominations

Your nomination will be defective if, for example,:

- it is unclear to the Trustee (e.g. because it is illegible or because the nominated proportions do not total 100%)
- the Trustee receives information before paying the benefit that, when you made the nomination, you did not understand the consequences of making it.

Your nomination may become partially defective after you make it if a nominated beneficiary dies or ceases to be a dependant while you are still living. You should revise your nomination if any of these events occur.

3. No nomination, defective nomination or cancelled nomination

If you don't make a valid nomination, you cancel your existing nomination or your nomination is defective, the Trustee will pay your Death Benefit to your legal personal representative unless your estate is insolvent or a legal personal representative is not appointed within six months or such longer time period the Trustee may allow.

If the above does not apply, the Trustee will pay your Death Benefit to your **spouse** or partner (equally, if more than one).

If neither of the above apply, the Trustee will pay your Death Benefit to one or more of your dependants (as determined by the Trustee).

Death benefits paid as an income stream

Death benefits paid from the MasterFund are generally paid as a lump sum. However, there may be circumstances where the payment of benefits as an income stream may be more advantageous for beneficiaries. In such circumstances, and where requested by either the member or beneficiaries, the Trustee can pay benefits as an income stream to dependants. In some circumstances, you may nominate your child to receive an income stream. The rules around when income streams can be paid to a child, including when a child must cash out an income stream into a lump sum, are complex and you should speak to your **financial adviser**.

Terminal Illness Benefit

If a Terminal Illness Benefit is payable, any Life Cover amount insured under the OneCare Super policy will be paid by ING Life to the Trustee. This also applies to the Extra Care Terminal Illness Benefit.

The Trustee may only release the benefit to you as a member of the MasterFund if you meet a condition of release (refer to 'When your benefits can be paid to you' below). If the Trustee is unable to release your benefit, then the benefit will be held in the MasterFund on your behalf until you meet a condition of release.

Total and Permanent Disability Benefit

If the OneCare Super policy includes TPD Cover, then under superannuation laws the Trustee may only release a TPD Benefit where a condition of release has been met.

If the Trustee is unable to release your benefit, then the benefit will be held in the MasterFund on your behalf until you meet a condition of release.

Income Secure benefits

If the OneCare Super policy includes Income Secure Cover, then under superannuation laws the Trustee may only release an Income Secure benefit where a qualifying condition of release has been met.

When your benefits can be paid to you

If any benefits have been paid to the Trustee under the terms of the OneCare Super policy, the Trustee may pay part or all of your benefits to you when certain conditions of release are met. Conditions of release include:

- permanent retirement on or after you reach your preservation age (for details on preservation ages refer to page 48)
- reaching age 60 and ceasing a 'gainful employment' relationship (including self-employment)
- reaching age 65 whether you have retired or not
- reaching your preservation age (payment restricted to a 'transition to retirement' income stream)
- permanent incapacity[^]
- severe financial hardship (there are approved guidelines that the Trustee must follow to determine severe financial hardship)
- specified compassionate grounds (there are strict guidelines for release on compassionate grounds and the Australian Prudential Regulation Authority and the Trustee must approve the release)
- if you are considered to have a terminal medical condition^{^^}
- temporary incapacity (conditions apply)[#]
- some temporary residents who have permanently departed Australia.

[^] Permanent incapacity means the trustee must be reasonably satisfied that you are unlikely, because of your health (whether physical or mental), to engage in gainful employment for which you are reasonably qualified by education, training or experience.

[#] Temporary incapacity means the trustee must be reasonably satisfied that you have, because of ill-health (whether physical or mental), temporarily ceased gainful employment but does not constitute permanent incapacity. (conditions apply).

^{^^} Terminal medical condition means that the following circumstances exist:

- two registered medical practitioners have certified, jointly or separately that the person suffers from an illness, or has incurred an injury that is likely to result in the death of the person within a certification period that ends not more than 12 months after the date of the certification
- at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person
- for each of the certificates, the certification period has not ended.

'Gainfully employed/Gainful employment' means employed or self-employed for 'gain or reward' in any business, trade, profession, vocation, calling, occupation or employment. The concept of 'gain or reward' envisages receipt of remuneration such as salary or wages, business income, commissions, fees or gratuities, in return for personal exertion from the above mentioned activities.

Preservation ages

When you were born	Your preservation age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
After 30 June 1964	60

Taxation

Taxation laws vary depending on the type of cover you select and your personal circumstances.

For general information as to the possible taxation consequences of various events in relation to the covers available under OneCare and OneCare Super, please refer to the OneCare and OneCare Super Customer tax guide.

It is based on our interpretation of the taxation laws and rulings that were current at the time of going to print, and are reliant upon the continuance of that legislation, practice and their interpretation.

Individual circumstances do differ and the law may change. You should seek professional tax advice on your taxation position.

The OneCare and OneCare Super Customer tax guide is publicly available on our website at www.ing.com.au/public/pdfs/M3229_oc_taxguide.pdf or may be obtained free of charge on request by contacting Customer Services on 133 667.

Tax File Number (TFN)

You are not required by taxation or superannuation laws to provide your TFN to the Trustee. However, if you apply for OneCare Super and do not provide your TFN, the Trustee will not be able to accept your application for membership of the ING MasterFund.

Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect a member's TFN under taxation and superannuation laws
- If the member does provide their TFN to us, we will only use it for legal purposes. This includes finding or identifying their superannuation benefits where other information is insufficient, calculating tax on any superannuation payment they may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of lost member reporting and monitoring of contribution caps

- If the member does provide their TFN to us, we may provide it to the trustee of another superannuation fund or a RSA provider where the trustee or RSA provider is to receive their transferred benefits in the future
- We will not pass the member's TFN to any other fund if they tell us in writing that they do not want us to pass it on
- The member's TFN will be treated as confidential. They are not required to provide their TFN. Declining to quote their TFN is not an offence.

However, if they do not give us their TFN, either now or later:

- We will not be able to accept member contributions, and they will be liable to pay additional tax on concessional contributions
- The member may pay more tax on their benefits than they have to (they may get this back at the end of the financial year in their income tax assessment)
- It may be difficult to locate or amalgamate the member's superannuation benefits in the future.

The purposes for which we can use the member's TFN and the consequences of not providing it may change in the future as a result of changes to the law.

What are the risks?

It is important to be aware of the risks and possible limitations of OneCare.

