

ClearView **LifeSolutions**

Product Disclosure Statement

30 September 2013

ClearView LifeSolutions is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No. 227682.
ClearView LifeSolutions Super is issued by ClearView Life Nominees Pty Limited: ABN 37 003 682 175, AFS Licence No. 227683,
as trustee of the ClearView Retirement Plan ABN 45 828 721007.



About this Product Disclosure Statement (PDS)

This Product Disclosure Statement (PDS) provides information about two separate financial products:

- A life insurance product, ClearView LifeSolutions, issued by ClearView Life Assurance Limited (ClearView).
- A risk-only superannuation interest, ClearView LifeSolutions Super, issued by ClearView Life Nominees Pty Limited (Trustee) as trustee of the ClearView Retirement Plan (CRP).

ClearView and the Trustee take full responsibility for the whole PDS.

This PDS has been prepared to help you make an informed decision about ClearView LifeSolutions and/or ClearView LifeSolutions Super. The information in this PDS is of a general nature and does not take into account your individual financial situation, needs or objectives. You should consider this PDS before making any decision about these products.

Your application for ClearView LifeSolutions is subject to acceptance by ClearView. If you are applying for insurance through a risk-only superannuation interest (ClearView LifeSolutions Super), the Trustee will only accept your application for membership in the CRP if ClearView accepts your application for insurance through the CRP.

Information contained in this PDS may change from time to time. Where a change is not materially adverse, the updated information will be made available on our website at www.clearview.com.au. You can request a paper copy of any updates free of charge, by contacting us on **132 979**.

In this PDS, different terminology applies depending on how you are covered. These concepts are set out in the table below.

‘We/us/our’ refers to ClearView, except where reference is specifically to the Trustee as issuer of ClearView LifeSolutions Super.

Many of the terms and words used in this document have specific meanings, including some non-technical words commonly used. These words have been italicised and are explained in the Dictionary section at the end of this PDS. You should consult this section and understand the definitions prior to making any decision in relation to this product.

The terms for each product and type of cover are contained in the policy document, which we will issue you, along with a policy certificate, upon acceptance of your application.

The policy certificate confirms the person insured and important details about the cover including: benefit amount; cover start date; premium type; additional options that have been selected; and any premium loading, exclusions, special conditions or varied terms that apply. The policy certificate and the policy document form your policy. These documents are important and you should read them carefully and keep them in a safe place.

If there is any inconsistency between the PDS and the policy document, the terms contained in the policy document and your policy certificate will prevail to the extent of the inconsistency.

Policy owner	Person insured	‘You’ or ‘Your’ refers to:	Policy is referred to as:
A person or company (that is not a trustee of a superannuation fund)	May be the same or different to the policy owner	Either: <ul style="list-style-type: none"> • the policy owner, or • the person insured as the context requires 	Either: <ul style="list-style-type: none"> • being held outside superannuation, or • non-superannuation policy
A person or company that is a trustee of a self managed superannuation fund (SMSF)	A member of the SMSF	Either: <ul style="list-style-type: none"> • the policy owner, or • the person insured as the context requires 	Either: <ul style="list-style-type: none"> • being held inside superannuation, or • a superannuation policy
The Trustee as trustee of the CRP	A member of the CRP	The insured member of the CRP	Either: <ul style="list-style-type: none"> • being held inside superannuation through ClearView LifeSolutions Super, or • a superannuation policy

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Who is ClearView?

ClearView Wealth Limited is an Australian life insurance, wealth management and financial advice business, listed on the Australian Securities Exchange (ASX). As a group, we manage and advise on approximately \$3.64 billion of our customers' investment funds and have over \$62 million of in-force annual insurance premium as at the date of this PDS. The key businesses include:

- ClearView Life Assurance Limited, providing life insurance products, and regulated by the Australian Prudential Regulation Authority (APRA)
- ClearView Financial Management Limited, managing investment products, and regulated by the Australian Securities and Investments Commission (ASIC)
- ClearView Life Nominees Pty Limited, is the trustee of the ClearView Retirement Plan, and regulated by ASIC and APRA, and
- ClearView Financial Advice Pty Limited, providing financial advice to customers, and regulated by ASIC.

ClearView Wealth Limited is our listed group entity, which is licensed and regulated by APRA, and subject to ASX and ASIC regulation.

ClearView has been helping Australians invest their money and insure their lives for over 25 years. Together with providing quality financial advice, we offer a comprehensive range of investment, superannuation, retirement and life insurance solutions to assist our customers with financial security, achieve their financial goals and prepare for their future.

What is ClearView LifeSolutions?

ClearView LifeSolutions and ClearView LifeSolutions Super provide a range of insurance cover to help with your wealth protection needs, whether it is for personal or business needs. The flexible nature of these products allows you to tailor multiple covers under the one policy or link your cover under separate policies (including policies held inside and outside of superannuation).

This summary will help you understand the different types of cover, what you are covered for and potential purposes for the cover.

Type of cover	What you are covered for	Possible reasons for holding the cover	Is cover available through ClearView LifeSolutions?	Is cover available through ClearView LifeSolutions Super?
Life Cover	If you die or are diagnosed as being <i>terminally ill</i> , we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, provide a lump sum that could be invested to provide an ongoing income stream for dependants or help with estate planning or business buy outs.	Yes	Yes
Accidental Death Cover	If you die as a result of an <i>accident</i> , we will pay a lump sum benefit amount.	A lower cost alternative to Life Cover or an option for those who have a health condition and are unable to obtain full Life Cover.	Yes	No
Total and Permanent Disability (TPD) Cover	If you become <i>totally and permanently disabled</i> and unable to work again, we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, cover the costs associated with a long term disability such as full-time care or modifications to the home, cover the short fall of income from other benefits to assist in maintaining your standard of living.	Yes	Yes
Accidental Total and Permanent Disability (TPD) Cover	If you become <i>totally and permanently disabled</i> as a result of an <i>accident</i> and unable to work again, we will pay a lump sum benefit amount.	A lower cost alternative to TPD Cover or an option for those who have a health condition and are unable to obtain full TPD Cover.	Yes	No
Trauma Cover	If you suffer a specified trauma condition, we will pay a lump sum benefit amount.	While this cover may also be used to pay down debts it may also be used to access medical treatment available for your condition, which may be overseas, allowing you to focus on your recovery rather than worrying about the bills.	Yes	No
Child Cover	If your child suffers a specified trauma condition, becomes <i>terminally ill</i> or dies we will pay you a lump sum benefit amount.	To cover the costs of a very sick child, accessing medical treatment available, modifications to the family home or stopping work to be with your child.	Yes	No
Income Protection Cover	If you are <i>totally or partially disabled</i> as a result of <i>sickness or injury</i> and unable to work at full capacity, we will pay you an ongoing <i>monthly benefit amount</i> . The <i>disability</i> may be short term or long term.	To replace a portion of your income, pay your bills, help with rehabilitation programs, and assist in maintaining your standard of living.	Yes	Yes
Income Protection Plus Cover	Additional cover to Income Protection Cover and provides additional benefits and features.	To replace a portion of your income, pay your bills, help with rehabilitation programs, and assist in maintaining your standard of living.	Yes	Yes

Type of cover	What you are covered for	Possible reasons for holding the cover	Is cover available through ClearView LifeSolutions?	Is cover available through ClearView LifeSolutions Super?
Accidental Income Protection Cover	Offers all the benefits and features of Income Protection Cover, if you are <i>totally disabled</i> or <i>partially disabled</i> as a result of an <i>accident</i> and unable to work at full capacity.	A lower cost alternative to Income Protection Cover or an option for those who have a health condition and are unable to obtain Income Protection Cover.	Yes	No
Business Expense Cover	As a business owner, if you are <i>totally disabled</i> or <i>partially disabled</i> as a result of <i>sickness</i> or <i>injury</i> , and unable to work at full capacity, we will pay you an ongoing <i>monthly benefit amount</i> .	To cover the costs of ongoing <i>eligible business expenses</i> .	Yes	No

Worldwide cover

You are fully covered, 24 hours per day, anywhere in the world under all of the covers set out in the PDS.

Guaranteed renewable

We guarantee to renew your policy each year up until the policy expiry, so long as you continue to pay your premiums when due. This means that we cannot cancel your cover, place any further restrictions on your cover or increase your individual premium (before applicable discounts) because of any change to your health, occupation or pastimes.

Guaranteed upgrade of benefits to your cover

We will automatically pass on any future product enhancements to your policy, provided they do not result in an increase in premium and you accept these enhancements by continuing to pay premiums. Where they do result in an increase in the premium rates, you will have the option to not take up the offer of the upgrade.

Any enhancements will apply to future claims. The enhancements will not apply to current claims or to any claims resulting from medical conditions, *sickness*, *injury* or *disability* which occurred before these enhancements came into effect.

Where legislation requires, we will advise you of such changes on or before the policy anniversary immediately after the date of the changes.

Structuring your cover

You have a number of options available when it comes to how you structure your cover. You can hold all your types of cover under the one policy and the cover may be stand alone or linked. You can also link cover held under separate policies via flexi linking.

Stand alone cover

Stand alone cover operates independently of any other cover. When a benefit is paid for a stand alone type of cover it does not reduce the benefit amount for any other cover you hold.

All covers may be purchased as stand alone cover except for Child Cover, which may only be purchased with an adult Life, TPD or Trauma Cover. Any benefit paid under Child Cover will not reduce the benefit amount on the adult Life, TPD or Trauma Cover.

Stand alone cover is available inside superannuation and outside superannuation. Multiple policies may be held by the same or different policy owners.

Linked cover

Linked cover interacts with other covers it is linked to. When a benefit is paid, all cover with which it is linked will be reduced by the benefit amount paid.

The premium you pay for linked cover is generally lower than what you will pay for the same types of cover held as stand alone cover. For example, you may want to have your TPD and Trauma Cover linked to your Life Cover. This means you have one policy, one policy owner and three types of cover. Similarly, you could have Trauma Cover linked to your TPD Cover.

Linked cover is available inside superannuation and outside superannuation.

Please note that you cannot link a Life, TPD or Trauma Cover with an Income Protection or Business Expense Cover. These types of cover act very differently, with Life, TPD and Trauma Cover paying a lump sum benefit amount and Income Protection and Business Expense Cover paying an ongoing *monthly benefit amount*.

Flexi linking

Flexi linking is a way of linking your cover but allowing you to have different policy owners for each of the types of cover. For example, you may want to have your Trauma Cover linked to your Life Cover but want your Life Cover to be owned by the trustee of your self managed superannuation fund (SMSF) and the Trauma Cover to be owned by you, outside of superannuation – flexi linking enables you to do this.

Flexi linking is also available between a ClearView LifeSolutions policy held outside of superannuation and a policy held through ClearView LifeSolutions Super.

Only one policy can be connected through flexi linking to another policy at a time.

As with linked cover, when a benefit is paid, all cover to which it is flexi linked will be reduced by the amount of the benefit that has been paid and the premium payable for that cover will be reduced accordingly.

Note: Cover must be issued under separate policies where there are different policy owners. Under flexi linking, two policies will be issued that will operate similarly to linked cover. The table below lists the possible combinations where flexi linking may be used.

Cover held inside superannuation	Flexi linked cover held outside of superannuation
Life Cover	<ul style="list-style-type: none"> • TPD Cover • Trauma Cover • TPD Cover with linked Trauma Cover
TPD Cover (Own or Any occupation TPD)	Trauma Cover
TPD Cover (Any occupation TPD) via TPD Super Solutions	<ul style="list-style-type: none"> • TPD Cover (Own occupation TPD) via TPD Super Solutions • Trauma Cover
<ul style="list-style-type: none"> • Income Protection Cover • Income Protection Plus Cover 	Extras Package Option

* No reduction in the income protection benefit applies where a payment is made under the Extras Package Option. Flexi linking of the Extras Package Option allows you to hold your Income Protection Cover inside superannuation and hold the ancillary benefits of income protection outside of superannuation to minimise the chance of insurance benefits not meeting a condition of release under superannuation law.

What is Life Cover?

Life Cover will provide a lump sum payment in the event of your death or *terminal illness*. You select the amount of cover which is known as the benefit amount.

Life Cover is available via ClearView LifeSolutions Super, please refer to page 53 for more details.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Death • <i>Terminal illness</i>
Minimum entry age	<ul style="list-style-type: none"> • 18
Maximum entry age	<ul style="list-style-type: none"> • 75 (stepped premium) • 60 (level premium)
Expiry age	<ul style="list-style-type: none"> • 99 (ClearView LifeSolutions) • 80 (ClearView LifeSolutions Super)
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • No maximum. The benefit amount applied for must be reasonable for your financial position and personal circumstances
Premium type	<ul style="list-style-type: none"> • Stepped premium • Level premium (reverts to stepped at age 65)
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Life Cover • Life Cover linked or flexi linked with TPD Cover (TPD Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with Trauma Cover (Trauma Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with TPD Cover and Trauma Cover (TPD and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Funeral Advancement Benefit • Grief Support Benefit • Life Cover Buy Back Benefit (where TPD Cover or Trauma Cover is linked or flexi linked to Life Cover) • Life Cover Conversion Benefit • Indexation Benefit • Future Increase Benefit • Accommodation Benefit • Financial Advice Benefit • Premium Freeze Benefit • Suspending Cover Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Disability Premium Waiver Option • Business Guarantee Option

When the Life Cover benefit amount is payable

If you die or are diagnosed as *terminally ill*, we will pay the Life Cover benefit amount.

Built in benefits at no extra cost

Life Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs, while other benefits are designed to support you and your family during a difficult time.

Funeral Advancement Benefit

To help with the cost of your funeral or other immediate expenses that your family may incur, we will advance the lesser of \$25,000 and the Life Cover benefit amount, upon satisfactory evidence to us of your death.

The Life Cover benefit amount will be reduced by the amount paid under this benefit.

This benefit is not available if your Life Cover is held inside superannuation or if a trustee is a nominated beneficiary on the policy.

Grief Support Benefit

This benefit is available to help you or your *immediate family members* start to come to terms with a reaction to grief which arises from a diagnosis of *terminal illness* or your death.

If we pay the Life Cover Benefit, we will reimburse the costs of up to four hours of grief counselling sessions for you (in the event of your *terminal illness*) or an *immediate family member* (in the event of your death), with a counsellor acceptable to us.

The maximum total amount we will reimburse under the Grief Support Benefit for each person insured is \$1,000.

This benefit is not available if your Life Cover is held inside superannuation or if a trustee is a nominated beneficiary on the policy.

The Grief Support Benefit must be exercised within 12 months of payment of the Life Cover benefit.

Life Cover Buy Back Benefit

This benefit applies if you have TPD Cover and/or Trauma Cover linked or flexi linked to your Life Cover. This benefit allows you to reinstate the Life Cover benefit amount after it was reduced by the full payment of a TPD or Trauma Benefit, without the need to supply further medical evidence.

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

- the date we received your fully completed claim form in relation to which we pay the full TPD Cover or Trauma Cover benefit amount, or
- the date you satisfied the trauma condition or TPD definition.

If you want to reinstate your Life Cover, you must take up this offer within 30 days of our letter of offer.

Any special terms which applied to your original Life Cover will also apply to the reinstated Life Cover and the premiums will be based on those offered at the time of reinstatement.

The Indexation Benefit will apply to your reinstated Life Cover.

The Future Increase Benefit and Business Guarantee Option are not available with the reinstated Life Cover.

This benefit is not available if your Life Cover benefit amount has been reinstated under the Accelerated Life Cover Buy Back Option as described on page 16.

Life Cover Conversion Benefit

The Life Cover Conversion Benefit allows you to cash in some or all of your Life Cover benefit at a pre-determined rate if you suffer a specific medical condition listed in the table below.