Insurance risks

There are a number of insurance risks you should be aware of:

- The insurance cover you select under OneCare may not provide the appropriate cover for your needs. Your **financial adviser** can help you decide on the insurance that is most appropriate for your specific needs and circumstances.
- The maximum amount of the insurance cover you select may not be sufficient to provide adequate insurance cover for the life insured in the event of **illness or injury**.
- We are not bound to accept your application.
- Applications for cover and future increases may not be available to the life insured due to health reasons. Existing policies should not be cancelled or allowed to lapse until the new cover is accepted and current.
- If you or the life insured do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision whether to accept the risk of the insurance and if so, on what terms, we may avoid the contract (or avoid cover in respect of any cover provided for the life insured) within three years of entering into it, provided we would not have entered that contract on any terms had full disclosure been made.
- If your, or the life insured's, non-disclosure is fraudulent, we may avoid the contract or cover in respect of the life insured at any time.
- If we do not receive the premiums within 30 days of the due date, we will cancel or terminate the policy by writing to you and will not assess any claim which arises after the due date.
- If the life insured has not fully disclosed all known circumstances, then we may elect not to pay a claim arising out of, or in relation to, those known circumstances.
- All covers are conditional upon the life insured disclosing all matters known to them that are relevant to our decision to issue a policy and/or cover. If the life insured does not comply with this condition, then we may cancel that policy and/or cover and not pay any claim.

Repayment of benefits

If, for any reason, it is determined that a benefit paid to you was not actually payable under the terms of the policy, that benefit must be repaid to us.

OneCare Super

You will need to satisfy a condition of release to access a benefit through OneCare Super. Please refer to 'When your benefits can be paid' on page 47 for conditions of release.

What are the costs?

Premiums

The amount you pay for a OneCare policy is called the premium. The premium includes a Policy Fee for each life insured on the policy.

Premium type

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

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

The level premium option is not available for Child Cover or Extra Care Cover.

Premium factors

The premium is affected by the product choices you make and a range of other factors.

Premium rates are not guaranteed for either stepped or level premium types. We will not increase premium rates for an individual policy within a defined risk group unless, on actuarial advice, all premium rates for all policies in that defined risk group are increased.

If we change premium rates we will provide you with at least 30 days notice, and the premium for your policy will only change from your next policy anniversary. However, if you alter your policy during the year, we will recalculate your premium based on the rates applicable at the time you request the alteration.

Your cover may increase each year by the **indexation factor**. This increase will apply on the anniversary date on or after 1 May each year. Your premium will be calculated based on the increased cover, and payment of the premium indicates acceptance of the increase in cover due to indexation.

The minimum annual premium is \$300 across all covers for each life insured, inclusive of the Policy Fee. For increases (except for indexation increases), the minimum annual premium is \$150 for each life insured.

Your **financial adviser** will prepare a personalised Product Illustration (quotation) for you.

Policy Fee

The Policy Fee applies across all covers for each life insured covered under each policy. The Policy Fee will be adjusted at 1 May each year by the **indexation factor**.

There is no Policy Fee for any insured child under Child Cover.

Premium discounts

You may be entitled to a discount on the premium for your policy, depending on:

- the combination of covers for each life insured
- the number of lives insured under a policy or a number of linked OneCare policies if they form part of an allowable group
- the amount insured.

An allowable group for discount purposes is where there is a clear family group relationship (e.g. husband and wife) and/or a clear employment related group relationship (e.g. close business partners).

Payment of premiums

The following table shows the methods you may use to pay your premiums and any additional charges that may apply.

Payment method					
Payment frequency	Cheque	Credit card	Direct debit	Transfer authority [#]	Frequency loading
Yearly	Yes	Yes	Yes	Yes	–
Half yearly	Yes	Yes	Yes	No	3%
Monthly	No	Yes	Yes	No	5%

[#] Available for OneCare Super only.

To keep the policy in force, you must pay the yearly premium (and any fees, duties and charges which may apply) by the policy anniversary date. If paying by instalments, the instalment premium must be paid by the instalment date. If it is not paid, we will cancel the policy, and cover will cease after we give you 30 days written notice.

If you wish to pay your premiums by direct debit, please refer to 'Direct Debit Request service agreement' on page 56.

Government charges

Stamp duty, tax, excise or other government charges may apply to the policy. We reserve the right to recoup these charges through the premium for the policy, and increase the premium to cover any increase in these charges.

Any transfer of ownership of this policy by assignment may be subject to stamp duty, in which case we may charge a fee to cover the amount of the duty.

Your OneCare policy is input taxed for GST purposes, which means that no GST is payable on policy premiums.

Financial adviser commission

If you purchase your OneCare or OneCare Super policy through a **financial adviser**, we may pay your **financial adviser** a commission for selling you this product. This payment is already incorporated into your premium.

Please note, your **financial adviser** may also charge a fee for service directly to you.

In addition to any payment for selling your policy, we may make payments to financial services dealer groups based on commercial arrangements. We may also make payments to dealer groups, or to **financial advisers**, to enable them to provide educational or marketing support. These payments are made by us.

ING Australia Limited maintains an Alternative Form of Remuneration Register (Register) in accordance with IFSA Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry. The Register outlines the alternative forms of remuneration which are paid and received from givers and receivers of such remuneration. If you would like to view the Register please contact Customer Services on 133 667.

Your **financial adviser** is required to provide you with a Statement of Advice detailing the payments they will get from selling you insurance.

Processing your application

While we are considering your application, any monies you pay us by cheque, credit card or direct debit are required to be held in a trust account until we can accept your application or otherwise. Any policy payments or deductions required by law are similarly processed using a holding account.

We will retain any interest that is payable by our bank on these accounts to meet our administrative costs, bank fees and bank administrative costs incurred in operating these accounts.

If you add to your cover at a later stage, we may be required to hold any additional money in this account.

Confirming transactions

When we process your transactions we will generally confirm them by issuing you with a letter of confirmation or a Policy Schedule.

You can request confirmation of your transactions and any other additional information about your OneCare policy in the following ways:

- Call us on 133 667 between 8.30am and 6.00pm (Sydney time), weekdays, and have your query answered over the phone.
- Call us and ask for a written confirmation of the transactions you have made to be sent to you.
- Email us at customer.risk@ing.com.au

How do I apply?

Financial advice

Before you apply, we recommend you seek advice from a **financial adviser**. They will help you complete the application and will give you a personalised Product Illustration (quotation) showing the covers and the premiums payable for the insurance you choose.

When we receive your application, we will assess it for risks and the terms under which we can provide the insurance. Our decision to issue insurance is based on the information you provide to us. If we accept your application and your policy premium has been paid, we will provide you with written confirmation that you have cover and send you a Policy Schedule, Policy Terms and a welcome kit. After we issue your policy you have a cooling-off period where you may change your mind. Please refer to 'Cooling-off period' on page 53 for details.

When completing your application, please ensure that you fully understand and comply with your duty of disclosure as set out below.

Your duty of disclosure

Before you enter into a Contract of Life Insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a Contract of Life Insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the Contract on any terms if the failure had not occurred, the insurer may avoid the Contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the Contract at any time.

An insurer who is entitled to avoid a Contract of Life Insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your duty of disclosure continues until the Contract of Life Insurance has been accepted by the insurer and confirmation is issued in writing.

About the application

By completing the application, you:

i) confirm that:

- each life insured and policy owner has received, read and understood the Product Disclosure Statement dated 12 July 2010
- each life insured and policy owner has read and understood the questions in the application
- your **financial adviser**, as applicable, is acting as agent for you and the life insured in completing and submitting the application, whether electronically or by any other method acceptable to ING Life.

ii) acknowledge that:

- the duty of disclosure to ING Life Limited (ABN 33 009 657 176) (ING Life) and the obligation on the policy owner and life insured to disclose and not misrepresent any matter material to the decision of ING Life whether to issue a policy and/or cover and what terms and conditions to offer and that this duty of disclosure continues until ING Life has issued the policy. If ING Life agrees to backdate the risk commencement date for the policy/covers and the written contract of insurance or relevant Policy Schedule is in fact issued at a date which is after the risk commencement date, the duty of disclosure obligations and the requirement not to misrepresent any matter continues until the written contract of insurance or relevant Policy Schedule is issued by ING Life
- if a written contract of insurance or relevant Policy Schedule is issued by ING Life and the policy owner and/or life insured provide any further information which would have been relevant to the original assessment made based on the information provided in the application, ING Life reserves its right to provide amended contract terms or cancel and/or avoid any relevant cover or the whole contract of insurance
- each statement in relation to this policy is true and complete, including statements made to ING Life, to any other person in relation to this policy and in the application (even if part or all of the application has been completed by someone other than you or the life insured)
- ING Life will rely on statements made in the application, to other persons in relation to this insurance and the life insured's Personal Statement in deciding whether to issue a policy and what terms and premium to offer.

iii) authorise:

- any **medical practitioner** or other professional to disclose any information that they may possess about the life insured to ING Life in relation to this insurance or any claim made under it
- ING Life to approach any person named in the application to verify any aspect of it, to disclose to ING Life any information that they may possess about the policy owner or the life insured.

Life Cover, TPD Cover, Income Secure Cover or Extra Care Cover through OneCare Super

By completing the application, the life insured confirms to ING Custodians Pty Limited (ABN 12 008 508 496) (ING Custodians), the Trustee of the ING MasterFund (MasterFund), that they:

- are applying to join the MasterFund
- agree to be bound by the rules of the MasterFund
- understand that payments to and from the MasterFund may only be made in accordance with the rules governing the MasterFund and are subject to superannuation law
- acknowledge that the application and any statement made by the life insured will be relied upon by ING Life and the Trustee of the MasterFund and declare that they have not withheld any material information in connection with the application
- understand that the Trustee will be free from all liability until the application has been accepted and the Policy Schedule is issued.

Cooling-off period

The policy or individual covers under the policy may be cancelled within 28 days from the date we issue the Policy Schedule, confirming our acceptance of your application.

This is known as the 'cooling-off period'. You may cancel your policy or individual covers under the policy during the cooling-off period by notifying us in writing and returning the Policy Schedule. If you do this, we will cancel the policy or the individual covers and refund any money you have paid (except any amounts of taxation or government charges which we are unable to recover). You can not exercise your right to cancel the policy at any time after you have made a claim for benefits under the policy.

Premium payment under OneCare Super

For OneCare Super, if you have not met a condition of release (refer to 'When your benefits can be paid to you' on page 47) and you choose to cancel your membership, money you have paid can not be paid directly to you. In accordance with superannuation laws, this money, less any eligible adjustments, can be transferred to an eligible superannuation fund of your choosing. If we do not receive advice from you, the Trustee will rollover any refund of premium into an Eligible Rollover Fund (ERF) nominated by the Trustee. The Trustee's nominated ERF is:

Australian Eligible Rollover Fund
Locked Bag 5429
Parramatta NSW 2124.

How do I make a claim?

We understand that when you need to make a claim it can be a very difficult and emotional time. It may not always be straight forward and we would like to help make things easier.

If you are unsure whether you are eligible to make a claim, or need assistance at any time during the claims process, please phone our Claims Helpline on 1300 555 250.

Advising us of a claim

Contact your **financial adviser** or call our Claims Helpline on 1300 555 250 as soon as possible to advise of any event which may lead to a claim. If we do not receive notice within a reasonable time, we may reduce or refuse to pay the benefit to the extent our assessment of the claim is prejudiced.

Within 24 hours of receiving your call we will send you the appropriate claim form, a covering letter detailing our specific requirements and a brochure which will guide you through the claims process and answer some of your questions.

If your claim is accepted, you will be paid in Australian dollars.

What do I need to know about taxation?

The information contained in the link below will assist you in understanding the tax treatment of OneCare.

Taxation laws vary depending on the type of cover you select and your personal circumstances.

For general information as to the possible taxation consequences of various events in relation to the covers available under OneCare and OneCare Super, please refer to the OneCare and OneCare Super Customer tax guide.

It is based on our interpretation of the taxation laws and rulings that were current at the time of going to print, and are reliant upon the continuance of that legislation, practice and their interpretation.

Individual circumstances do differ and the law may change. You should seek professional tax advice on your taxation position.

The OneCare and OneCare Super Customer tax guide is publicly available on our website at www.ing.com.au/public/pdfs/M3229_oc_taxguide.pdf or may be obtained free of charge on request by contacting Customer Services on 133 667.

What else do I need to know?

Changing policy owner

You may transfer the ownership of the policy to another person, subject to relevant law, including superannuation law, by completing a Memorandum of Transfer and registering the transfer with us.

If there is more than one policy owner of a policy, we will regard them as joint owners or joint tenants.

If you choose OneCare Super, the trustee of the MasterFund as owner of the policy will not transfer ownership to another person, superannuation fund or entity.

When the policy ends

A OneCare policy will end on the earlier of the:

- date we receive written notification from you to cancel the policy
- date we cancel the policy in accordance with our legal rights
- date we cancel the policy because you have not paid the premium when due
- ending of all covers for all lives insured under the policy (the circumstances in which each cover will end are set out in each cover section in this PDS)
- date of the death of the last life insured under the policy.