Each of these specified medical conditions has a specific meaning. Please refer to the Trauma definitions on page 70 for a full description of all conditions covered.

Specific medical condition covered	Conversion rate of benefit amount payable
Severe Cancer [^]	30%
Severe Heart Attack [^]	30%
Severe Stroke [^]	30%
Motor Neurone Disease [^]	30%
Severe Multiple Sclerosis [^]	30%
Severe Parkinson's Disease [^]	30%

[^] Those conditions marked with an ^ are subject to the 90 day qualifying period

This benefit is available for Life Cover or Life Cover with linked or flexi linked TPD Cover. This benefit is not available if you have any type of trauma insurance with ClearView or any other insurer.

This benefit is limited to the first \$2,000,000 of any Life Cover benefit amount. Any benefit amount in excess of this cannot be converted under this benefit and will only be payable in the event of *terminal illness* or death. If the Life Cover Conversion Benefit is exercised on the first \$2,000,000, the Life Cover and any linked or flexi linked TPD Cover benefit amount will be reduced and the premium payable for the remaining cover will be reduced accordingly.

E.g. If you had \$2,500,000 of Life Cover and were diagnosed with *Severe Cancer*, you could convert up to \$2,000,000 of your benefit amount at a rate of 30%. This means you would receive an immediate payment of \$600,000 and would have \$500,000 Life Cover benefit amount left which would be paid in the event of *terminal illness* or death, provided the premiums for the reduced benefit amount continue to be paid.

To exercise this benefit you must notify us in writing within a maximum period of 90 days after you are diagnosed with one of the specific medical conditions. If you choose not to exercise the benefit, your Life Cover benefit will continue on as usual, provided the premiums continue to be paid and a benefit will only be paid in the event of *terminal illness* or death.

Subsequent death or terminal illness

The specific medical conditions covered are severe illnesses but are not considered to be a *terminal illness* and therefore the Life Cover benefit amount would not be paid. In order to provide you and your family with a level of comfort, if you exercise the Life Cover Conversion Benefit and you die or are diagnosed as *terminally ill* from any cause within 5 years of receiving the payment, we will pay an additional benefit amount. The amount payable will be a percentage of the difference between the full Life Cover benefit amount converted at the time the Life Cover Conversion Benefit was exercised and the Life Cover Conversion benefit amount paid. The premium that would have been payable for that period for the extra benefit paid will be deducted from the benefit amount.

Number of years since exercising the Life Cover Conversion Benefit and being diagnosed as <i>terminally ill</i> or dying	Benefit payable as a % of the difference between the Life Cover benefit amount and the Life Cover Conversion benefit paid
1	100%
2	80%
3	60%
4	40%
5	20%
6+	0%

E.g. You had \$1,000,000 of Life Cover and were diagnosed with *Severe Stroke*, and exercised the Life Cover Conversion Benefit and received a payment of \$300,000. If you were diagnosed as *terminally ill* 18 months later, we would pay 80% of the difference between the Life Cover benefit amount at the time of exercising the Life Cover Conversion Benefit i.e. \$1,000,000 and the Life Cover Conversion benefit amount already paid i.e. \$300,000, which would equal \$560,000. 18 months of Life Cover premiums would be payable on the \$560,000 which we would deduct from the benefit payable.

90 day qualifying period

This benefit is not available in the first 90 days immediately following:

- the date we receive your fully completed application form for cover (this includes Life Cover that is being transferred from another insurer)
- an increase in the benefit amount for Life Cover (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date your cover is last reinstated.

This means that no Life Cover Conversion Benefit will be paid if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the 90 day qualifying period.

This benefit expires at the policy anniversary immediately after you turn age 75.

Additional built in benefits at no extra cost

Life Cover features a number of additional built in benefits that are applicable across Life, TPD and Trauma Cover. For more information on how these benefits work, please refer to the page numbers listed in the table below.

Built in benefit	PDS page number
Indexation Benefit	25
Accommodation Benefit	25
Financial Advice Benefit	25
Premium Freeze Benefit	25
Suspending Cover Benefit	25
Future Increase Benefit	26

Options available at an extra cost which allow you to tailor your Life Cover

When you apply for cover, there are a number of options available which allow you to further tailor your Life Cover to best suit your circumstances. These options are available for an extra premium and when selected will be listed on your policy certificate. For more information on how these options work, please refer to the page numbers listed in the table below.

Optional extra	PDS page number
Business Guarantee Option	27
Disability Premium Waiver Option	27

When the Life Cover benefit amount is reduced

Your Life Cover benefit amount will be reduced by any amount paid:

- under this cover for *terminal illness*
- under this cover for Funeral Advancement Benefit
- for TPD Cover, where this is linked or flexi linked to your Life Cover, and
- for Trauma Cover, where this is linked or flexi linked to your Life Cover.

Your Life Cover benefit amount will also be reduced by any amount converted under the Life Cover Conversion Benefit.

When the Life Cover benefit amount will not be paid

We will not pay any benefit under Life Cover if your death is caused directly or indirectly by suicide or any intentional self inflicted act, within 13 months of:

- the cover start date
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
- the date cover is last reinstated.

We will not pay any benefit under Life Cover for anything we have specifically excluded from this cover and which you agree to as shown on your policy certificate.

If you are replacing existing Life Cover

If your Life Cover is replacing an existing life cover policy issued by us or another insurer, the 13 month suicide or any intentional self inflicted act exclusion will not apply if:

- the insurance under the policy to be replaced has been in place for a minimum of 13 consecutive months immediately prior to the commencement of this cover
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- 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), and
- no claim is payable or pending under the policy to be replaced.

* Where the benefit amount under this cover exceeds that of the policy that is being replaced, this exclusion will only apply to the excess benefit amount.

What is Accidental Death Cover?

Accidental Death Cover will provide a lump sum payment in the event of your death as a result of an *accident*. You select the amount of cover which is known as the benefit amount.

As Accidental Death Cover is not subject to medical assessment, it may be a valuable alternative if you have health conditions that make Life Cover expensive or unavailable. Accidental Death Cover is also a lower cost alternative to Life Cover and could be used to complement your existing Life Cover.

Accidental Death Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> Death as a result of an <i>accident</i>
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 75
Expiry age	<ul style="list-style-type: none"> 99
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> No maximum. The benefit amount applied for must be reasonable for your financial position and personal circumstances.
Premium type	<ul style="list-style-type: none"> Stepped premium
Product structure combinations	<ul style="list-style-type: none"> Stand alone Accidental Death Cover Accidental Death Cover linked with Accidental TPD Cover (Accidental TPD Cover must not exceed Accidental Death Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> Grief Support Benefit Indexation Benefit Financial Advice Benefit Suspending Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> Disability Premium Waiver Option

When the Accidental Death Cover benefit amount is payable

If you die as a result of an *accident* and your death occurs within 90 days of the *accident*, we will pay the Accidental Death Cover benefit amount.

The benefit amount payable is in addition to any Life Cover benefit amount payable, where applicable.

Additional built in benefits at no extra cost

The additional built in benefits provided are as described elsewhere in this PDS (refer to the page numbers listed in the table opposite), subject to the benefits applying to *accidental* events only, as indicated in the table opposite:

Built in benefit	PDS page number	Limitation to information described in the section for Life Cover*
Indexation Benefit	25	No extra limitations apply
Financial Advice Benefit	25	No extra limitations apply
Suspending Cover Benefit	25	No extra limitations apply
Grief Support Benefit	8	Only applies where a benefit is paid under Accidental Death Cover

* Substitute references to Life Cover for references to Accidental Death Cover in the relevant information.

Option available at an extra cost which allows you to tailor your Accidental Death Cover

The option available is as described elsewhere in this PDS (see section as indicated below), subject to the option applying to *accidental* events only as indicated in the table below:

Optional extra	PDS page number	Limitation to information described in the section for Life Cover
Disability Premium Waiver Option	27	<p>Only applies where your <i>total disability</i> is the result of an <i>accident</i> and occurs within 90 days of the <i>accident</i>, and</p> <ul style="list-style-type: none">• we are paying you a Total Disability Benefit under Accidental Income Protection, or• you are <i>totally disabled</i> for a period of three consecutive months and continue to be <i>totally disabled</i>.

When the Accidental Death Cover benefit amount is reduced

Your Accidental Death Cover benefit amount will be reduced by any amount paid under this policy for Accidental TPD Cover, where this is linked to your Accidental Death Cover.

When the Accidental Death Cover benefit amount will not be paid

We will not pay any benefit under Accidental Death Cover if your death is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- participation in criminal activity
- the taking of alcohol or drugs, other than a drug prescribed by a medical practitioner and taken as directed, or
- an act of war (whether declared or not).

We will not pay any benefit under Accidental Death Cover for anything we have specifically excluded from this cover, and which you agree to, as shown on your policy certificate.

What is Total and Permanent Disability (TPD) Cover?

TPD Cover will provide a lump sum payment if you suffer *total and permanent disablement* as a result of *sickness or injury*. You select the amount of cover which is known as the benefit amount. TPD Cover is also available via ClearView LifeSolutions Super, please refer to page 53 of the PDS for more details.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total and Permanent Disability
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60 (if applying for Own, Any or Home duties TPD definition) 75 (if applying for Non-working TPD definition)
Expiry age	<ul style="list-style-type: none"> 99 (ClearView LifeSolutions) 80 (ClearView LifeSolutions Super) <p>Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$2 million (if Home duties TPD definition applies) \$3 million (if Non-working TPD definition applies) \$5 million (if Own or Any occupation TPD definition applies)
Premium type	<ul style="list-style-type: none"> Stepped premium Level premium (reverts to stepped at age 65)
Type of cover	<ul style="list-style-type: none"> Any occupation TPD Own occupation TPD TPD Super Solutions Home duties TPD Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> Stand alone TPD Cover TPD Cover linked or flexi linked to Life Cover (TPD Cover must not exceed the Life Cover benefit amount) TPD Cover with linked or flexi linked Trauma Cover (Trauma Cover must not exceed the TPD Cover benefit amount) TPD Cover linked or flexi linked to Life Cover and Trauma Cover (TPD Cover and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	<ul style="list-style-type: none"> Waiver of Qualifying Period Benefit (Day 1 TPD) Specific Loss Benefit Life Cover Buy Back Benefit (where TPD Cover is linked or flexi linked to Life Cover) Death Benefit (for stand alone TPD Cover) Indexation Benefit Accommodation Benefit Financial Advice Benefit Future Increase Benefit Premium Freeze Benefit Suspending Cover Benefit
Options available at an extra cost	<ul style="list-style-type: none"> Accelerated Life Cover Buy Back Option (where TPD Cover is linked or flexi linked to Life Cover) Life Cover Purchase Option (for stand alone TPD Cover) Disability Premium Waiver Option Business Guarantee Option

When the TPD Cover benefit amount is payable

If you suffer *total and permanent disablement* as a result of *sickness or injury*, and you satisfy the TPD definition selected at the time of application, we will pay the TPD Cover benefit amount.

Total and Permanent Disability definitions

When you apply for cover, you generally have a choice of TPD definitions, as described below. Not all definitions will be available for everyone as some are dependent on your occupation and hours worked each week.

Any occupation TPD

As a result of *sickness or injury*, you:

- have been absent from, and unable to work for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in any occupation
 - for which you are reasonably suited by education, training or experience, and
 - which is likely to generate average *monthly earnings* of at least 25% of your average *monthly earnings* in the 12 months prior to claim.

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to engage in any occupation
 - for which you are reasonably suited by education, training or experience, and
 - which is likely to generate average *monthly earnings* of at least 25% of your average *monthly earnings* in the 12 months prior to claim.

OR

- satisfy the **Non-working TPD** definition.

Own occupation TPD

As a result of *sickness or injury*, you:

- have been absent from, and unable to work in, your *own occupation* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in your *own occupation*

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th

edition, or an equivalent guide to impairment approved by us, and

- are disabled to such an extent that, as a result, you are unlikely ever again to be able to engage in your *own occupation*.

OR

- satisfy the **Non-working TPD** definition.

Home duties TPD

As a result of *sickness or injury*, you:

- have been unable to perform *home duties* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to perform *home duties*.

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to perform *home duties* or engage in any occupation for which you are reasonably suited by education, training or experience.

OR

- satisfy the **Non-working TPD** definition.

Where you have been working at least 20 hours per week in regular paid employment for six continuous months prior to disability, the definition of total and permanent disability will be based on Any occupation TPD.

Non-working TPD

As a result of *sickness or injury*, you have suffered:

- *Loss of Limbs or Sight*
- *Loss of Independent Existence*, or
- *Cognitive Loss*

as defined in the Trauma definitions, starting on page 70 of this PDS.

TPD Super Solutions

This type of TPD Cover allows you to have flexi linked TPD Cover that allows you to hold Any occupation TPD Cover inside superannuation and Own occupation TPD Cover outside of superannuation.

The potential benefits of structuring your TPD Cover in this way are twofold:

- peace of mind, knowing that in the event of a TPD claim, you will be able to access the benefit outside of superannuation in situations where the nature of your *total and permanent disability* does not meet a condition of release in accordance with the *SIS Act*, and
- a more cost effective solution when compared with purchasing two stand alone TPD Covers.

If you select TPD Super Solutions a superannuation policy will be issued to:

- the Trustee (if you are applying to be covered through ClearView LifeSolutions Super), or
- the trustee of a SMSF

and the Any occupation TPD definition applies.

A second flexi linked non-superannuation policy will be issued outside superannuation, and the Own occupation TPD definition applies under that policy.

You will only be required to complete one application.

The TPD benefit amount under each of the two policies must always be the same. If you reduce the benefit amount on one of the policies or claim a benefit, the reduction in the benefit amount will be applied to both policies and any other linked cover you have. In the event that one of the TPD policies is cancelled, the flexi linked TPD policy will also be cancelled. Similarly, if the benefit amount under one of the policies is increased via the Indexation Benefit or you apply to increase the benefit amount, the increase must apply to both policies.

In the event of a claim, your TPD will first be assessed under the Any occupation TPD definition. If you satisfy the definition, the full benefit amount will be paid to the Trustee or the trustee of your SMSF (depending on who is the policy owner of the superannuation policy) and will be subject to superannuation and related taxation laws current at the time of payment. If the Any occupation TPD definition is not satisfied, the claim will then be assessed under the Own occupation TPD definition. If you satisfy the Own occupation TPD definition, the full benefit amount is paid directly to you as the owner of the Own occupation TPD policy (and hence is not subject to superannuation and related taxation laws).

It is important to note that a claim will only be assessed under the non-superannuation policy if the superannuation policy definition cannot be satisfied. We will assess under which policy a benefit is payable (if any), based on the information available to us at the time the decision is made by us.

When the TPD definition will change to Non-working

On the policy anniversary immediately after you turn age 70, the TPD definition for the cover will automatically convert to the Non-working TPD definition, as defined on page 14.

The maximum TPD benefit amount you can hold at this age is \$3 million across all policies issued by us (including Accidental TPD Cover). If you are covered for more than \$3 million at this age, we will reduce your benefit amount. Your premium will also be reduced accordingly to reflect your lower benefit amount.

The Indexation Benefit will still be offered each policy anniversary even if your benefit amount has been reduced to \$3 million.

Built in benefits at no extra cost

TPD Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs while other benefits are designed to enable you access to a benefit in the event of partial permanent disability.

Waiver of the Qualifying Period Benefit (Day 1 TPD)

If you suffer one of the following medical conditions and meet all other requirements of the TPD definition applied for, we will waive the normal three month qualifying period.

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Blindness*
- *Loss of Speech*
- *Loss of Hearing*
- *Chronic Lung Disease*
- *Severe Rheumatoid Arthritis*

Specific Loss Benefit

If you suffer *Loss of One Limb* or *Partial Blindness*, we will pay a partial benefit of 25% of the TPD Cover benefit amount, subject to a maximum of \$500,000. The TPD Cover benefit amount will be reduced by the amount paid under this benefit.