Statutory funds

The premium will be placed in our Statutory Fund No.1 and any claims will be paid from this fund.

The only exception to this is if the policy is written through OneCare Super, in which case the premiums will be placed in our Statutory Fund No. 3 and any claims will be paid from that fund.

As there is no investment component in OneCare, your policy does not have any surrender value.

Customer concerns

If you, the life insured or a beneficiary have any concerns or a complaint about any of these covers, please refer them to us. We pride ourselves on our customer service and we will endeavour to solve your concerns quickly and fairly. Customer concerns should be directed to:

The Complaints Resolution Manager
ING Life Limited
GPO Box 5306
Sydney NSW 2001
Phone 133 667
Fax 02 9234 6668

In the unlikely event that any concerns are not resolved to your satisfaction, you may contact the Financial Ombudsman Service (FOS). FOS is independent and industry sponsored and has been set up to advise and assist customers. If unresolved, at Case Manager level, the Panel of FOS can make a determination that is binding on us.

Concerns to FOS can be directed to:

The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001

Toll free 1300 780 808
Fax 03 9613 6399

Email info@fos.org.au
Website www.fos.org.au

If you choose OneCare Super in ING MasterFund you may be able to use the services of the Superannuation Complaints Tribunal (SCT).

Concerns can be directed to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001

Phone 1300 780 808
Fax 03 8635 5588

The SCT is an independent body established by the Federal Government that can assist with the resolution of certain types of complaints with superannuation funds and life insurance companies.

Financial Services Guide

A Financial Services Guide (FSG) is an important document that outlines the type of products and services that each of ING's licensed entities is authorised to provide under their Australian Financial Services Licence.

Please visit www.ing.com.au for a copy of the FSG.

Direct Debit Request service agreement

Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request
- keep information relating to your Direct Debit Request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us. Such notice should be received at least 14 days before the next debit is due.

When you consider that a debit has been initiated incorrectly, you should contact ING directly. We will then investigate your query.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding.

If we can not resolve this matter, you can still refer it to your financial institution, which may lodge a claim on your behalf.

Privacy

When you make an application for OneCare or OneCare Super, you acknowledge and agree to us collecting personal information including health information for the purposes of providing, administering and maintaining the insurance policies and other services you have applied for. You authorise us to disclose personal information to other members of the ANZ group of companies, as well as to reinsurers and organisations to whom we outsource certain functions such as mail house providers.

You acknowledge that if you or the life insured do not consent to this information being collected or disclosed to us, we may not be able to provide you with the insurance policies and other services you have applied for. You and the life insured may gain access to the information we hold about you or the life insured, subject to permitted exceptions and subject to us still holding that information.

You also agree that if you provide information about another person to us, we require you to inform the person(s) concerned that we have collected their information and provide them with the disclosures as set out in this paragraph.

We are committed to ensuring the confidentiality and security of your personal information. The Privacy Policy contains further details about how we manage your personal information and is available on request or may be downloaded from www.ing.com.au/public/pdfs/L0235_gb_privpoli.pdf

If you have any further questions about privacy, please contact us at:

Privacy Officer
ING Australia
GPO Box 75
Sydney NSW 2001
Phone 02 9234 8111
Fax 02 9299 3979
Email privacy@ing.com.au

Dictionary

The Dictionary provides the definitions of terms used within this book.

For easy reference, they have been divided into:

- Key terms
- Trauma conditions
- Baby Care Option conditions
- Total and permanent disability definitions.

Once your application has been accepted you will receive a welcome kit including the Policy Terms. Please note that the Policy Terms and Policy Schedule are the conditions under which any claims will be assessed and paid.

Key terms

Accidental death means a visible and external event, which was unexpected and unintended, and which caused the **injury** and death of the person insured.

Exclusions – events which are not accidents

For the purposes of this policy, the following situations are not accidents, and any claims arising from these situations are excluded where:

- one of the contributing causes of **injury** and death was any of the following conditions:
 - sickness
 - disease
 - allergy
 - any gradual onset of a physical or mental infirmity.
- the **injury** and death, which was unintended and unexpected, was the result of an intentional act or omission
- the life insured was injured and died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended **injury** or death.

Accredited mortgage provider means an Authorised Deposit-taking Institution (as defined in the Banking Act 1959) or other reputable financial services business, program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australia.

Activity/Activities of daily living are:

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

Business means the life insured's business, profession, or occupation at application.

Business expenses means the normal day-to-day running expenses of the life insured's **business**. These include but are not limited to:

- accounting and audit fees
- bank fees and charges
- office cleaning costs
- electricity, gas, water and property rates
- equipment hire and motor vehicle leases
- **business** related insurance premiums (not including premiums for this Business Expense Cover)
- minimum monthly loan repayments, as per the relevant loan agreement, on:
 - **business** loans (short term and long term bank debt that relates to the operations and capitalisation of the business) including mortgage repayments on the business premises
 - finance lease payments relating to plant and equipment loans that commenced prior to the date of **disability**
- office rent or leasing fees
- salaries and superannuation contributions for employees not directly involved in the generation of revenue
- payroll tax for the above salaries
- regular advertising costs
- telephone costs
- subscriptions/fees/dues to professional associations
- net cost of a locum (a person from outside the life insured's **business** who is a direct replacement for the life insured in their **business**), less any **business** earnings generated by the locum
- any other expenses agreed to by us.

The following business expenses can not be included:

- the life insured's personal remuneration, salary, fees or drawings
- payments to related entities or businesses also owned or controlled by the life insured or an **immediate family member**
- cost of goods or merchandise, cost of implements to the life insured's profession
- premiums payable on this Business Expense Cover
- salaries and superannuation contributions for employees directly involved in the generation of income
- depreciation and the purchase cost of any assets, tools or other capital items.

Business income is the gross income generated by the **business** before expenses and tax.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months, and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

Disabled/Disability means **totally disabled** or **partially disabled**, except in the context of the Premium Waiver Disability Option (see page 19), where disabled means that, as a result of **illness** or **injury**, the life insured:

- has been unable to engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was engaged in paid employment prior to disablement) or
- has been under the care of a **medical practitioner** and has been unable to perform **normal domestic duties**, leave their **home** unaided, or engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not engaged in paid employment prior to disablement).

Financial adviser means authorised representative of an Australian Financial Services Licensee.

Following the advice of a medical practitioner means the life insured is following the regular advice of the treating **medical practitioner** on an ongoing basis, including recommended courses of treatment and rehabilitation.

Fracture means any fracture that requires a pin, traction, plaster cast or other immobilising structure.

Gainfully employed means the life insured is employed or self-employed for salary, reward or profit in any business, profession or occupation and working more than 30 hours per week, or 20 hours per week if applying for Income Secure Professional.

This definition does not apply to OneCare Super for the purposes of making contributions or meeting a condition of release.

Home means the life insured's principal place of residence.

Illness means an illness or disease which first manifests itself during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Immediate family member means a:

- spouse
- son, daughter, father, mother, brother, sister, father-in-law or mother-in-law
- person in a bona fide domestic living arrangement and is financially interdependent. You must provide us with satisfactory evidence that there is an established and ongoing interdependency.

Indexation factor is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. The indexation factor will be applied from 1 May in the following year.

If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next indexation factor.

If the CPI is not published, we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.

Injury means a bodily injury which occurs during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Involuntarily unemployed/Involuntarily unemployment means that the life insured becomes **unemployed** from their current job through no fault of their own. This may mean their work place is restructuring and they are made redundant and while the life insured is willing to work, the role is no longer available.

Loss of independent existence means a condition whereby the life insured is totally and permanently unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the life insured or the policy owner, or the **spouse**, business partner or other **immediate family member** of the life insured or the policy owner.

Monthly earnings means:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income or
- if the life insured is independently employed, their monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration calculated on a monthly basis.

Normal domestic duties mean the tasks performed by a life insured whose sole occupation is to maintain their family **home**.

These tasks are unassisted:

- cleaning of the **home**
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food
- taking care of dependent children (where applicable).

Normal domestic duties do not include duties performed outside the life insured's **home** for salary, reward or profit.

Occupationally acquired Hepatitis B or C means infection with Hepatitis B or C where the infection is acquired as a result of:

- an accident arising out of the life insured's normal occupation or
- a malicious act of another person or persons arising out of the life insured's normal occupation

and

- proof of new Hepatitis B or C infection within six months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the incident
- be reported to us with proof of the incident within 30 days of the incident and
- be supported by a negative Hepatitis B or C test taken within seven days of the incident.

There will be no cover and no benefit payable if a medical 'cure' is found for Hepatitis B or Hepatitis C (as applicable) or a medical treatment is developed and approved which makes these viruses inactive and non-infectious. 'Cure' means any Australian Government approved treatment, which renders Hepatitis B or Hepatitis C (as applicable) inactive and non-infectious.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident and
- be reported to us with proof of the accident within 30 days of the accident and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

On claim means the dates for which you are eligible to receive a benefit with respect to a life insured under the policy.

Partially disabled/partial disability

For occupation categories P, E, D, A, F, I, C, M, S, L, T, H or HH partially disabled means that due to **illness or injury** the life insured is:

- working in their **regular occupation** or any gainful occupation for more than 10 hours* per week

or

- working for 10 hours* or less per week and is not **totally disabled**

or

- not working and they are not **totally disabled**

and

- solely due to **illness or injury** their **monthly earnings** are less than their **pre-claim earnings**; and
- is **following the advice of a medical practitioner** in relation to the **illness or injury** for which they are claiming.

*If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

If the life insured's occupation category shown on the Policy Schedule is R, partially disabled means that due to **illness or injury** the life insured:

- during the first three years from the date of that **disability** is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**

or

- able to perform each and every duty necessary to produce income from their **regular occupation**, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**
- and after three years from the date of that **disability** is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**

or

- able to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**

- and is following the advice of a medical practitioner in relation to the illness or injury for which they are claiming.

Pre-application income is the life insured's monthly earnings for 12 months immediately prior to the application for Income Secure Cover or as otherwise prescribed by us. The income amount is subject to verification by us after the provision of supporting financial evidence.

Pre-claim business income means:

- for guaranteed benefit payments, the highest average of the monthly business income for any period of 12 consecutive months between immediately prior to the life insured becoming **totally disabled** and two years prior to the cover start date
- for indemnity benefit payments, the highest average of the monthly business income for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled**.

Pre-claim earnings means:

- for guaranteed benefit payments, the highest average of the monthly earnings for any period of 12 consecutive months between two years before the cover commencement date and the start of the waiting period
- for indemnity benefit payments, the highest average of the monthly earnings for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional). If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the pre-claim earnings will be the highest average of the monthly earnings for any period of 12 consecutive months in the two years immediately before the leave commenced.

Pre-claim earnings will be increased by the **indexation factor** after each 12 month period the life insured remains **on claim**.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Recurring claim

If you lodge another claim which arises from the same or a related cause as a previous claim, we will treat this subsequent claim as a continuation of the first claim and we will waive the waiting period with the following conditions:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expense Cover
 - if the **illness** or **injury** recurs within six months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.

- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Special Risk

- if the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.

- For benefit periods for age-based terms (e.g. to age 55, to age 60, to age 65, to age 70)

- if the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

Living Expense Cover

If the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

New claims are considered to be:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expense Cover
 - if a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least six continuous months in order for us to consider the claim as a separate claim.
- For Income Secure Special Risk
 - if a claim recurs after six months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least 12 continuous months in order for us to consider the claim as a separate claim.
- For benefit periods for age-based terms (e.g. to age 55, to age 60, to age 65, to age 70)
 - if such a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Living Expense Cover

If **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Regular occupation means the occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury**. If the life insured's occupation is limited to a recognised specialty within the scope of their degree or licence, the life insured's specialty is their occupation.

For periods of **total disability** or **partial disability** which occur while the life insured is **unemployed**, or on maternity, paternity or sabbatical leave, their regular occupation means the last occupation the life insured performed before **unemployment**, maternity leave, paternity leave or sabbatical leave.

After 12 months of **unemployment**, or maternity, paternity, or sabbatical leave, the life insured's regular occupation means any other occupation that they are reasonably capable of performing with regard to their education, training or experience.

Significantly disabled/Significant disability means that as a result of **illness** or **injury** the life insured:

- is totally unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:
 - bathing and/or showering
 - dressing and undressing
 - eating and drinking
 - using a toilet to maintain personal hygiene
 - getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair, or with assistance of a walking aid

or

- is suffering from a total deterioration or loss of intellectual capacity that requires the life insured to be under continuous care and supervision by another adult person.

Certification by a **medical practitioner** approved by us is required.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement, irrespective of their gender, where one or each of them provides the other with financial support, domestic support and personal care.