This benefit is not available if your TPD Cover is held inside superannuation.

Life Cover Buy Back Benefit

If you have linked or flexi linked your TPD Cover to your Life Cover, this benefit will allow you to reinstate your Life Cover benefit amount after the full TPD Cover benefit amount has been paid, without the need to supply further medical evidence. Refer to page 8 for a full description of this benefit.

This benefit is not available if you are exercising the Accelerated Life Cover Buy Back Option as described on page 16.

Death Benefit

If you have stand alone TPD Cover and no TPD Cover benefit has been paid or is payable when you die, we will pay a benefit of \$10,000.

Additional built in benefits

TPD Cover features a number of additional benefits that are applicable across Life, TPD and Trauma Cover. For more information on how these benefits work, please refer to the page numbers listed in the table below.

Built in benefit	PDS page number
Indexation Benefit	25
Accommodation Benefit	25
Financial Advice Benefit	25
Premium Freeze Benefit	25
Suspending Cover Benefit	25
Future Increase Benefit	26

Options available at an extra cost which allow you to tailor your TPD Cover

When you apply for cover, there are a number of options available which allow you to further tailor your TPD Cover to best suit your circumstances. These options are available for an extra premium and when selected will be listed on your policy certificate.

Accelerated Life Cover Buy Back Option

This option is available if you have selected TPD Cover linked or flexi linked to your Life Cover. If you choose this option and we pay the full TPD Cover benefit amount, the Life Cover benefit amount that would have been reduced will be reinstated and we will waive future premiums for the portion of your Life Cover benefit amount that is reinstated under this option up until the policy anniversary immediately after you turn age 65.

This option is not applicable if:

- a claim for *terminal illness* is in the process of being assessed, has been paid or you are eligible to make a claim for *terminal illness*, or
- you do not survive for 14 days after suffering the *sickness or injury* that caused your *total and permanent disability*.

Your reinstated Life Cover benefit amount cannot be increased under the Indexation Benefit, Future Increase Benefit or the Business Guarantee Option (if applicable) after we have paid the TPD benefit.

This option expires at the policy anniversary immediately after you turn age 65.

Life Cover Purchase Option

This option is available for stand alone TPD Cover or TPD Cover with linked or flexi linked Trauma Cover (without Life Cover).

If we pay the full TPD Cover benefit amount, you can purchase Life Cover up to the amount of the TPD benefit amount paid, without the need for medical evidence.

If we pay the TPD Cover benefit amount as a result of:

- *Dementia including Alzheimer's Disease*
- *Blindness*
- *Loss of Hearing*
- *Loss of Limbs or Sight*
- *Paralysis*
- *Multiple Sclerosis, or*
- *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 in relation to which we paid the full TPD Cover benefit amount, or
- the date you satisfied the applicable TPD definition.

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

- the date we received your fully completed claim form in relation to which we paid the full TPD Cover benefit amount, or
- the date you satisfied the applicable TPD definition.

You must take up this offer within 60 days of our letter of offer. You cannot exercise this option if:

- we have paid you a benefit for *terminal illness*, are in the process of assessing a claim for your *terminal illness* or you are eligible to make a claim for *terminal illness*, or
- only a partial TPD payment was made (unless multiple payments have been made which total the full TPD Cover benefit amount).

Any varied terms which applied to the original TPD Cover will also apply to the new Life Cover. The Future Increase Benefit and Business Guarantee Option cannot be exercised under the new Life Cover.

The Indexation Benefit will apply to the new Life Cover.

Additional options available

TPD Cover offers a number of additional options that are applicable across Life, TPD and Trauma Cover. For more information on how these options work, please refer to the page numbers listed in the table below.

Optional extra	PDS page number
Business Guarantee Option	27
Disability Premium Waiver Option	27

When the TPD Cover benefit amount is reduced

Your TPD Cover benefit amount will be reduced by any amount paid:

- under this cover for Specific Loss Benefit
- for *terminal illness*, where your TPD Cover is linked or flexi linked to your Life Cover, and
- for Trauma Cover, where your Trauma Cover is linked or flexi linked to your TPD Cover.

Your TPD Cover will also be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit, where your TPD Cover is linked or flexi linked to your Life Cover.

Your TPD Cover may also be reduced in the circumstances described under the heading, 'When the TPD definition will change to Non-working' on page 15.

When the TPD Cover benefit amount will not be paid

We will not pay any benefit under TPD Cover:

- if your *total and permanent disability* is caused directly or indirectly by an intentional self inflicted act
- for anything we have specifically excluded from this cover and which you agree to as shown on your policy certificate, and
- on or after the policy anniversary immediately after you turn age 70 for *total and permanent disability*, unless you satisfy the Non-working TPD definition.

The Death Benefit included under stand alone TPD Cover will not be paid if your death is caused directly or indirectly by suicide or an intentional self inflicted act within 13 months of the cover start date or the date the cover is last reinstated.

What is Accidental Total and Permanent Disability (TPD) Cover?

Accidental TPD Cover provides a lump sum payment if you are *totally and permanently disabled* because of an *accident*. As Accidental TPD Cover is not subject to medical assessment it may be a valuable alternative if you have health conditions that make TPD Cover expensive or unavailable. Accidental TPD Cover is also a lower cost alternative to TPD Cover and could be used to complement your existing TPD Cover.

Accidental TPD Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • <i>Total and permanent disability</i> as a result of an <i>accident</i>
Minimum entry age	<ul style="list-style-type: none"> • 18
Maximum entry age	<ul style="list-style-type: none"> • 60 (if applying for Own occupation, Any occupation or Home duties TPD definition) • 70 (if applying for Non-working TPD definition)
Expiry age	<ul style="list-style-type: none"> • 99 <p>Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$2 million (if applying for Home duties TPD definition) • \$3 million (if applying for Non-working TPD definition) • \$5 million (if applying for Own or Any occupation TPD definition)
Premium type	<ul style="list-style-type: none"> • Stepped premium
Type of cover	<ul style="list-style-type: none"> • Any occupation TPD • Own occupation TPD • Home duties TPD • Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Accidental TPD Cover • Accidental TPD Cover linked to Accidental Death Cover
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Specific Loss Benefit • Death Benefit (for stand alone Accidental TPD Cover) • Indexation Benefit • Accommodation Benefit • Financial Advice Benefit • Suspending Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> • Disability Premium Waiver Option

The TPD definitions on page 14 apply to Accidental TPD Cover, except that you can only satisfy the relevant TPD definition if your *total and permanent disability* is the result of an *injury* (i.e. the *sickness* element of the TPD definition does not apply).

When the Accidental TPD Cover benefit amount is payable

If you are *totally and permanently disabled* because of an accident and your *total and permanent disablement* occurs within 90 days of the *accident*, and you satisfy the conditions of the TPD definition selected at the time of application, we will pay the Accidental TPD Cover benefit amount.

The benefit amount payable is in addition to any TPD Cover benefit amount payable, where applicable.

Additional built in benefits at no extra cost

The additional built in benefits provided are as described elsewhere in this PDS (refer to the page numbers listed in the table below), subject to additional limitations which apply in respect of *accidental* events as indicated in the table below:

Built in benefit	PDS page number	Limitation to information described in the section for TPD Cover*
Specific Loss Benefit	15	Only applies if you suffer <i>Loss of One Limb or Partial Blindness</i> as a result of an <i>accident</i>
Death Benefit	15	Only applies where you die as a result of an <i>accident</i> and your death occurs within 90 days of the <i>accident</i>
Indexation Benefit	25	No extra limitations apply
Accommodation Benefit	25	No extra limitations apply
Financial Advice Benefit	25	No extra limitations apply
Suspending Cover Benefit	25	No extra limitations apply

*Substitute references to TPD Cover for references to Accidental TPD Cover in the relevant information.

Options available at an extra cost which allow you to tailor your Accidental TPD Cover

The option available is as described elsewhere in this PDS (refer to the page number listed in the table below), subject to additional limitations which apply in respect of *accidental* events as indicated in the table below:

Optional extra	PDS page number	Limitation to information described in the section for TPD Cover*
Disability Premium Waiver Option	27	Only applies where your <i>total disability</i> is the result of an <i>accident</i> and occurs within 90 days of the <i>accident</i> , and <ul style="list-style-type: none"> we are paying you a Total Disability Benefit under Accidental Income Protection, or you are <i>totally disabled</i> for a period of three consecutive months and continue to be <i>totally disabled</i>.

*Substitute references to TPD Cover for references to Accidental TPD Cover in the relevant information.

When the Accidental TPD Cover benefit amount is reduced

Your Accidental TPD Cover benefit amount will be reduced by any amount paid under this policy for Specific Loss Benefit.

Your Accidental TPD Cover may also be reduced in the circumstances described under the heading, 'When the TPD definition will change to Non-working' on page 15.

When the Accidental TPD Cover benefit amount will not be paid

We will not pay any benefit under Accidental TPD Cover if your *total and permanent disability* (or death) is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- participation in criminal activity
- the taking of alcohol or drugs, other than a drug prescribed by a medical practitioner and taken as directed, or
- an act of war (whether declared or not).

We will not pay any benefit under Accidental TPD Cover for anything we have specifically excluded from this cover and which you agree to, as shown on your policy certificate.

We will not pay any benefit for *total and permanent disability* under Accidental TPD Cover on or after the policy anniversary immediately after you turn age 70, unless you satisfy the Non-working TPD definition.

What is Trauma Cover?

Trauma Cover will provide a lump sum payment if you are diagnosed with one of the specified trauma conditions and survive 14 days from the date of diagnosis. You select the amount of cover which is known as the benefit amount.

Trauma Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Diagnosis or occurrence of a specified trauma condition
Minimum entry age	<ul style="list-style-type: none"> • 18
Maximum entry age	<ul style="list-style-type: none"> • 65 (stepped premium) • 60 (level premium)
Expiry age	<ul style="list-style-type: none"> • 80 <p>Note: From the policy anniversary immediately after you turn age 70, cover is only provided for <i>Loss of Independent Existence, Loss of Limbs or Sight, or Cognitive Loss</i>.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$2 million
Premium type	<ul style="list-style-type: none"> • Stepped premium • Level premium (reverts to stepped premium at age 65)
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Trauma Cover • Trauma Cover linked or flexi linked to TPD Cover • Trauma Cover linked or flexi linked to Life Cover • Trauma Cover linked or flexi linked to Life Cover and TPD Cover
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Trauma Cover Reinstatement Benefit • Life Cover Buy Back Benefit (where Trauma Cover is linked or flexi linked to Life Cover) • Death Benefit (for stand alone Trauma Cover) • Blood Borne Diseases Benefit • Indexation Benefit • Accommodation Benefit • Future Increase Benefit • Financial Advice Benefit • Premium Freeze Benefit • Suspending Cover Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Trauma Plus Option • Accelerated Life Cover Buy Back Option (where Trauma Cover is linked or flexi linked to Life Cover) • Life Cover Purchase Option (for stand alone Trauma Cover) • Disability Premium Waiver Option • Business Guarantee Option

When the Trauma Cover benefit amount is payable

If you are diagnosed with a specified trauma condition and you survive 14 days from the date of diagnosis or occurrence of the condition, we will pay a Trauma Cover benefit amount as a lump sum payment.

90 day qualifying period

Some trauma conditions are not covered in the first 90 days immediately following:

- the date we receive your fully completed application form for this cover
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

This means that for the trauma conditions marked with an ^, no benefit will be paid under this cover if the trauma condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within this 90 day qualifying period.

If you are replacing an existing trauma policy

If your Trauma Cover is replacing an existing trauma policy issued by us or another insurer, the 90 day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- 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), and
- no claim is payable or pending under the policy to be replaced.

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

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the Trauma definitions on page 70 for a full description of all conditions covered.

Those conditions marked with an * will only pay a partial benefit amount.

Those conditions marked with an ^ are subject to the 90 day qualifying period.

Heart condition
<i>Heart attack[^]</i>
<i>Out of Hospital Cardiac Arrest[^]</i>
<i>Coronary Artery Bypass Surgery[^]</i>
<i>Coronary Artery Angioplasty*[^]</i>
<i>Coronary Artery Angioplasty – Triple Vessel[^]</i>
<i>Repair or Replacement of a Heart Valve</i>
<i>Surgery of the Aorta</i>
<i>Cardiomyopathy</i>
<i>Open Heart Surgery</i>
<i>Primary Pulmonary Hypertension</i>
Nervous system condition
<i>Stroke[^]</i>
<i>Major Head Trauma</i>
<i>Motor Neurone Disease</i>
<i>Multiple Sclerosis</i>
<i>Muscular Dystrophy</i>
<i>Paralysis</i>
<i>Dementia including Alzheimer's Disease</i>
<i>Coma</i>
<i>Encephalitis</i>
<i>Parkinson's Disease</i>
<i>Bacterial Meningitis and/or Meningococcal Septicaemia</i>
Body condition
<i>Cancer[^]</i>
<i>Cancer of the Vulva or Perineum[^]</i>
<i>Benign Brain Tumour or Spinal Cord Tumour</i>
<i>Blindness</i>
<i>Chronic Kidney Failure</i>
<i>Major Organ or Bone Marrow Transplant</i>
<i>Pneumonectomy</i>
<i>Severe Burns</i>
<i>Loss of Speech</i>
<i>Loss of Hearing</i>
<i>Chronic Liver Disease</i>
<i>Chronic Lung Disease</i>
<i>Severe Rheumatoid Arthritis</i>
Blood condition
<i>Occupationally Acquired HIV</i>
<i>Occupationally Acquired Hepatitis B or C</i>
<i>Medically Acquired HIV</i>
<i>Aplastic Anaemia</i>
<i>Advanced Diabetes</i>

Other condition
Intensive Care
Loss of Limbs or Sight
Loss of One Limb*
Loss of Independent Existence
Cognitive Loss

Additional conditions covered under the Trauma Plus Option

The Trauma Plus Option provides cover for an extra 13 conditions, for an extra premium.

Trauma plus conditions
Breast Cancer with Surgery and Treatment [^]
Carcinoma in situ [^]
<ul style="list-style-type: none"> Breast (excluding Breast Cancer with Surgery and Treatment) Cervix – uteri (excluded are cervical intraepithelial neoplasia (CIN) classifications CIN 1 and CIN 2) Fallopian tube (tubal mucosa only) Ovary Penis Perineum Prostate Testicle Vagina Vulva
Early Stage Prostate Cancer [^]
Early Stage Melanoma [^]
Chronic Lymphocytic Leukaemia [^]
Hydatidiform Mole [^]
Diabetes Complication [^]
Partial Loss of Hearing*
Partial Blindness*
Severe Osteoporosis*
Severe Crohns Disease*
Severe Ulcerative Colitis*
Colostomy/ileostomy*

Partial trauma benefit payment

Some of the trauma conditions covered under Trauma Cover and most of the Trauma Plus Option trauma conditions pay a partial benefit. These conditions are marked with an * in the tables on pages 21 and 22. The benefit amount payable for:

- Coronary Artery Angioplasty is 25% of the Trauma Cover benefit amount subject to a maximum of \$50,000 and a minimum of \$10,000
- Loss of One Limb is 25% of the Trauma Cover benefit amount subject to a maximum of \$100,000 and a minimum of \$10,000, and

- Carcinoma in situ, Early Stage Prostate Cancer, Early Stage Melanoma, Chronic Lymphocytic Leukaemia, Hydatidiform Mole, Diabetes Complication, Partial Loss of Hearing, Partial Blindness, Severe Osteoporosis, Severe Crohns Disease, Severe Ulcerative Colitis and Colostomy/ileostomy is 25% of the Trauma Cover benefit amount, subject to a maximum of \$100,000 and a minimum of \$10,000.