Terminal illness/Terminally ill means for:

- Extra Care Cover: the life insured must survive without life support for eight days after an appropriate specialist physician approved by us diagnoses that the illness is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us
- all other covers: an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Totally disabled/Total disability

If the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, totally disabled means that due to **illness** or **injury** the life insured is:

- not working in any gainful occupation and
- is unable to perform one or more duties necessary to produce income from their **regular occupation** and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming

or

- working in their **regular occupation** or any gainful occupation and
- is not working for more than 10 hours* per week and
- is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week and
- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

If the life insured's occupation category shown on the Policy Schedule is H or HH, totally disabled means that due to **illness** or **injury** the life insured:

- During the first three years from the date of that disability is:
 - not working in any gainful occupation and
 - is unable to perform one or more of the duties necessary to produce income from their **regular occupation** and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming

or

- working in their **regular occupation** or any gainful occupation and
- is not working for more than 10 hours* per week and
- is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week and
- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

- After three years from the date of that disability is:

- not working in any gainful occupation and
- is unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience and
- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

or

- working in their **regular occupation** or any gainful occupation and
- is not working for more than 10 hours* per week and
- is unable to perform the duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience for more than 10 hours* per week and
- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

* If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

If the life insured's occupation category shown on the Policy Schedule is R, totally disabled means that due to **illness or injury** the life insured:

- during the first three years from the date of that **disability**, is unable to perform each and every duty necessary to produce income from their **regular occupation** as confirmed by a **medical practitioner**
- after three years from the date of that **disability**, is unable to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation they are reasonably capable of performing having regard to their education, training or experience as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation and
- is **following the advice of a medical practitioner** in relation to their **illness or injury** for which they are claiming.

Unemployed/Unemployment means that the life insured is not engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

Trauma conditions

Adult insulin dependent diabetes mellitus means the diagnosis of insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

Alzheimer's disease means the unequivocal diagnosis of Alzheimer's disease made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

Angioplasty means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Aortic surgery means the undergoing of surgery that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but does not include angioplasty, intra-arterial procedures or non-surgical techniques.

Aplastic anaemia means the acquired bone marrow failure that:

- results in anaemia, neutropenia and thrombocytopenia and
- requires treatment with one or more of the following:
 - marrow stimulating agents
 - bone marrow transplantation
 - peripheral blood stem cell transplantation
 - blood product transfusions or
 - immunosuppressive agents.

Benign brain tumour means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment as confirmed by a **medical practitioner** who is a consultant neurologist. The tumour must result in permanent neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Benign tumour of the spine means the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions and results in the life insured or the insured child either:

- suffering at least 25% permanent whole person impairment, as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment", 4th Edition, or an equivalent guide to impairment approved by us or
- being permanently unable to perform at least one of the **activities of daily living** without the physical assistance of another adult person.

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness or injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Burns of limited extent means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting or
- 50% of the face, requiring surgical debridement and/or grafting.

Cancer means the presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered:

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- low level prostatic cancers which are:
 - histologically described as TNM Classification T1a or T1b or lesser classification
 - characterised by a Gleason score less than 7 and
 - appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- chronic lymphocytic leukaemia less than Rai Stage 1.
- 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, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:

- carcinoma in situ of the breast if it results directly in the removal of the entire breast
- carcinoma in situ of the testicle if it results directly in the removal of the testicle
- carcinoma in situ of the prostate if it results directly in the removal of the prostate or where characterised by a Gleason score of 7 or greater.

Carcinoma in situ means the life insured is confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast including but not limited to, pre cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate

- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

Cardiomyopathy means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic kidney failure means end stage renal disease which requires permanent dialysis or renal transplantation.

Chronic liver disease means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Chronic lung disease means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist medical practitioner.

Chronic lymphocytic leukaemia means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months, and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 72 hours and resulting in a neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us ,or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Coronary artery by-pass surgery means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Deafness means the total, irreversible and irreparable loss of hearing in both ears, whether aided or unaided.

Dementia means the unequivocal diagnosis of dementia, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Diagnosed benign tumour means either:

- the diagnosis of a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment or
- the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.

Encephalitis means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Heart attack means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L.

If the above is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

Heart valve surgery means the undergoing of surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Hydrocephalus means excessive cerebrospinal fluid within the brain resulting from **injury**, infection or tumour, which causes increased intra-cranial pressure. There must be a requirement of surgical intervention to treat the condition.

Intensive care means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Intensive care as a result of drug or alcohol intake is excluded.

Loss of independent existence means a condition whereby the life insured is totally and permanently unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Loss of speech means the total and permanent loss of the ability to produce intelligent speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

Loss or paralysis of limb means the total and permanent loss of use of a whole hand or a whole foot as a result of **illness** or **injury**, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

Major head trauma means cerebral injury resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Major organ transplant means the life insured undergoes, or has been placed on an Australian waiting list approved by us for, an organ transplant from a human donor to the life insured for one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- the transplant of bone marrow.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a specialist physician.

Medically acquired HIV means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or a dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection acquired by any other means, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

Melanoma means the presence of one or more malignant melanomas. The melanoma can be less than 1.5mm maximum Breslow thickness and also less than Clark Level 3 depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Meningitis and/or meningococcal disease means meningitis or meningococcal septicaemia causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Motor neurone disease means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a **medical practitioner** who is a consultant neurologist.

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis made by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident and
- be reported to us with proof of the accident within 30 days of the accident and

- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

Open heart surgery means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Partial blindness means the permanent loss of sight in one eye, whether aided or unaided, such that visual acuity is 6/60 or less in that eye, or such that the visual field is reduced to 20 degrees or less of arc.

Partial deafness means the total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Primary pulmonary hypertension means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Severe burns means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

Severe diabetes means that a **medical practitioner** who is a specialist physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure
- neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea or
 - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits.

Severe endometriosis means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

Severe osteoporosis means prior to the age of 50 the life insured is unequivocally diagnosed with osteoporosis and suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis.

Severe rheumatoid arthritis means a definite diagnosis of severe rheumatoid arthritis by a consultant rheumatologist, with ineffectiveness of the first line of treatment leading to further treatment with certain biological immunosuppressive agents (such as monoclonal anti-bodies targeting the tumour necrosis factor). The diagnosis must confirm all of the following:

- small nodular swelling beneath the skin
- multiple and extensive changes to joints typical of rheumatoid arthritis as evidenced by X-ray
- diffuse osteoporosis with severe hand and spinal deformity.

Stroke means a cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours. There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a stroke has occurred and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Systemic lupus erythematosus (SLE) with lupus nephritis

means the unequivocal diagnosis of SLE according to internationally accepted criteria. This includes the 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, with lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Systemic sclerosis means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Terminal illness means an **illness** that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Triple vessel angioplasty means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence to correct the narrowing or blockage of three or more coronary arteries.

Baby Care Option conditions

Absence of hand or foot means a complete congenital absence of one hand from the wrist, or one foot from the ankle.

Cleft lip and/or palate means a congenital fissure of the palate or lip, which requires surgery to correct.

Congenital blindness means a congenital, permanent loss of sight in both eyes whether aided or unaided.

Congenital deafness means a congenital, total and permanent loss of hearing in both ears whether aided or unaided.

Developmental dysplasia of the hip means a deformity requiring an open reduction or pelvic osteotomy to correct the dysplasia.

Down's Syndrome means a specific genetic impairment caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

Disseminated intravascular coagulation means due to pregnancy, an over-activation of the coagulation and fibrinolytic system occurs, resulting in thrombosis, consumption of platelets and coagulation factors causing life threatening haemorrhage from multiple sites.

Eclampsia means the occurrence of grand mal seizures during pregnancy for which no other recognised cause can be identified and the foetus is delivered regardless of the gestational age.

Ectopic pregnancy means a fertilised ovum has implanted outside the uterine cavity resulting in the rupturing or haemorrhaging of a fallopian tube, which results in a laparotomy or laparoscopic surgery removing the involved fallopian tube.

Hydatidiform mole is the development of multiple fluid filled cysts in the uterus after the degeneration of the placenta which results in the death of the embryo as confirmed by a **medical practitioner**.

Infant death means the death of a live born infant between the ages of 30 days and two years and 30 days, who is the life insured's natural, adopted or step-child, where the life insured is the primary care giver of the child.

Infantile hydrocephalus means a condition characterised by an enlargement of the cerebrospinal fluid (CSF) spaces, which requires surgery to correct the condition.

Neonatal death means the life insured gives birth to a child of at least 20 weeks gestation that does not survive 30 days of life.

Oesophageal atresia means a condition which affects the gastrointestinal tract characterised by the oesophagus ending in a blind pouch. This must be confirmed by a **medical practitioner**.

Spina bifida myelomeningocele means a defective closure of the spinal column resulting in a neural tube deficit with a resultant meningocele or meningocele and associated neurological deficit confirmed by a **medical practitioner**. Spina bifida occulta is excluded.

Stillbirth means the foetal death in utero after at least 20 weeks gestation and confirmed by a death certificate. Elective pregnancy termination is excluded.

Tetralogy of fallot means an anatomical defect with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

Trache-oesophageal fistula means a condition characterised by an abnormal joining of the trachea and oesophagus confirmed by a **medical practitioner**.

Transposition of great vessels means a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be based on an echocardiogram, and invasive surgery must be performed to correct the condition.

Total and permanent disability definitions

Any Occupation definition

As a result of **illness or injury**, the life insured:

- has been absent from, and unable to, work for three consecutive months and
- is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by their education, training or experience, and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim

or

- suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us and
- is disabled to such an extent that, as a result, they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by education, training or experience and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Own Occupation definition

Own Occupation means the most recent occupation in which the life insured was engaged immediately prior to the date of disability.

As a result of **illness** or **injury**, the life insured:

- has been absent from, and unable to, engage in their own occupation for three consecutive months and
- is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in their own occupation

or

- suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us and
- is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their own occupation

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Home-maker definition

As result of **illness** or **injury**, and where wholly engaged in full-time unpaid domestic duties in their own residence, the life insured:

- is under the regular care of a **medical practitioner** and is unable, for a period of three consecutive months, to perform **normal domestic duties**, leave **home** unaided, or be engaged in any occupation and
- is disabled at the end of the period of three consecutive months, to such an extent that they require ongoing medical care and is unlikely ever again to be able to perform any **normal domestic duties** or be engaged in any occupation for which they are reasonably suited by education, training or experience

or

- suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us and
- is disabled to such an extent that, as a result, they are unlikely ever again to be able to perform any **normal domestic duties** or engage in any occupation for which they are reasonably suited by education, training or experience

or

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Non-working definition

As a result of **illness** or **injury**, the life insured:

- suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot)
 - the sight in both eyes or
 - one limb and the sight in one eye

or

- suffers **loss of independent existence**

or

- suffers **cognitive loss**.

Interim Cover

Interim Cover for OneCare

ING Life Limited (ABN 33 009 657 176) (ING Life) can provide you with Interim Cover on the life/lives insured at no cost. It is subject to:

- the terms and conditions which apply to the cover(s) being applied for as set out in the OneCare Policy Terms
- the descriptions in the OneCare Product Disclosure Statement (PDS)
- the additional terms and conditions for Interim Cover, as follows.

Terms used for Interim Cover

'Application Form' means either a current OneCare paper application form, a OneCare Express electronic application form or any other method which is acceptable to ING Life which is completed in respect of a policy as described in the OneCare PDS/OneCare Super PDS dated 12 July 2010.

'Life insured' means the person(s) nominated in the application as the life to be insured.

'Policy owner(s)' means the person(s) nominated in the application as the policy owner(s).

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, which is issued to the Trustee of the ING MasterFund, we provide the Interim Cover to the life insured while we assess the application for insurance and the application for membership of the MasterFund. Any benefits payable under this Interim Cover do not form part of the life insured's superannuation entitlements held in the MasterFund.

Eligibility for Interim Cover

Interim Cover is only available if the life insured is:

- for Life Cover – aged between 15 and 75 years
- for TPD Cover – aged between 15 and 60 years
- for Trauma Cover – aged between 15 and 65 years
- for Income Secure Cover or Business Expense Cover – aged between 19 and 60 years, and **gainfully employed** or self-employed, performing his/her normal duties and in receipt of salary, reward or profit (at work)
- for Living Expense Cover – aged between 19 and 60 years
- for Child Cover – aged between 2 and 15 years
- for Extra Care Cover (Extra Care Accidental Death Benefit only) – aged between 15 and 60 years.

Interim Cover does not apply if the cover applied for in the Application Form:

- is to replace existing insurance which is still in force, whether with ING Life or another insurer or
- would normally be declined or deferred under ING Life's current underwriting rules.

Commencement of Interim Cover

OneCare paper application form

Interim Cover will only commence when ING Life or an authorised adviser receives a fully completed, signed and dated OneCare application. ING Life must receive the application within 14 days from the signed date for the Interim Cover to continue.

In addition you must provide payment for the first premium within 14 days via one of the following methods:

- a signed cheque for the first premium payment
- a completed OneCare Super Transfer Authority
- a completed Direct Debit Request or Credit Card Authorisation.