Any partial benefit paid will reduce the Trauma Cover benefit amount.

Where a partial benefit payment will reduce the remaining cover to below \$10,000, we will pay the entire benefit and your Trauma Cover will cease.

You can only claim for each type of trauma condition once, except for Coronary Artery Angioplasty. You may make multiple claims for this trauma condition provided that each of the procedures is at least six months apart.

We will pay for multiple trauma conditions until the full Trauma Cover benefit amount has been paid.

When the Trauma Cover changes

On the policy anniversary immediately after you turn age 70, we will only pay the Trauma Cover Benefit if you suffer Loss of Independent Existence, Loss of Limbs or Sight or Cognitive Loss.

The maximum Trauma Cover you can hold at this age is \$2 million across all policies issued by us. If you hold more than \$2 million in Trauma Cover at this age, we will reduce your benefit amount. Your premium will also be reduced accordingly to reflect your lower benefit amount.

The Indexation Benefit will still be offered each policy anniversary even if your benefit amount has been reduced to \$2 million.

Built in benefits at no extra cost

Your Trauma Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Trauma Cover Reinstatement Benefit

If we pay a full or partial Trauma Cover benefit amount, you can reinstate your Trauma Cover for the amount of the trauma benefit paid, without having to supply further medical evidence.

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

- the date we received your fully completed claim form in relation to which we pay the full or partial Trauma Cover benefit amount, or
- the date you satisfied the definition of the relevant trauma condition.

You must take up this offer within 60 days of our letter of offer.

This benefit is not available if:

- you have already exercised the Trauma Reinstatement Benefit in aggregate for the full original Trauma Cover benefit amount
- a TPD benefit or benefit for *terminal illness* has been paid, is being assessed or you are eligible to claim a TPD benefit or benefit for *terminal illness* under linked or flexi linked cover, or
- a benefit has been paid for *Loss of Independent Existence*.

Any varied terms which applied to the original Trauma Cover will also apply to the reinstated Trauma Cover benefit amount. The Future Increase Benefit and Business Guarantee Option are not available for the reinstated Trauma Cover insured amount.

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

- the same trauma condition for which we paid a claim under the original Trauma Cover
- a condition which is directly or indirectly related to a condition for which a claim has been previously paid under the original Trauma Cover (or treatment of that condition)
- a condition which 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
- any of the trauma conditions listed under Heart condition, *Stroke* or *Chronic Kidney Failure* if a trauma benefit has been paid for any one of these trauma conditions under the original Trauma Cover
- *Paralysis* or *Loss of Sight* if the cause of the condition was the result of a *Stroke* and a trauma benefit has been paid for any one of the trauma conditions listed under Heart Conditions under the original Trauma Cover
- *Cancer, Benign Brain Tumour or Spinal Cord Tumour, Cancer of the Vulva or Perineum, Breast Cancer with Surgery and Treatment, Carcinoma in situ (all sites), Early Stage Melanoma, Early Stage Prostate Cancer, Chronic Lymphocytic Leukaemia or Hydatidiform Mole* if a trauma benefit has been paid for any of these conditions under the original Trauma Cover, or
- *Heart Attack* or *Stroke* if a trauma benefit has been paid for *Dementia including Alzheimer's Disease* under the original Trauma Cover.

Life Cover Buy Back Benefit

If you have Trauma Cover linked or flexi linked to your Life Cover, this benefit will allow you to reinstate your Life Cover benefit amount after the full Trauma Cover benefit amount has been paid, without the need for further medical evidence. Refer to page 8 for a full description of this benefit.

This benefit is not available if you are exercising the Accelerated Life Cover Buy Back Option.

The Trauma Reinstatement Benefit is available in conjunction with this benefit.

Death Benefit

If you have stand alone Trauma Cover and no Trauma Cover benefit has been paid or is payable when you die, we will pay a benefit of \$10,000.

Blood Borne Diseases Benefit

If you satisfy the *Occupationally Acquired Hepatitis B or C* trauma definition, we will pay the full trauma benefit.

Additional built in benefits

Trauma Cover features a number of additional benefits that are applicable across Life, TPD and Trauma Cover. For more information on how these benefits work, please refer to the page numbers listed in the table below.

Built in benefit	PDS page number
Indexation Benefit	25
Accommodation Benefit	25
Financial Advice Benefit	25
Premium Freeze Benefit	25
Suspending Cover Benefit	25
Future Increase Benefit	26

Options available at an extra cost which allow you to tailor your Trauma Cover

When you set up your policy, there are a number of options available which allow you to further tailor your Trauma Cover to best suit your circumstances. These options are available for an extra premium and when selected will be listed on your policy certificate.

Trauma Plus Option

This option provides a trauma benefit for an additional 13 trauma conditions. Please refer to page 22 for a list of the additional conditions covered.

Accelerated Life Cover Buy Back Option

This option is available if you have selected Trauma Cover linked or flexi linked to your Life Cover.

If you choose this option and we pay the full Trauma Cover benefit amount, the Life Cover benefit amount that would have been reduced, will be reinstated and we will waive future premiums for the portion of the Life Cover that is reinstated under this option until the policy anniversary immediately after you turn age 65.

You cannot exercise this option if:

- we have paid you a benefit for *terminal illness*, are in the process of assessing a claim for your *terminal illness* or you are eligible to make a claim for *terminal illness*
- you do not survive for 14 days after diagnosis (or occurrence) of the trauma condition, or

- only a partial trauma benefit was paid (unless multiple payments have been made which total the full Trauma Cover benefit amount).

Your reinstated Life Cover benefit amount cannot be increased under the Indexation Benefit, Future Increase Benefit or the Business Guarantee Option (if applicable) after we have paid a trauma benefit.

This option expires at the policy anniversary immediately after you turn age 65.

Life Cover Purchase Option

This option is available if you have selected stand alone Trauma Cover or Trauma Cover linked or flexi linked with TPD Cover (without Life Cover).

If we pay the full Trauma Cover benefit amount, you can purchase Life Cover up to the amount of the trauma benefit paid, without the need for medical evidence.

If we paid the Trauma Cover benefit amount as a result of:

- *Dementia including Alzheimer's disease*
- *Blindness*
- *Loss of Hearing*
- *Loss of Limbs or Sight*
- *Paralysis*
- *Multiple Sclerosis, or*
- *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 in relation to which we pay the full Trauma Cover benefit amount, or
- the date you satisfied the applicable trauma condition definition.

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 in relation to which we pay the full Trauma Cover benefit amount, or
- the date you satisfied the applicable trauma condition definition.

You must take up this offer within 60 days of our letter of offer.

You can not exercise this option if:

- we have paid you a benefit for *terminal illness*, are in the process of assessing a claim for your *terminal illness* or you are eligible to make a claim for *terminal illness*, or
- only a partial payment was made (unless multiple payments total the full Trauma Cover benefit amount).

Any varied terms which applied to the original Trauma Cover will also apply to the new Life Cover. Your new Life Cover benefit amount cannot be increased under the Future Increase Benefit or the Business Guarantee Option.

The Indexation Benefit will apply to the new Life Cover. You may also exercise the Trauma Cover Reinstatement Benefit.

Additional options available at an extra cost

Trauma Cover offers a number of additional options that are applicable across Life, TPD and Trauma Cover. For more information on how these options work, please refer to the page numbers listed in the table below.

Optional extra	PDS page number
Business Guarantee Option	27
Disability Premium Waiver Option	27

When the Trauma Cover benefit amount is reduced

Your Trauma Cover benefit amount will be reduced by any amount paid:

- under this cover for any partial trauma benefit
- for *terminal illness*, where Trauma Cover is linked or flexi linked to your Life Cover, and
- for TPD Cover, where Trauma Cover is linked or flexi linked to your TPD Cover.

Your Trauma Cover benefit amount will be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit, where your Trauma Cover is linked or flexi linked to your Life Cover.

When the Trauma Cover benefit amount will not be paid

We will not pay any benefit under Trauma Cover:

- if the trauma condition giving rise to a claim is caused directly or indirectly by an intentional self inflicted act
- for anything excluded because of the 90 day qualifying period as explained on page 21
- for anything we have specifically excluded from this cover, and which you agree to, as shown in your policy certificate, or
- on and from the policy anniversary immediately after you turn age 70, for any trauma condition except *Loss of Independent Existence, Loss of Limbs or Sight, or Cognitive Loss*.

Your Trauma Cover will also be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit, where your Trauma Cover is linked or flexi linked to your Life Cover.

The Death Benefit included under stand alone Trauma Cover will not be paid if your death is caused directly or indirectly by suicide or an intentional self inflicted act within 13 months of the cover start date or the date the cover was last reinstated.

Built in benefits available at no extra cost for Life, TPD and Trauma Cover

In addition to the built in benefits set out in the individual cover sections, there are a number of built in benefits available across Life Cover, TPD Cover and Trauma Cover, as described in this section.

Indexation Benefit

To ensure your benefits maintain real value and keep pace with the cost of living we will automatically increase your benefit amount each year in line with the consumer price index (*CPI*), subject to a minimum increase of 5% p.a.. This means that if *CPI* over a year is calculated at 3%, we will increase your cover by 5% and if *CPI* is 7%, we will increase your cover by 7%. The Indexation Benefit is offered on each policy anniversary.

You can choose not to accept the Indexation Benefit increase by contacting us 30 days prior to the policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years.

Please note that we will not increase your benefit amount under this benefit where premiums are being waived under the following options:

- Disability Premium Waiver Option, or
- Accelerated Life Buy Back Option.

The Indexation Benefit will not apply if the following benefits are being exercised:

- Premium Freeze Benefit, or
- Suspending Cover Benefit.

Accommodation Benefit

If you are confined to bed under advice from a *medical practitioner* for a condition for which a *terminal illness*, TPD or Trauma Cover full benefit amount is payable (as applicable) and:

- an *immediate family member* is required to travel more than 100 kilometres from their home to be with you, or
- you are more than 100 kilometres from home and require an *immediate family member* to be with you,

we will reimburse you up to \$250 per day for a maximum period of 30 days to help cover the accommodation costs of the *immediate family member* to be with you.

This benefit must be claimed within 60 days of the *terminal illness*, TPD or trauma benefit being paid.

This benefit is payable only once for any 12-month period in respect of each person insured.

This benefit is not available if cover is held inside superannuation.

Financial Advice Benefit

We will reimburse the cost of engaging a qualified financial adviser to prepare a financial plan, following the payment of the full benefit amount under Life Cover, TPD Cover or Trauma Cover.

The total amount payable under this benefit is the lesser of the actual fee charged by the financial adviser and \$3,000.

The financial plan must be provided within 12 months of receiving the full benefit amount. This benefit will only be paid once for each person insured, regardless of how many life insurance policies they have with us.

This benefit is not available if cover is held inside superannuation.

Premium Freeze Benefit

If you have selected a stepped premium under Life Cover, TPD Cover or Trauma Cover, you are able to freeze the amount of your premium (excluding the policy fee) for the cover so that the premium does not increase in future years in line with your age. The benefit amount will 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 cover start date or within 30 days prior to any policy anniversary. You can unfreeze your premiums by applying in writing to us, at least 30 days prior to the policy anniversary.

Upon unfreezing your premium, your benefit amount will be the most recent benefit amount immediately prior to you cancelling the premium freeze.

Suspending Cover Benefit

Rather than cancel your valuable cover if, for example, you are experiencing financial hardship, unemployment or taking extended leave from work, you may suspend your insurance cover.

If your cover has been in place for a continuous period of at least 12 consecutive months, you can apply to suspend premiums and cover under the policy for a maximum period of 12 months over the life of the policy.

You will be unable to claim while your cover is suspended or in respect of any event, *sickness* or *injury* that occurs during the suspension period.

You must notify us in writing within 30 days of the premium due date if you wish to exercise this benefit.

To reinstate your cover you must notify us in writing and pay the next premium due.

You will not have to pay the premiums for the period your cover is suspended but premiums will recommence once you notify us your cover is to be reinstated. If you do not apply to have the cover reinstated before the maximum period of 12 months over the life of the cover expires, your cover will be cancelled.

Future Increase Benefit

We understand that certain life events, whether they are personal or business may mean you need to increase your level of cover. The Future Increase Benefit allows you to increase your benefit amount under Life Cover, TPD Cover and/or Trauma Cover after certain specific events, without having to provide further medical evidence. The events and maximum increase amounts are summarised in the table below:

Personal event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of
<ul style="list-style-type: none"> Marriage Birth or adoption of a child Your dependent child starts secondary school Completion of an undergraduate degree at a government recognised Australian university Divorce Death of a spouse Becoming a carer for the first time which includes being financially responsible for provision of such care and/or physically providing the care 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date, and \$200,000.
<ul style="list-style-type: none"> Taking out or increasing a mortgage on your principal place of residence with an <i>accredited mortgage provider</i>. This excludes re-draw and refinancing 	<ul style="list-style-type: none"> 50% of the Life Cover benefit amount at the cover start date and if applicable, 25% of the TPD Cover or Trauma Cover benefit amount at the cover start date, the amount of the mortgage, or increase to the mortgage, and \$200,000.
<ul style="list-style-type: none"> A promotion or salary package increase of 15% or more 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date ten times the amount of the salary package increase, and \$200,000.
Business event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of
<ul style="list-style-type: none"> If you are a partner, shareholder or similar principal in a business and the purpose of this policy supports a buy/sell, share purchase or business succession agreement and your value in the business increases 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date the increase in the value of your financial interest in the business, and \$200,000.

<ul style="list-style-type: none"> If you are responsible for a business loan and there is an increase in the loan liability for the business 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date the increase in the value of the business loan, and \$200,000.
<ul style="list-style-type: none"> If you are a key person in a business and your value to the business increases 	<ul style="list-style-type: none"> five times the average of the last three consecutive annual increases in your gross remuneration package 25% of the benefit amount at the cover start date, and \$200,000.
Policy event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of
Every third policy anniversary (if you have not increased the Life/TPD/Trauma benefit amount under the Future Increase Benefit in the previous three years)	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date, and \$200,000.

To apply for an increase under this benefit, you need to complete a 'Future Increase Benefit Application Form' and return it to us with any other information we may require.

Your application needs to be made:

- within 60 days of the occurrence of the personal, business or policy event, or
- within 60 days of the policy anniversary following the personal, business or policy event.

You can apply for an increase for one personal, business or policy event only in any 12 month period across all policies you have with us.

Any increase in the benefit amount is subject to the following limits.

Increase limits	Life/TPD/Trauma Cover
Minimum for each increase	\$10,000
For the life of the cover the lesser of the benefit amount at cover start date and this maximum across all policies you have with us (subject to the maximum benefit amount applicable for each cover)	\$2 million

Within the first six months of an increase to a benefit amount, the increased benefit amount is only payable for death, *total and permanent disability* or a trauma condition (as applicable) which results from an *accident*.

This benefit is not available:

- from the policy anniversary immediately after you turn age 60
- if you have exercised the Business Guarantee Option for the same event
- if you have made, or are eligible to make, a claim under any policy issued by us, or
- if your cover is issued with a medical premium loading greater than 100%, as shown on your policy certificate.

Options available at an extra cost which allow you to tailor your Life, TPD and Trauma Cover

In addition to the options set out in the individual cover sections, there are a number of options available across Life Cover, TPD Cover and Trauma Cover, as described in this section.

Business Guarantee Option

This option gives you the flexibility to increase your benefit amount under Life Cover, TPD Cover and/or Trauma Cover after certain business events, without having to supply further medical evidence. This helps to ensure that your cover keeps pace with the value of your business. It may be used for any of the following business insurance purposes which must be nominated by you and approved by us at the time of application for cover:

- buy/sell share purchase or business succession
- loan guarantee or debt protection
- key person insurance, or
- any other 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.