OneCare Express electronic application form

Interim Cover will only commence when a completed electronic application has been submitted and is allocated either a 'submitted' or a 'pending submission' status in OneCare Express. An application with a 'pending submission' status will remain active and with Interim Cover for 14 days; and must be submitted and receive a 'submitted' status within that time for the Interim Cover to continue.

In addition you must provide payment for the first premium within 14 days via one of the following methods:

- a signed cheque for the first premium payment
- a completed OneCare Super Transfer Authority
- a completed Direct Debit or Credit Card Authorisation.

Interim Cover Benefit

Life Cover

If you have applied for Life Cover for a life insured, and that life insured dies during the term of this Interim Cover, we will pay the Interim Cover Benefit for Life Cover.

TPD Cover

If you have applied for TPD Cover for a life insured, and that life insured becomes totally and permanently disabled during the term of the Interim Cover and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for TPD Cover.

The definition of TPD will be that applied for in the application and as outlined in the OneCare Product Disclosure Statement, except for the Own Occupation definition where the Any Occupation definition will apply.

If the life insured does not meet the survival period conditions set out in the PDS and has applied for:

- Life Cover with optional TPD Cover, we will pay the Death Benefit under Life Cover
- stand alone TPD Cover or Trauma Cover with optional TPD Cover, we will pay a Limited Death Benefit of \$10,000.

Trauma Cover

If you have applied for Trauma Comprehensive or Trauma Premier for a life insured, and that life insured suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for Trauma Cover.

The trauma conditions are:

- blindness
- coma
- deafness
- intensive care
- loss or paralysis of limb
- major head trauma
- severe burns.

If the life insured does not meet the survival period conditions set out in the PDS and has applied for:

- Trauma Cover as an option to Life Cover, we will pay the Death Benefit under Life Cover
- stand alone Trauma Cover or Trauma Cover with optional TPD Cover, we will pay the Limited Death Benefit of \$10,000.

The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by ING Life's medical adviser.

Income Secure Cover, Business Expense Cover and Living Expense Cover

If you have applied for these covers for a life insured, and that life insured is **totally disabled** (or in the case of Living Expense Cover **significantly disabled**) we will pay a monthly Interim Cover Benefit from the end of the waiting period applied for in the application, for the lesser of:

- the period of **total disability** or **significant disability** (as applicable)
- six months.

The definition of **totally disabled** for Income Secure Cover and Business Expense Cover, and **significantly disabled** for Living Expense Cover, and the terms which apply to the benefits we pay are as outlined in the OneCare Product Disclosure Statement.

We will not pay any other built-in benefits, built-in features or extra cost options under Interim Cover.

Child Cover

If you have applied for Child Cover for an insured child, and that insured child dies or suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover we will pay the Interim Cover Benefit for Child Cover.

The trauma conditions are:

- blindness
- brain damage
- deafness

- loss or paralysis of limb
- major head trauma
- severe burns.

The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by ING Life's medical adviser.

Extra Care Cover

If you have applied for Extra Care Cover for a life insured, and that life insured suffers an **accidental death** during the term of this Interim Cover, we will pay the Interim Cover Benefit for Extra Care Cover. Extra Care Terminal Illness Benefit and Extra Care Extended Needle Stick Benefit are not provided under Interim Cover.

Interim Cover Benefit

For each type of cover, the Interim Cover Benefit we will pay will be the lesser of:

- the amount insured applied for
- the maximum amount payable under Interim Cover for each type of cover as specified below:
 - Life Cover – \$1 million*
 - TPD Cover – \$500,000*
 - Trauma Cover – \$500,000*
 - Income Secure Cover – \$5,000 per month[†]
 - Business Expense Cover – \$5,000 per month[†]
 - Living Expense Cover – \$2,000 per month
 - Child Cover – \$150,000
 - Extra Care Cover – Accidental Death Benefit only – \$500,000*
- the difference between the benefit amount applied for and any existing insurance with ING Life which is to be replaced
- the reduced amount insured that would be offered where under its current underwriting rules, ING Life would offer a lower sum insured to that applied for in the Application Form
- the reduced amount insured the loaded premium would purchase when compared to the standard premium, where under its current underwriting rules ING Life would apply or has offered to accept the application with a premium loading.

* We will pay this amount or the equivalent instalment amount calculated by ING Life based on the nominated term of the instalment.

† A maximum of \$30,000 will be payable in total benefits for Income Secure Cover and Business Expense Cover.

Where under its current underwriting rules ING Life would offer cover subject to special terms and conditions, such special terms and conditions will apply to the Interim Cover.

If cover was applied for a life insured across multiple policies and we pay less than the amount insured applied for, the amount we will pay each policy owner is a share of the total amount paid in proportion to the amounts applied for.

Interim Cover claims

If you claim before an underwriting decision has been made on the life insured, our claims assessment will not proceed until an underwriting assessment is complete.

If the underwriting decision appropriate for the calendar day preceding the **injury** or **illness** for which the Interim Claim is made, would have been to deny or exclude that **injury** or **illness**, then the claim will be denied.

Exclusions on Interim Cover

No benefit will be payable in respect of Interim Cover if the Interim Cover event results directly or indirectly from:

- anything happening to the life insured in war (this exclusion does not apply to Life Cover or the Extra Care Accidental Death Benefit)
- an intentional self-inflicted act
- the life insured engaging in any sport, pastime or occupation which would not normally be covered under ING Life's current underwriting rules or accepted only with a loading
- any condition that the life insured knew about before the commencement of the Interim Cover
- any condition for which the life insured consulted a qualified **medical practitioner** before the date of the Application Form
- for Income Secure Cover, Business Expense Cover and Living Expense Cover only – the life insured being or becoming pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured spends more than three months **totally disabled** from the date the pregnancy ends and continues to be **disabled**, we will pay benefits from the end of that three month period, or the end of the waiting period if greater.

Duration of Interim Cover

Interim Cover, in respect of the cover applied for, will automatically cease on the earlier of:

- the date ING Life accepts, declines or defers the application in respect of the life insured
- the date the policy owner(s) withdraws the application
- the date ING Life cancels this Interim Cover at its complete discretion by written notice to the policy owner
- 21 days from the date ING Life offers varied terms of acceptance of the application, such as a premium loading or an exclusion, requiring acceptance by the policy owner
- the date the life insured ceased to be at work for Income Secure Cover and Business Expense Cover
- the life insured attaining the cover expiry age specified below:
 - Life Cover – 75 years
 - TPD Cover – 60 years
 - Trauma Cover – 65 years
 - Income Secure Cover and Business Expense Cover – 60 years
 - Living Expense Cover – 60 years
 - Child Cover – 15 years
 - Extra Care Cover – 60 years.

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