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 and maximum total increase available is outlined in the table below.

Type of cover	Maximum individual increase [#]	Maximum total cover available under this option
Life Cover	<ul style="list-style-type: none"> • the increase in value of the business insurance purpose. 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$15 million*.
TPD Cover	<ul style="list-style-type: none"> • the increase in value of the business insurance purpose. 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$5 million*.
Trauma Cover	<ul style="list-style-type: none"> • the increase in value of the business insurance purpose. 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$2 million*.

[#] Any individual increase subject to the maximum total cover available under the option.

*These amounts are the total to which your benefit amount may be increased and include all cover on your life, including cover held inside superannuation and with other life insurance companies.

If more than three years pass since the commencement of this option and you have not increased your cover under this option, the maximum individual increase available for all cover types is the lesser of:

- the increase in value of the business insurance purpose
- three times the benefit amount at the cover start date
- \$2 million, and

subject to the maximum benefit amount applicable for each cover.

The benefit amount as a percentage of your 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 business insurance purpose as originally applied for, and any other evidence (other than medical evidence) that we may require, and
- you must be actively at work in your usual occupation at the time of applying for the increase.

An application for an increase must be made within 60 days of the business event which may include the date of any re-evaluation or the date of an increase to a business loan.

You cannot exercise this option if:

- we have paid you a claim or are in the process of assessing a claim for you or you are eligible to make a claim under any policy issued by us
- premiums are being waived under the Disability Premium Waiver Option, or
- you have already exercised the Future Increase Benefit for the same business event(s).

This option expires at the policy anniversary immediately after you turn age 60.

Disability Premium Waiver Option

If you have selected this option, and are *totally disabled* we will waive premiums in relation to your Life, TPD and Trauma Cover (as applicable) up until the policy anniversary immediately after you turn age 65:

- while we are paying you a Total Disability Benefit under Income Protection, Income Protection Plus or Business Expense Cover, or
- if you are *totally disabled* for a period of three consecutive months and continue to be *totally disabled*.

If your policy includes Child Cover, we will waive any premiums that become payable for the Child Cover while we are waiving premiums under this option.

To apply for this option you must be aged between 18 and 60.

The Indexation Benefit will not apply to covers for which the premiums are being waived.

You cannot exercise this option:

- if there are any premiums owing on your policy. All outstanding premiums must be paid before we will waive future premiums while you are *totally disabled*
- for Life Cover provided under a Life Cover Buy Back Benefit, or the Life Cover Purchase Option, or Trauma Cover reinstated under the Trauma Cover Reinstatement Benefit, or
- if your *total disability* is caused directly or indirectly by any intentional self-inflicted act, or war or act of war (whether declared or not).

This option expires at the policy anniversary immediately after you turn age 65.

What is Child Cover?

Child Cover will provide a lump sum payment in the event of the death or *terminal illness* of the child insured or where they are diagnosed with a specified trauma condition. You can insure more than one child on your policy but each child insured must have the same benefit amount.

Child Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Diagnosis of a specified trauma condition • <i>Terminal illness</i> • Death
Minimum entry age	<ul style="list-style-type: none"> • 2
Maximum entry age	<ul style="list-style-type: none"> • 18
Expiry age	<ul style="list-style-type: none"> • 21
Minimum benefit amount	<ul style="list-style-type: none"> • \$10,000
Maximum benefit amount	<ul style="list-style-type: none"> • \$200,000
Premium type	<ul style="list-style-type: none"> • Stepped premium (but currently the same premium rate across all ages)
Product structure combinations	<ul style="list-style-type: none"> • Child Cover can be applied for in conjunction with Life, Accidental Death, TPD, Accidental TPD or Trauma Cover for an adult.
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Funeral Advancement Benefit • Grief Support Benefit • Continuation of Cover Benefit • Conversion of Child Cover Benefit • Indexation Benefit • Accommodation Benefit • Suspending Cover Benefit

When the Child Cover benefit amount is payable

We will pay the Child Cover benefit amount as a lump sum payment if the child insured:

- is diagnosed with a specified trauma condition and survives 14 days from the date of diagnosis or occurrence of the condition
- is *terminally ill*, or
- dies.

When the Child Cover benefit amount is reduced

Your Child Cover benefit amount will be reduced by any amount paid in respect of the child insured for:

- a partial trauma benefit
- *terminal illness*, or
- Funeral Advancement Benefit.

90 day qualifying period

Some trauma conditions are not covered in the first 90 days immediately following:

- the date we receive your fully completed application form for this cover

- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date cover is last reinstated.

This means that for the trauma conditions listed below, no benefit will be paid under this cover if the trauma condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within this 90 day qualifying period.

- *Coronary Artery By-Pass Surgery*
- *Coronary Artery Angioplasty*
- *Coronary Artery Angioplasty – Triple Vessel*
- *Heart Attack*
- *Out of Hospital Cardiac Arrest*
- *Stroke*
- *Cancer*

If you are replacing an existing child cover policy

If your Child Cover is replacing an existing child cover policy issued by us or another insurer, the 90 day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover

- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- 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), and
- no claim is payable or pending under the policy to be replaced.

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

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the Trauma definitions on page 70 for a full description of all conditions covered.

Those conditions marked with an * will only pay a partial benefit amount.

Those conditions marked with an ^ are subject to a 90 day qualifying period as explained above.

Heart condition
<i>Heart attack[^]</i>
<i>Out of Hospital Cardiac Arrest[^]</i>
<i>Coronary Artery By-pass Surgery[^]</i>
<i>Coronary Artery Angioplasty^{^*}</i>
<i>Coronary Artery Angioplasty – Triple Vessel[^]</i>
<i>Repair or Replacement of a Heart Valve</i>
<i>Surgery of the Aorta</i>
<i>Cardiomyopathy</i>
<i>Open Heart Surgery</i>
<i>Primary Pulmonary Hypertension</i>
Nervous system condition
<i>Stroke[^]</i>
<i>Major Head Trauma</i>
<i>Multiple Sclerosis</i>
<i>Muscular Dystrophy</i>
<i>Paralysis</i>
<i>Coma</i>
<i>Encephalitis</i>
<i>Bacterial Meningitis and/or Meningococcal Septicaemia</i>

Body organ condition
<i>Cancer[^]</i>
<i>Benign Brain Tumour or Spinal Cord Tumour</i>
<i>Blindness</i>
<i>Chronic Kidney Failure</i>
<i>Major Organ or Bone Marrow Transplant</i>
<i>Pneumonectomy</i>
<i>Severe Burns</i>
<i>Loss of Speech</i>
<i>Loss of Hearing</i>
<i>Chronic Liver Disease</i>
<i>Chronic Lung Disease</i>
<i>Severe Rheumatoid Arthritis</i>
Blood condition
<i>Medically Acquired HIV</i>
<i>Aplastic Anaemia</i>
<i>Advanced Diabetes</i>
Other condition
<i>Intensive Care</i>
<i>Loss of Limbs or Sight</i>
<i>Loss of One Limb[*]</i>
<i>Loss of Independent Existence</i>
<i>Cognitive Loss</i>

Partial trauma benefit payment

Some of the trauma conditions covered under Child Cover pay a partial benefit. These conditions are marked with an * in the tables on this page. The benefit amount payable for:

- *Coronary Artery Angioplasty*, and
- *Loss of One Limb*

is 25% of the Child Cover benefit amount subject to a maximum of \$50,000 and a minimum of \$10,000.

Any partial benefit paid will reduce the Child Cover benefit amount.

Where a partial benefit payment will reduce the remaining cover to below \$10,000, we will pay the entire benefit and your Child Cover will cease with respect to that child insured.

You can only claim for each type of trauma condition once, except for *Coronary Artery Angioplasty*. You may make multiple claims for this trauma condition provided that each of the procedures is at least six months apart.

We will pay for multiple trauma conditions until the full Child Cover benefit amount has been paid.

Built in benefits at no extra cost

Child Cover provides a number of built in benefits. Some of these benefits are designed to support your family during a difficult time while others give your child the opportunity to continue with their valuable cover as an adult, without the need to reapply.

Accommodation Benefit

If your child is confined to bed under advice from a *medical practitioner* for a condition for which a *terminal illness* or trauma benefit is payable under this cover and:

- an *immediate family member* is required to travel more than 100 kilometres from their home to be with your child, or
- your child is more than 100 kilometres from home and requires an *immediate family member* to be with them,

we will reimburse you up to \$250 per day for a maximum period of 30 days to help cover the accommodation costs of the *immediate family member* to be with your child.

This benefit is payable once in any 12-month period.

Funeral Advancement Benefit

To help with the cost of the funeral or other immediate expenses that your family may incur, we will advance the lesser of \$25,000 and the Child Cover benefit amount, upon satisfactory evidence to us, of the death of the child insured.

The Child Cover benefit amount will be reduced by the amount paid under this benefit.

Grief Support Benefit

This benefit is available to help you or the child insured's *immediate family members* start to come to terms with a reaction to grief which arises from the death or serious illness of a child.

If we pay the full Child Cover benefit amount, we will reimburse the cost up to four hours of grief counselling sessions for you or an *immediate family member*, with a counsellor acceptable to us.

The maximum total amount we will reimburse under this benefit for each child insured is \$1,000.

The Grief Support Benefit must be exercised within 12 months of payment of the full Child Cover benefit amount.

Continuation of Cover Benefit

If you (the person insured or policy owner) die or your policy ends because you have made a claim under your policy, the child's parent or guardian may arrange to continue the Child Cover on the child insured under a new policy without the need to provide further medical evidence.

Conversion of Child Cover Benefit

On the policy anniversary immediately after the child insured turns age 21, we will give the child the option of converting the existing Child Cover to Life Cover, with the option to link TPD and/or Trauma Cover, without having to reapply or supply further medical evidence. The benefit amount will be the same that applied at the time the Child Cover expired.

This option must be exercised 60 days before the expiry of the Child Cover.

Additional built in benefits

Child Cover features a number of additional built in benefits that are applicable across Life, TPD and Trauma Cover. For more information on how these benefits work, please refer to the page numbers listed in the table below.

Built in benefit	PDS page number
Indexation Benefit	25
Suspending Cover Benefit	25

When the Child Cover benefit will not be paid

We will not pay any benefit under Child Cover if the trauma condition giving rise to a claim:

- is caused directly or indirectly by an intentional self inflicted act
- is the result of a malicious act of the policy owner or the child insured's parent or guardian, or
- is excluded because of the 90 day qualifying period as explained on page 29.

We will not pay any benefit under Child Cover when the child insured commits suicide within 13 months of:

- the cover start date
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
- the date cover is last reinstated.

We will not pay any benefit under Child Cover for anything we have specifically excluded from this cover, and which you agree to, as shown on your policy certificate.

What is Income Protection Cover?

Income protection provides an ongoing *monthly benefit amount* if you are *disabled* as a result of *sickness or injury*.

We offer two types of income protection covering *sickness* and *injury*; Income Protection Cover and Income Protection Plus Cover. The use of the words income protection in this PDS is generic and used to describe both cover types. Where there are features that are unique to a cover type, we have used the full name.

Income Protection Plus Cover is only available for occupations we classify at the time of application as white collar professional. Please speak to your financial adviser or call us on **132 979** for more information on occupational categories.

Income Protection Plus Cover provides additional features to those offered under Income Protection Cover and offers more flexibility during the waiting period and fewer benefit reductions. Please refer to page 34 and 40 for more information.

Income Protection Cover and Income Protection Plus Cover are available via ClearView LifeSolutions Super.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total disability Partial disability
Minimum entry age and eligibility requirements	<ul style="list-style-type: none"> 18 and gainfully employed for at least 20 hours per week
Maximum entry age and eligibility requirements	<ul style="list-style-type: none"> 60 and gainfully employed for at least 20 hours per week
Expiry ages available	<ul style="list-style-type: none"> 60, 65 or 70 (age 70 expiry is only available with age 70 benefit period)
Minimum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$1,500 (excluding superannuation contribution monthly benefit)
Maximum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$40,000 (including any superannuation contribution monthly benefit) with the <i>monthly benefit amount</i> in excess of \$30,000 limited to a 2 year <i>benefit period</i> Calculated as follows: <ul style="list-style-type: none"> 75% of the first \$320,000 of regular annual income 50% of the next \$240,000, and 20% of the balance.
Premium type	<ul style="list-style-type: none"> Stepped premium Level premium (reverts to stepped at age 65)
Cover combinations	<ul style="list-style-type: none"> Income Protection Cover Income Protection Plus Cover
Waiting period	<ul style="list-style-type: none"> 14, 30, 60, 90 or 180 days 1 or 2 years
Benefit period	<ul style="list-style-type: none"> 2 or 5 years Age 60, 65 or 70
Benefit type	<ul style="list-style-type: none"> Indemnity Agreed value* Guaranteed agreed value*
Built in benefits at no extra cost	<ul style="list-style-type: none"> Flexibility to Reduce Two Year Waiting Period Benefit Waiver of Waiting Period for Specific Medical Conditions Benefit Indexation Benefit Relapse Benefit Accommodation Benefit* Medical Professionals Benefit* Rehabilitation Benefit* Waiver of Premium While on Claim Benefit Waiver of Premium if on Maternity Leave Benefit Future Increase Benefit Suspending Cover Benefit Extended Cover Benefit Death Benefit
Options available at an extra cost	<ul style="list-style-type: none"> Extras Package Option* Increasing Claim Option Accident Option Superannuation Contribution Option
Options available at no extra cost	<ul style="list-style-type: none"> TPD Lump Sum Option (to age 65 or age 70) <p>Note: This option does not cost any extra in premium but will effect the tax deductibility of your premium.</p>

* If income protection is held inside superannuation, then the following benefits and options are not available:

- Extras Package Option (this can be purchased outside of superannuation and flexi linked to the income protection held inside superannuation)
- Agreed value or Guaranteed agreed value benefit type
- Rehabilitation Benefit
- Accommodation Benefit, and
- Medical Professionals Benefit

When the income protection monthly benefit amount is payable

In broad terms, if you are *disabled* for longer than the waiting period, we will pay you an ongoing *monthly benefit amount* for as long as you are *disabled* or until the expiry of your benefit period, whichever comes first. There are various options offered to you through Income Protection Cover or Income Protection Plus Cover and it is important you understand their specific terms which are explained below.

Benefit payment type

There are a number of alternative income protection benefit combinations available. These alternatives will determine how much you will receive, when you receive the *monthly benefit amount* and how long you will be paid. All of which will affect the premium you pay.

Indemnity benefit type

If you select an indemnity benefit type, the *monthly benefit amount* payable is the lesser of:

- 75% of your *pre-disability earnings* less *offsets*, and
- the *monthly benefit amount* you have been insured for, as shown on your policy certificate (including any increases or decreases that have been made under the terms of the cover).

Agreed value benefit type

If you have an agreed value benefit type, the *monthly benefit amount* is the amount you have been insured for, as shown on your policy certificate (including any increases or decreases that have been made under the terms of the cover), regardless of any reduction in your income that may have occurred since the cover start date.

If financial evidence of your income supporting the *monthly benefit amount* was not provided at the time of application, then it may be required at the time of claim. If you cannot satisfy this requirement, the *monthly benefit amount* will be the lesser of:

- the *monthly benefit amount* you have been insured for, as shown on your policy certificate (including any increases or decreases that have been made under the terms of the cover), and
- 75% of your *pre-disability earnings* less *offsets* over the 12 months immediately prior to your *disability*.

Guaranteed agreed value benefit type

If you have a guaranteed agreed value benefit type, the *monthly benefit amount* is the amount you have been insured for, as shown on your policy certificate (including any increases or decreases that have been made under the terms of the cover). We will not ask you to justify this *monthly benefit amount* at the time of claim if at the time of application for cover:

- you provided us with evidence of your income which supported the *monthly benefit amount* applied for, or
- you were a 'Newly Qualified Professional' as agreed by us and we agreed to waive the requirement to provide financial evidence.

If you make a claim for a Partial Disability Benefit, financial evidence of your income at the time of claim may be required to determine the *monthly benefit amount* payable.

Please speak with your financial adviser or call us on **132 979** for more information on the 'Newly Qualified Professional' feature.

Waiting period

Most benefits under income protection are subject to a waiting period. This is the amount of time you must be *disabled* before we will start paying you the *monthly benefit amount*.

The longer the waiting period, the lower the premium.

We offer the following waiting periods:

- 14, 30, 60, 90 or 180 days
- 1 or 2 years

Note: Not all waiting periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness* or *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *sickness* or *injury* (as long as you consult a *medical practitioner* within seven days and provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

This depends on which type of income protection you have chosen. To be eligible for a Total Disability Benefit or Partial Disability Benefit at the end of the waiting period, you must have been:

Income Protection Cover

Totally disabled for at least 14 days out of the first 19 consecutive days of the waiting period.

Income Protection Plus Cover

Totally disabled or partially disabled throughout the waiting period.

For the remainder of the waiting period, you must be *totally disabled* or *partially disabled*, subject to the return to work rules as outlined below.

Can I return to work during the waiting period?

If you have a 14 or 30 day waiting period, you can return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again. If your waiting period is more than 30 days, you can return to work at full capacity for up to ten consecutive days. The days you work will be added to the end of the waiting period.

Benefit period

This is the amount of time we will pay you the *monthly benefit amount* for while you are *disabled*. The shorter the benefit period, the lower the premium. We offer the following benefit periods:

- 2 or 5 years
- to age 60, 65 or 70

Note: Not all benefit periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Total Disability Benefit

If you are *totally disabled*, we will pay your *monthly benefit amount*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled* or to the end of the benefit period or expiry of the policy, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled*.

Partial Disability Benefit

If you are partially disabled, we will pay you a proportion of your *monthly benefit amount*. Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *partially disabled*, to the

end of the benefit period or expiry of the policy, whichever occurs first. The Partial Disability Benefit amount we will pay is calculated as follows:

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

Where:

- A = your *pre-disability earnings*, and
- B = your *monthly earnings* for the month in which you are *partially disabled* and claiming a Partial Disability Benefit.

We pay Partial Disability Benefit monthly in arrears. If you are *partially disabled* for part of the month, we will pay 1/30th of the monthly Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be totally disabled or partially disabled?

You will be considered *totally disabled* if in our opinion, you satisfy any one of the following definitions at the time of claim.

Definition of total disability

Duties based

Solely because of *sickness* or *injury*, you are:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*, and
- not working.

Hours based

Solely because of *sickness* or *injury*, you are:

- not working for more than ten hours per week* in your *regular occupation* and not working in any other *gainful employment*
- unable to perform the *important income producing duties* of your *regular occupation* for more than ten hours per week*, and
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

Income based

Solely because of *sickness* or *injury*, you are:

- working in your *regular occupation* or any other *gainful employment* but unable to generate more than 20% of your *pre-disability earnings*, and
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

* If you were working less than 20 hours per week in your *regular occupation* in the 12 consecutive months immediately prior to cover start date and immediately prior to a *disability* we will replace ten hours with five hours for the purpose of determining if you are *totally disabled*.

Definition of partial disability

You will be considered *partially disabled* if in our opinion, you satisfy the following definition.

Partial disability

Solely because of *sickness* or *injury*, you are unable to work in your *regular occupation* or any other *gainful employment* at full capacity and:

- you are working in your *regular occupation* in a reduced capacity, or any another *gainful employment*
- you are not *totally disabled*
- your *monthly earnings* are less than your *pre-disability earnings*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

Unemployment, maternity, paternity or sabbatical leave

Your cover under income protection will continue if you are unemployed or on maternity, paternity or sabbatical leave. If you have been on leave for more than 12 months immediately prior to a *disability*, we will consider your *regular occupation* (for the purpose of the definition of *total disability* or *partial disability*) to be any occupation for which you are reasonably suited by way of education training or experience.

Built in benefits at no extra cost

Income Protection Cover and Income Protection Plus Cover provide a number of built in benefits.

Flexibility to Reduce Two Year Waiting Period Benefit

If you have selected a two year waiting period with a benefit period to age 60, 65 or 70 to complement an existing group superannuation income protection policy which provides you with a two year benefit period, we will allow you to reduce your waiting period without the need to supply further medical evidence in the event that your group income protection cover ceases (provided you are not on claim at the time or eligible to make a claim). You can apply to reduce your waiting period from 2 years to 90 or 180 days or 1 year.

To reduce your waiting period under this benefit, you must apply in writing within 30 days of your group income protection cover ceasing and provide evidence that the group cover is no longer in place. The reduced waiting period and new increased premium will take effect from your next premium due date after we accept your change of the waiting period.

Waiver of Waiting Period for Specific Medical Conditions Benefit

If you suffer from one of the specific medical conditions listed opposite, which results in you being:

- *totally disabled*, and
- unlikely to ever engage in your full time occupation you were engaged in prior to *disability*,

we will waive your waiting period.

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Blindness*
- *Loss of Speech*
- *Loss of Hearing*
- *Chronic Lung Disease*
- *Severe Rheumatoid Arthritis*

Each of these conditions has a specific meaning. Please refer to the Trauma definitions on page 70 for a full description of all conditions covered.

Indexation Benefit

To ensure your cover maintains its real value and keeps pace with the cost of living we will automatically increase your insured *monthly benefit amount* each year in line with the consumer price index (*CPI*), subject to a minimum increase of 5% p.a. This means that if *CPI* is calculated at 3%, we will increase your cover by 5% and if *CPI* is 7%, we will increase your cover by 7%. Indexation increases are offered on each policy anniversary.

You can choose not to accept the *CPI* increase by contacting us 30 days prior to the policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years. Please note that we will not increase your *monthly benefit amount* under this benefit where we are paying a benefit.

Relapse Benefit

Benefit period to age 60, 65 or 70

If you have returned to work on a full time basis after receiving a Total or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness* or *injury* within 12 months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If your relapse occurs more than 12 months after the date you were last paid a Total or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Benefit period of 1, 2 or 5 years

If you have returned to work on a full time basis after receiving a Total or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness* or *injury* within six months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If your relapse occurs more than six months after the date you were last paid a Total or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Accommodation Benefit

If you are *totally disabled* and under advice from a *medical practitioner* are confined to bed and:

- an *immediate family member* is required to travel more than 100 kilometres from their home to be with you, or
- you are more than 100 kilometres from your home and require an *immediate family member* to be with you,

we will reimburse you up to \$250 per day for a maximum period of 30 days to help cover the accommodation costs of the *immediate family member* to be with you.

This benefit is payable during the waiting period and in addition to any other benefit that becomes payable for *total disability*.

This benefit is payable once in any 12 month period for each person insured.

This benefit is not available if cover is held inside superannuation.

Medical Professionals Benefit

If we classify you as a *medical professional* (at the time of application and claim), this benefit provides a lump sum payment if:

- you cease to perform or assist in *exposure-prone medical procedures* as a result of you contracting *Occupationally Acquired HIV or Occupationally Acquired Hepatitis B or C*, and
- you cease this part of your practice in compliance with your demonstrable professional obligations to the public and the demonstrable policies of the body that authorises you to practise your profession.

We will pay you a lump sum benefit amount once, which is the lesser of:

- 50 times the total of your *monthly benefit amount*, and
- \$1,000,000.

Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

This benefit is not available if cover is held inside superannuation.

Rehabilitation Benefit

If you are receiving a Total or Partial Disability Benefit and participate in a rehabilitation program approved by us and/or incur costs for equipment that we agree are needed for your rehabilitation we will pay the Rehabilitation Benefit.

The maximum amount payable under this benefit is 12 times your *monthly benefit amount*.

This benefit is payable in addition to any other benefit payable under your income protection cover and is payable monthly in arrears.

This benefit is not available if cover is held inside superannuation.

Waiver of Premium While on Claim Benefit

You don't have to pay premiums for your income protection while we are paying you a *disability* benefit under this cover.

Once we have accepted your income protection claim, we will refund any premiums that you paid during the waiting period. If you have paid an annual premium, we will provide a pro-rata refund.

Waiver of Premium While on Maternity Leave Benefit

If you have had your income protection in place for at least six consecutive months prior to going on maternity leave, and you tell us within 30 days of starting your leave, we will waive your premium for up to three months, while you are on maternity leave.

If you have paid an annual premium, we will provide a pro-rata refund.

Future Increase Benefit

If your income increases, this benefit allows you to increase your *monthly benefit amount* by up to 15%, without having to provide further medical evidence – ensuring your income protection cover keeps up with your income.

You can increase your *monthly benefit amount* on each policy anniversary, up until the policy anniversary immediately after you turn age 55.

The increase allowed is the lesser of:

- 15% of the *monthly benefit amount*, and
- the actual increase in your monthly income.

This increase is in addition to any increase in cover under the Indexation Benefit.

Any increase is subject to you providing financial evidence to support the increase and confirmation that you are actively at work at the time of the increase. The total of all increases in the *monthly benefit amount* cannot exceed the original *monthly benefit amount* at the cover start date.

Such increases are not available if you are on claim or your cover was issued with a medical premium loading of greater than 100%.

Suspending Cover Benefit

Rather than cancel your valuable cover if, for example, you are experiencing financial hardship, unemployment or taking extended leave from work, you may suspend your insurance cover. If your cover has been in place for a continuous period of at least 12 consecutive months, you can apply to suspend premiums and cover under the policy for a maximum period

of 12 months over the life of the policy.

You will be unable to claim while your cover is suspended or in respect of any event, *sickness or injury* that occurs during the suspension period.

You must notify us in writing if you wish to exercise this benefit.

To reinstate your cover you must notify us in writing and pay the next premium due. If you do not apply to have the cover reinstated before the maximum period of 12 months over the life of the policy expires, your cover will be cancelled.

Death Benefit

If you die while this cover is in place, we will pay a lump sum benefit equal to six times the *monthly benefit amount*, subject to a maximum of \$60,000 (across all ClearView income protection and business expense policies which cover your life). You do not have to be on claim for *total disability* or *partial disability* at the time of your death, to receive this benefit.

Extended Cover Benefit

If you have selected cover with an expiry date of age 65 and at age 65 you are not on claim and still working in a medical or white collar occupation, we will allow you to continue your cover until the policy anniversary immediately after you turn age 70. Your extended cover will be based on the following conditions:

- the waiting period will be the greater of 30 days and your previous waiting period
- the benefit period will be 1 year
- only a Total Disability Benefit will be available
- any benefit payable will be determined on an indemnity benefit type basis, and
- the maximum *monthly benefit amount* we will pay is \$30,000.

Extended cover will cease if you have not worked in *gainful employment* for at least 20 hours per week for six consecutive months.

Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Options available at an extra cost which allow you to tailor your cover

When you apply for cover, there are a number of options available which allow you to further tailor your cover to best suit your circumstances. These options are available for an extra premium and when selected will be listed on your policy certificate.

Increasing Claim Option

To ensure your *monthly benefit amount* keeps pace with inflation while you are on claim for *total disability* or *partial disability*, we will increase the *monthly benefit amount* (and any superannuation contribution *monthly benefit*) every year by the rate of *CPI*. We will continue to index your *monthly benefit amount* every year, for as long as you are on claim. When you stop being on claim, the *monthly benefit amount* will be increased to be equal to the indexed *monthly benefit amount* that applied immediately prior to the end of your claim.

Superannuation Contribution Option

The superannuation contribution benefit is the amount that we will pay as a personal contribution in your name to your nominated complying superannuation fund while we are paying you a *disability* benefit. You can insure 100% of superannuation contributions made by you or your employer in the 12 months preceding the application, subject to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in income for the purpose of calculating your *monthly benefit amount*.

When we determine your total *monthly benefit amount*, we combine any superannuation contribution benefit you apply for with the *monthly benefit amount*. The maximum is generally \$40,000 including superannuation contributions.

Any time you receive a Total or Partial Disability Benefit, the superannuation contribution benefit, or a proportion of that benefit (for *partial disability*), will be paid directly to your nominated complying superannuation fund. The amount we will pay is the lesser of the superannuation contributions you are insured for at the time of application and the actual average *monthly superannuation contributions* made by you or your employer in the 12 months prior to your claim.

If the Increasing Claim Option applies, we will also increase the superannuation contribution benefit amount.

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days, we will pay you 1/30th of the *monthly benefit amount* for each day that you are *totally disabled* during the waiting period.

This benefit will accrue from the first day of your *disability* and will continue until the earlier of:

- the end of the waiting period, or
- until you are no longer *totally disabled*.

This benefit is not available if we are paying a Bed Confinement Benefit, Specific Injuries Benefit or Trauma Benefit under the Extra Packages Option.

This option is only available if you select a 14, 30, 60 or 90 day waiting period and is not available to heavy risk occupations.

Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Extras Package Option

This is an optional package of additional benefits which includes:

- Specific Injuries Benefit
- Trauma Benefit
- Bed Confinement Benefit
- Overseas Assist Benefit
- Family Support Benefit
- Home Care Benefit

This option is only available if you select a 14, 30, 60 or 90 day waiting period and is not available to heavy risk occupations.

This option is not available if cover is held inside superannuation.

Specific Injuries Benefit

If you suffer any of the specific injuries listed in the table, we will pay the *monthly benefit amount* for the period indicated, regardless of whether or not you are working.

You can choose to receive this benefit as either:

- a lump sum benefit, calculated by multiplying your *monthly benefit amount* by the specified payment period, or
- a *monthly benefit amount* payable monthly in arrears for the specified number of months.

If you are *totally disabled* or *partially disabled* as a result of the specific injury at the end of the payment period you will be able to claim a Total or Partial Disability Benefit (provided all other relevant conditions are met) and the payment period will count towards your waiting period.

If you suffer more than one specific injury at the same time, or one of the specific medical conditions under the Trauma Benefit, we will pay only one benefit and this will be the one that provides the greatest payment.

Specific injury	Payment Period (months)
Total and permanent loss of use of:	
Both feet, both hands or sight in both eyes	24
Any combination of two of: <ul style="list-style-type: none"> • A hand • A foot • Sight in one eye 	24
One arm or one leg	18
One hand, one foot or sight in one eye	12
Thumb and index finger on the same hand at or above the first joint	6
Fracture of the bone requiring the application of a plaster, pin or other immobilising device:	
Spine, resulting in <i>paralysis</i>	60*
Spine, not resulting in <i>paralysis</i>	3
Thigh	3
Pelvis	3
Skull (excluding bones of face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2
Forearm (including the wrist)	1
Collarbone	1
Ankle	1

* If you have selected a benefit period of 2 years, the payment period is reduced to 24 months.

Trauma Benefit

If you suffer one of the specific medical conditions listed on page 39, we will pay a lump sum equal to six times the *monthly benefit amount*, regardless of whether or not you are working.

If you are *totally disabled* or *partially disabled* as a result of the specific medical condition at the end of the six month period after we pay the Trauma Benefit, you will be able to claim a Total or Partial Disability Benefit (provided all other conditions are met) and the payment period will count towards your waiting period.

Some specific medical conditions are not covered in the first 90 days of:

- the date we receive your fully completed application form for this cover
- an increase in the *monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date cover is last reinstated.

This means that for the specific medical conditions marked with an ^ in the table below, no Trauma Benefit will be paid if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within this 90 day qualifying period.

If your income protection policy is replacing an existing income protection policy issued by us or another insurer that contains this benefit, the 90 day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period, and
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*

*Where the monthly benefit amount exceeds that of the policy to be replaced, the 90 day qualifying period will apply to the excess.

Each of these conditions has a specific meaning. Please refer to the Trauma definitions starting on page 70 for a full description of all conditions covered.

Specific medical condition
Heart condition
Heart Attack [^]
Out of Hospital Cardiac Arrest [^]
Coronary Artery By-pass Surgery [^]
Coronary Artery Angioplasty – Triple Vessel [^]
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension
Nervous system condition
Stroke [^]
Major Head Trauma
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Dementia including Alzheimer's Disease
Parkinson's Disease
Paralysis
Coma
Encephalitis
Body organ condition
Cancer [^]
Cancer of the Vulva or Perineum [^]
Benign Brain Tumour or Spinal Cord Tumour
Blindness
Chronic Kidney Failure
Major Organ or Bone Marrow Transplant

Severe Burns
Loss of Speech
Loss of Hearing
Chronic Liver Disease
Chronic Lung Disease
Severe Rheumatoid Arthritis
Pneumonectomy
Blood condition
Occupationally Acquired HIV
Occupationally Acquired Hepatitis B or C
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
Loss of Independent Existence
Cognitive Loss

This benefit will be paid instead of any Total or Partial Disability Benefit, Bed Confinement Benefit, or any benefit under the Accident Option.

You can only claim a Trauma Benefit once in any 12 month period.

You cannot claim a Specific Injuries Benefit at the same time as a Trauma Benefit (you will only be paid for the one with the longest payment period). For this purpose the Trauma Benefit will be considered a six monthly payment.

Bed Confinement Benefit

If you are *totally disabled* and confined continuously to bed for at least three consecutive days during the waiting period and a *medical practitioner* certifies that the continuous care of a registered nurse is required, we will pay 1/30th of the *monthly benefit amount* for each day you continue to qualify for this benefit. This benefit is payable for a maximum of 90 days or until the end of the waiting period, whichever occurs first.

This benefit is not available if we are paying a Specific Injuries Benefit, Trauma Benefit or benefit under the Accident Option.

Overseas Assist Benefit

If you are *totally disabled* for at least one month while outside Australia and decide to return to Australia because of continuing *total disability*, we will reimburse your return economy airfare to Australia by the most direct route, including connecting flights, less any amounts that are reimbursed from another source. The maximum amount payable is three times the *monthly benefit amount*.

Family Support Benefit

If, due to *total disability*, you are totally dependent on an *immediate family member* for essential everyday home care needs to enable you to live at home (excluding nursing or similar services), and this causes a reduction in the *immediate family member's* income, we will pay a benefit to you to subsidise his or her income. We will pay the lesser of the reduction in their income or 50% of the *monthly benefit amount*, for up to three months, starting from the end of the waiting period.

Home Care Benefit

If you are *totally disabled* after the waiting period, are confined to or near a bed (other than in a hospital or similar institution) and are totally dependent upon a paid professional housekeeper for essential everyday home care needs (excluding nursing and similar services), we will pay the lesser of \$150 a day or 1/30th of the *monthly benefit amount* per day to you for up to six months to help cover the cost, provided you continue to qualify for the benefit.

This benefit is not available if you are receiving the Family Support Benefit or Accommodation Benefit.

Total and Permanent Disability (TPD) Lump Sum Option

If the nature of your *disability* is so severe that you meet the definition of Own occupation TPD (see page 14) you will have the choice of receiving a lump sum benefit amount under this option, in lieu of the regular *monthly benefit amount*. If we pay you the lump sum benefit amount, no other benefit will be payable and your income protection cover will end.

The lump sum benefit amount we pay is calculated as the lesser of:

- \$5,000,000, and
- an amount equal to 'A' times your annualised *monthly benefit amount*, where:
 - your annualised *monthly benefit amount* is 12 times the total of your *monthly benefit amount* less any benefit reductions which would have applied to your *monthly benefit amount* had you not chosen to receive a lump sum benefit, and
 - 'A' is determined as:

Age	Multiples to age 65 benefit period	Multiples to age 70 benefit period
39 or less	15	16
40 to 43	13	14
44 to 48	11	12
49 to 54	9	11
55 to 59	65 minus age next birthday	9
60 to 64	65 minus age next birthday	70 minus age next birthday
65 to 69	N/A	70 minus age next birthday

Limitations and exclusions:

- this option must be selected when you first apply for your policy and, if selected, cannot be cancelled
- you cannot choose to receive your benefit as a lump sum if you have a *terminal illness*, and
- this option is only available if you select a benefit period to age 65 or age 70.

When the income protection monthly benefit amount will be reduced

Your *monthly benefit amount* may be reduced if you receive other payments for *disability* which exceed 10% of your *pre-disability earnings*. What is considered to be "other payments" will depend on your type of cover.

Income Protection Cover	<ul style="list-style-type: none"> • any payment you receive as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation • payments received from any other disability insurance that provides income payments due to <i>sickness</i> or <i>injury</i>, unless we have expressly agreed not to apply a reduction, and • payments received from any social security benefits.
Income Protection Plus Cover	<ul style="list-style-type: none"> • payments received from any other disability insurance that provides income payments due to <i>sickness</i> or <i>injury</i>, unless we have expressly agreed not to apply a reduction.

Any lump sum payment you receive will, for the purpose of the reduction, be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum. We will only reduce your *monthly benefit amount* to ensure that, when combined with your other payments (and any *monthly earnings* if you are *partially disabled*) you do not receive more than:

- 75% of your *pre-disability earnings* when you are *totally disabled*, or
- 100% of your *pre-disability earnings* when you are *partially disabled*.

We will not reduce your *monthly benefit amount* if you receive a payment for:

- work attributable to you working ten hours (or five hours where applicable) or less per week if you are assessed under the "hours based" definition for *total disability*
- work attributable to you working where earnings are less than 20% of your *pre-disability earnings* if you are being assessed under the "income based" definition for *total disability*
- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy, or

- sick, long service or annual leave payments.

Unless otherwise stated, if you are eligible for more than one benefit at the same time, we will only pay one benefit and this will be the one which provides the highest payment.

When the income protection monthly benefit amount will not be paid

We will not pay a benefit under income protection if your *disability* (or death) is caused directly or indirectly by:

- an intentional self inflicted act, suicide or any attempted suicide
- war or act of war (whether declared or not)
- normal or uncomplicated pregnancy or childbirth, or
- elective surgery or treatment which you voluntarily undergo within the first six months of:
 - the commencement of cover
 - an increase in the *monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
 - the date the cover is last reinstated.

If your condition is directly or indirectly related to pregnancy, childbirth or miscarriage complications (including post natal depression) a three month qualifying period applies. This means that if you have been *totally disabled* for three months as a result of pregnancy, benefits will begin to accrue at the end of this three month period or at the end of your waiting period, whichever is greater.

Benefits may also be limited in respect of:

- certain events unique to you for which we limit cover and which we will advise you of at the time of your application, or
- expenses that we are not permitted by law to reimburse.

What is Accidental Income Protection Cover?

Accidental Income Protection Cover provides an ongoing *monthly benefit amount* if you are *disabled* as a result of an *accident*.

Accidental Income Protection Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • <i>Total disability</i> • <i>Partial disability</i>
Minimum entry age and eligibility requirements	<ul style="list-style-type: none"> • 18 and gainfully employed for at least 20 hours per week
Maximum entry age and eligibility requirements	<ul style="list-style-type: none"> • 60 and gainfully employed for at least 20 hours per week
Expiry ages available	<ul style="list-style-type: none"> • 60, 65 or 70 (age 70 expiry is only available with age 70 benefit period)
Minimum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> • \$1,500 (excluding superannuation contribution benefit)
Maximum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> • \$40,000 (including any superannuation contribution monthly benefit) with the <i>monthly benefit amount</i> in excess of \$30,000 limited to a 2 year benefit period • Calculated as follows: <ul style="list-style-type: none"> – 75% of the first \$320,000 of regular annual income; – 50% of the next \$240,000; and – 20% of the balance.
Premium type	<ul style="list-style-type: none"> • Stepped premium
Cover combinations	<ul style="list-style-type: none"> • Accidental Income Protection Cover
Waiting period	<ul style="list-style-type: none"> • 14, 30, 60, 90 or 180 days • 1 or 2 years
Benefit period	<ul style="list-style-type: none"> • 2 or 5 years • Age 60, 65 or 70
Benefit payment type	<ul style="list-style-type: none"> • Indemnity • Agreed value • Guaranteed agreed value
Built in benefits at no extra cost	<ul style="list-style-type: none"> • Flexibility to Reduce Two Year Waiting Period Benefit • Indexation Benefit • Relapse Benefit • Accommodation Benefit • Rehabilitation Benefit • Waiver of Premium While on Claim Benefit • Waiver of Premium if on Maternity Leave Benefit • Suspending Cover Benefit • Extended Cover Benefit • Death Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Extras Package Option • Increasing Claim Option • Accident Option • Superannuation Contribution Option
Options available at no extra cost	<ul style="list-style-type: none"> • TPD Lump Sum Option (to age 65 or age 70) <p>Note: This option does not cost any extra in premium but will effect the tax deductibility of your premium</p>

When the Accidental Income Protection Cover monthly benefit amount is payable

In broad terms, if you are *disabled* because of an *accident* for longer than the waiting period, we will pay you an ongoing *monthly benefit amount* for as long as you are *disabled* or until the expiry of your benefit period, whichever comes first. Your *disability* must occur within 90 days of the *accident*.

There are various options offered to you through Accidental Income Protection Cover and it is important you understand the specific terms and conditions which are explained below.

The features are as described elsewhere in this PDS for Income Protection Cover (refer to the page numbers listed in the table below), subject to additional limitations which apply in respect of *accidental* events as indicated in the table below:

Features of an income protection policy	PDS page number	Limitation to information described in the income protection section*
Benefit payment type	33	No extra limitations apply
Waiting period	33	No extra limitations apply. Same that apply to Income Protection Cover
Benefit period	34	No extra limitations apply
Total Disability Benefit	34	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>
Partial Disability Benefit	34	Only applies where your <i>disability</i> is the result of an <i>accident</i> and your <i>disability</i> occurs within 90 days of the <i>accident</i>
When the income protection <i>monthly benefit amount</i> will be reduced	40	No extra limitations apply. Same that applies to Income Protection Cover

*Substitute references to Income Protection Cover in the information for references to Accidental Income Protection Cover.

The definitions of *total disability* on page 34 and *partial disability* on page 35 apply to Accidental Income Protection cover except that you can only satisfy the relevant definition if your *disability* is the result of an *injury* (i.e. the *sickness* element of the definition does not apply).

Additional built in benefits at no extra cost

The additional built in benefits provided are as described elsewhere in this PDS (see sections as indicated below), subject to the benefits applying to *accidental* events only where indicated in the table below:

Built in benefit	PDS page number	Limitation to information described in the income Protection section*
Flexibility to Reduce Two Year Waiting Period Benefit	35	No extra limitations apply
Indexation Benefit	35	No extra limitations apply
Relapse Benefit	35	Only applies where your <i>disability</i> is the result of an <i>accident</i> and <i>disability</i> occurs within 90 days of the <i>accident</i>
Accommodation Benefit	36	Only applies where your <i>disability</i> is the result of an <i>accident</i> and <i>disability</i> occurs within 90 days of the <i>accident</i>
Rehabilitation Benefit	36	No extra limitations apply
Waiver of Premium While on Claim Benefit	36	No extra limitations apply
Waiver of Premium While on Maternity Leave Benefit	36	No extra limitations apply
Suspending Cover Benefit	36	No extra limitations apply
Death Benefit	37	Only applies where you die as a result of an <i>accident</i> and your death occurs within 90 days of the <i>accident</i>
Extended Cover Benefit	37	Only applies where your <i>total disability</i> is the result of an <i>accident</i> and your <i>total disability</i> occurs within 90 days of the <i>accident</i>

*Substitute references to Income Protection Cover in the information for references to Accidental Income Protection Cover.

Options available at an extra cost which allow you to tailor your cover

The benefit options available are as described under the income protection section (see sections as indicated below), subject to applying to *accidental* events where indicated in the table below:

Optional extra	PDS page number	Limitation to information described in the income protection section*
Increasing Claim Option	37	No extra limitations apply
Superannuation Contribution Option	37	No extra limitations apply
Accident Option	38	No extra limitations apply
Extras Package Option	38	Only applies where your <i>disability</i> is the result of an <i>accident</i> and <i>disability</i> occurs within 90 days of the <i>accident</i>
TPD Lump Sum Option	40	Only applies where your <i>total and permanent disability</i> is the result of an <i>accident</i> and your <i>total and permanent disability</i> occurs within 90 days of the <i>accident</i>

*Substitute references to Income Protection Cover in the information for references to Accidental Income Protection Cover.

When the Accidental Income Protection Cover monthly benefit amount will not be paid

We will not pay a benefit under Accidental Income Protection Cover if your *disability* (or death) is caused directly or indirectly by:

- suicide, attempted suicide or any intentional self-inflicted act
- an act of war (whether declared or not)
- participation in criminal activity, or
- the taking of alcohol or drugs, other than a drug prescribed by a medical practitioner and taken as directed.

Benefits may also be limited in respect of:

- certain events unique to you for which we limit cover and which we will advise you of at the time of your application, or
- expenses that we are not permitted by law to reimburse.

What is Business Expense Cover?

Business Expense Cover provides an ongoing *monthly benefit amount* if you are *disabled* as a result of *sickness or injury* and unable to meet the fixed operating expenses of your business.

Business Expense Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total disability Partial disability
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60
Expiry ages available	<ul style="list-style-type: none"> 60 or 65
Minimum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$1,500
Maximum <i>monthly benefit amount</i>	<ul style="list-style-type: none"> \$60,000 per month (can be up to 100% of <i>eligible business expenses</i>)
Eligibility	<ul style="list-style-type: none"> Available if you are self-employed or a small business owner (with no more than five staff including yourself and other owners), and work a minimum of 20 hours per week in your principal occupation. Type of occupation and employment status are also taken into account.
Premium type	<ul style="list-style-type: none"> Stepped premium Level premium (reverts to stepped premium at age 65)
Waiting period	<ul style="list-style-type: none"> 14, 30, 60 or 90 days
Benefit period	<ul style="list-style-type: none"> 1 year
Benefit payment type	<ul style="list-style-type: none"> Indemnity
Built in benefits at no extra cost	<ul style="list-style-type: none"> Indexation Benefit Relapse Benefit Future Increase Benefit Death Benefit Waiver of Premium While on Claim Benefit Suspending Cover Benefit Extended Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> Accident Option

When the Business Expense Cover monthly benefit amount is payable

In broad terms, if you are *disabled* for longer than the waiting period, we will pay you a *monthly benefit amount* for as long as you are *disabled* or until the expiry of your benefit period, whichever comes first. Specific terms are explained below.

Indemnity benefit payment type

Your *monthly benefit amount* is the lesser of:

- the *monthly benefit amount* you have been insured for, as shown on your policy certificate (including any increases or decreases that have been made under the terms of the cover), and
- your share of actual *eligible business expenses* incurred while you are *disabled*.

If more than one person is directly responsible for the generation of income in your business, we apportion the *business expenses* in the same proportion as your share of *business income* prior to the claim, between yourself and the other person(s), to determine your 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.

We require you to provide satisfactory financial evidence for the purpose of determining your share of *eligible business expenses* at the time of claim, as well as your *pre-disability business income*.

Waiting period

Most benefits under Business Expense Cover are subject to a waiting period. This is the amount of time you must be *disabled* because of *sickness or injury* before we will start paying you the *monthly benefit amount*. The longer the waiting period, the lower the premium.

We offer the following waiting periods:

- 14, 30, 60 or 90 days.

Note: Not all waiting periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness or injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *sickness or injury*

(as long as you consult a *medical practitioner* within seven days and provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

In order to qualify for any type of benefit after the expiry of the waiting period, you must have first been *totally disabled* for at least 14 days out of the first 19 consecutive days of the waiting period and *disabled* for the remainder of the waiting period (subject to the return to work rules outlined below).

However, if you also have Income Protection Plus Cover, you do not have to be *totally disabled* during the waiting period. Provided you are *totally disabled* or *partially disabled* throughout the waiting period, you will be eligible to claim a total or partial disability benefit at the end of the waiting period, depending on the severity of your *disability*.

Can I return to work during the waiting period?

If you have a 14 or 30 day waiting period, you can return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you can return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of the waiting period.

Benefit period

This is the amount of time we will pay you the *monthly benefit amount* for while you are unable to work because of *sickness* or *injury*. The benefit period is 1 year but may be extended until 12 times the *monthly benefit amount* has been paid.

Total Disability Benefit

If you are *totally disabled*, we will pay your *monthly benefit amount*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled* or to the end of the benefit period, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled*.

Partial Disability Benefit

If you are *partially disabled* we will pay you a proportion of your *monthly benefit amount*. *Partial disability* payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *partially disabled*, to the end of the benefit period, or expiry of this policy, whichever occurs first.

The Partial Disability Benefit amount we will pay is calculated as follows:

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

Where:

- A = your share of the *pre-disability business income*, and
- B = your share of the *business income* for the month in which you are *partially disabled* and claiming a Partial Disability Benefit, before any benefit is payable under the cover.

We pay the Partial Disability Benefit monthly in arrears.

If you are *partially disabled* for part of the month, we will pay 1/30th of the monthly Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be totally disabled or partially disabled?

You will be considered *totally disabled* if at the time of claim, you satisfy the “duties based”, “hours based” or “income based” definition, as outlined below.

Definition of total disability

Duties based

Means that solely because of *sickness* or *injury*, you are:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*, and
- not working.

Hours based

Means that solely because of *sickness* or *injury*, you are:

- not working in your *regular occupation* or any *gainful employment* for more than ten hours* per week
- unable to perform the *important income producing duties* of your *regular occupation* for more than ten hours per week, and
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

Income based

Means that solely because of *sickness* or *injury*, you are:

- working in your *regular occupation* or any other *gainful employment* but are unable to generate more than 20% of your share of the *pre-disability business income*, and
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

* If you were working less than 20 hours per week in your *regular occupation* in the 12 consecutive months immediately prior to cover start date and immediately prior to a *disability* we will replace ten hours with five hours for the purpose of determining if you are *totally disabled*.

Definition of partial disability

You will be considered *partially disabled* if in our opinion, you satisfy the following definition.

Partial disability

Solely because of *sickness* or *injury*, you are unable to work in your *regular occupation* or any other *gainful employment* at full capacity and:

- you are working in your *regular occupation* in a reduced capacity, or any other *gainful employment*
- you are not *totally disabled*
- your share of the *monthly business income* is less than your share of the *pre-disability business income*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

Additional built in benefits at no extra cost

Business Expense Cover features a number of extra built in benefits. These extra benefits operate as per the descriptions under income protection, subject to adjustment for Business Expense Cover where indicated in the table below, which also includes the relevant benefit description page number.

Built in benefit	PDS page number	Limitation to information described in the income protection section*
Indexation Benefit	35	No extra limitations apply
Relapse Benefit	35	Only 1 year benefit period terms apply
Waiver of Premium While on Claim Benefit	36	No extra limitations apply
Future Increase Benefit	36	Limit relates to <i>eligible business expenses</i> rather than monthly income
Suspending Cover Benefit	36	No extra limitations apply
Death Benefit	37	No extra limitations apply
Extended Cover Benefit	37	No extra limitations apply

*Substitute references to Income Protection Cover in the information for references to Business Expense Cover.

Option available at an extra cost which allows you to tailor your Business Expense Cover

When you apply for cover, there is an option available which allows you to further tailor your cover to best suit your circumstances. This option is available for an extra premium and when selected will be listed on your policy certificate.

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days, we will pay you 1/30th of the *monthly benefit amount* for each day that you are *totally disabled* during the waiting period.

This benefit will be paid from day 1 and will continue until the earlier of:

- the end of the waiting period, or
- until you are no longer *totally disabled*.

Note: The Accident Option is not available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When the Business Expense Cover monthly benefit amount will be reduced

Your *monthly benefit amount* may be reduced if you receive other business expense benefits from another insurance policy. We will only reduce your *monthly benefit amount* to ensure that, when combined with your other payments you do not receive more than 100% of your *eligible business expenses*.

When the Business Expense Cover monthly benefit amount will not be paid

We will not pay a benefit under Business Expense Cover if your *disability* (or death) is caused directly or indirectly by:

- an intentional self inflicted act, suicide or any attempt at suicide
- war or act of war (whether declared or not)
- normal or uncomplicated pregnancy or childbirth, or
- elective surgery or treatment which you voluntarily undergo within the first six months of:
 - the commencement of cover
 - an increase in the *monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of indexation), or
 - the date the cover is last reinstated.

If your condition is directly or indirectly related to pregnancy, childbirth or miscarriage (including post natal depression) a three month qualifying period applies. This means that if you have been *totally disabled* for three months as a result of pregnancy, we will pay a benefit at the end of this three month period or at the end of your waiting period, whichever is greater.

Benefits may also be limited in respect of:

- certain events unique to you for which we limit cover and which we will advise you of at the time of your application, or
- expenses that we are not permitted by law to reimburse.

How much will it cost?

Premium

The amount you pay for a ClearView LifeSolutions policy or cover through ClearView LifeSolutions Super is called the premium.

As part of the application process, an indicative premium (quote) will be provided to you. The actual premium you pay may be different if:

- you have a birthday during the period between when the quote was provided and when the cover starts, and/or
- after assessing your application we are only able to offer cover on varied terms which may involve you paying a higher premium (which you agree to).

What factors affect my premium?

A number of factors will determine the premium you pay including the level of cover and any optional extras you have selected, as well as a range of personal factors such as your age, gender, smoking status, state of health, occupation and pastimes.

For Income Protection Cover, Income Protection Plus Cover and Business Expense Cover, the waiting period, benefit period and benefit payment type will also affect the premium you pay.

If you have selected an extra cost option and the option expires or you are no longer eligible to exercise the option, we will remove it from your cover so you are no longer charged for it, provided you have not exercised any benefit under the option.

Government taxes and charges

The premium may include allowances for current government charges and taxes including stamp duty. Stamp duty is either incorporated into the base premium rate or is an additional charge. If it is an additional charge it will be shown on your annual statement.

Currently, stamp duty charges range between 1.5% and 11% of the cost of the base premium, depending on the type of cover and the State or Territory we have recorded as the address of each person insured on the policy. No GST is currently payable on your insurance premium.

We may pass on to you any applicable new or increased government taxes or charges.

Premium type

When you apply for cover, depending on the type of cover and your age at the time of application, you may select a stepped or level premium type.

Stepped Premium

Stepped premiums are recalculated each year based on your changing benefit amount and age each year. Generally stepped premium rates increase each year in line with your age and in the early years of the cover will tend to be lower than what you would pay under a level premium.

Level Premium

Level premiums are also recalculated each year for changes in your benefit amount, but not for your change in age. The premium is calculated based on your age at the cover start date and will increase as a result of you increasing your amount of cover or if we increase our premium rates. A level premium will generally be higher during the early years of the cover than what you would pay under a stepped premium, but generally becomes lower in later years.

If you have a level premium and accept an increase in cover under the Indexation Benefit, we will base the cost of that increase in cover on the age you were at the cover start date, rather than the age you are at the time you accept the increase in cover.

If you have a level premium and exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit, we will base the cost of the reinstated cover on the age you were at the cover start date, rather than the age you are at the time the cover is reinstated.

All other increases in cover will be based on your age at the time you apply for the increase.

The option of a level premium is only available if you are aged between 18 and 60 at the time of application. Level premiums are level up to the policy anniversary immediately after you turn age 65. If you continue to hold your cover past this age, your premium will convert to a stepped premium basis.

Policy fee

A policy fee is charged to cover the costs of administering your policy and applies across all types of cover for each adult insured.

If you hold multiple policies with us, we will only apply one policy fee per person insured.

For example, if a husband and wife were on the same policy and each had Trauma Cover and Income Protection Cover, we would charge a total of two policy fees. In addition to this policy, if each of them took out Life Cover through a ClearView LifeSolutions Super policy, we would waive the policy fee for each of them on these Life Cover policies.

The policy fee is \$84.00 per year (or \$7 per month if paying monthly) current as at the date of this PDS. We will index the policy fee on 1 January each year in line with the CPI.

Paying your premium

You may pay your premiums monthly or annually, via the following payment methods.

Method of payment/contribution				
Premium frequency	Credit card Mastercard Visa	Direct Debit	BPAY	Rollover (transfer)*
Annually	Yes	Yes	Yes	Yes
Monthly	Yes	Yes	No	No

*This method of payment is only available where cover is held through ClearView LifeSolutions Super. Please refer to ClearView LifeSolutions Super Rollover PDS for more information on this payment method and an application form.

If paying via BPAY, you will need to quote the following:

Biller Code: 196568

Reference Number: Policy number.

If you pay your premium monthly, we will apply a premium frequency loading to your premium. This loading is a percentage of the annual premium and helps cover the costs of collecting your premium on a deferred and more frequent basis.

The frequency loading for paying monthly is 8% at the time this PDS was prepared.

If you stop paying your premiums

To ensure your cover continues you must pay your premium, as and when due. If you don't pay your premium within 30 days of the due date, we will write to you explaining that we will cancel your policy. If we cancel your policy all cover will cease and you will be unable to make a claim for an event which occurs after the date cover ceases.

You may apply to us to reinstate your policy after it is cancelled, subject to our approval and payment of outstanding premiums. Please note that a declaration of good health may be required in order for us to consider reinstatement of your policy and we are under no obligation to reinstate your policy. Cover recommences for *injuries*, *sicknesses* and events arising or occurring from the date of reinstatement.

Can premium rates and/or the policy fee change?

Premium rates and the policy fee are not guaranteed and we may review either or both up or down in the future, regardless of which premium type you select. Any change to the premium rates and/or policy fee will apply to all policies in a defined group, we will not single out an individual policy.

If we need to change the premium rates and/or policy fee (outside of the annual indexation of the policy fee), we will give you at least 30 days notice in writing and the change will take effect from the next policy anniversary after the change is announced.

Premium discounts

You may be eligible for a premium discount if you are:

- applying for a large benefit amount
- are part of an allowable group (refer to Group Discount below)
- a new customer enjoying the benefit of our New Cover Reward, and/or
- participating in our Health Maintenance Reward Program.

Note: These discounts do not apply to the policy fee.

Large benefit amount discount

Large benefit amount discounts are built into our standard premium rates and are summarised (current as at the date of this PDS) in the tables below.

Premium discount			
Benefit amount	Life Cover	TPD Cover	Trauma Cover
\$0 – \$249,999	Nil	Nil	Nil
\$250,000 – \$499,999	5%	5%	1%
\$500,00 – \$749,999	15%	15%	3%
\$750,000 – \$999,999	20%	20%	5%
\$1,000,00 – \$1,999,999	22%	22%	8%
\$2,000,000+	24%	24%	8%

Premium discount			
Monthly premium amount	Income Protection Cover	Income Protection Plus Cover	Business Expense Cover
\$0 – \$2,499	Nil	Nil	Nil
\$2,500 – \$4,999	10%	10%	10%
\$5,000 – \$9,999	17%	17%	17%
\$10,000 +	20%	20%	20%

Group discount

We will apply a group discount at the time of application where there is a family group relationship or business relationship between the persons insured. There is no need for the persons insured to be on the same policy, so long as their applications for a policy are submitted together and the relationship is significant and explained at the time of application. Examples of allowable group relationships include a husband and wife or for business purposes; business partners taking out cover for the purposes of a buy sell agreement, key person cover or debt protection. The following scale of discounts apply (current as at the date of this PDS):

Number of persons insured	Premium discount
2	2.5%
3+	5%

New Cover Reward

We offer a reward for customers who have completed the application process and have obtained cover under ClearView LifeSolutions or ClearView LifeSolutions Super. The premium discount provided is based on the length of time your cover has been in place or since the last reset (see Health Maintenance Reward below) as per the attached table, (current as at the date of this PDS):

Years in place or since last reset	Premium discount
1	10%
2	9%
3	8%
4	7%
5	6%
6	5%
7	4%
8	3%
9	2%
10	1%

Health Maintenance Reward

Our health maintenance reward program is a voluntary program that encourages you to actively manage your health and wellbeing. Your reward is the reset of your New Cover Reward discount back to year 1, as described below.

Every two years from the cover start date, we will give you the opportunity to complete an online questionnaire on your health. This questionnaire, as at the date of this PDS, contains three questions (but the number of questions may be revised from time to time). The types of questions that will be asked include your height and current weight, if you have been for a medical check-up and if so whether or not you have acted on the advice of that check-up.

If your answers reflect that you are proactively managing your health, your New Cover Reward premium discount will reset back to the start of the scale above (i.e. back to 10% discount at year 1). The discount scale reset will apply from the policy anniversary immediately after you have completed the questionnaire.

If you choose not to complete the questionnaire or you are unable to give a positive answer, then your premium rate will simply continue to be determined without a reset discount. If, for example, you did not complete the questionnaire in year 2 or 4 but decide to participate in year 6 and provided a positive answer, your premium discount will be reset back to the year 1 New Cover Reward discount of 10%. If you choose not to participate in the program again, the 10% discount will simply reduce each year thereafter.

We will notify you two months prior to the relevant policy anniversary (every two years) and provide you with details of how to complete the questionnaire. You will have 14 days to complete this and the questionnaire can only be completed during this period. We will issue your renewal notice approximately 45 days prior to the policy anniversary and will confirm if your New Cover Reward discount scale has been reset to year 1.

This program is offered on a “no regrets” basis, which means that you can be no worse off in terms of the premium you pay as a result of participating in this program. We will not apply a medical premium loading as a result of any change in your health.

This program is not available if your cover has been issued with a medical premium loading or is accidental cover, as shown on your policy certificate. This program is not available for Child Cover.

All discounts are current as at the time of this PDS but are subject to change. Please refer to page 50 of this PDS for more information.

Taxation information (for insurance held outside superannuation)

The information provided in this section relates to cover held outside superannuation and is general in nature and based on our interpretation of the tax laws and rulings current at the date this PDS was prepared (see section on ClearView LifeSolutions Super for taxation information on cover held inside superannuation). Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation professional in regards to your own situation.

Type of cover	Tax treatment of premium	Tax treatment of benefit
Life Cover, including Accidental Death Cover	Generally not deductible	Generally not assessable income*
Total and Permanent Disability Cover (TPD), including Accidental TPD Cover	Generally not deductible	Generally not assessable income*
Trauma Cover	Generally not deductible	Generally not assessable income*
Child Cover	Generally not deductible	Generally not assessable income*
Income Protection and Income Protection Plus Cover, including Accidental Income Protection Cover	Generally deductible	Generally treated as assessable income
Business Expense Cover	Generally deductible	Generally treated as assessable income

* Capital gains tax may apply if the benefit is paid to someone who is not the original owner of the policy or paid to someone who is not a relative of the person insured (as defined for tax purposes).

Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover

The premium for your cover will generally be deductible from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997 and any benefit will be treated as income and taxed accordingly. However, there are some special considerations that apply to some of the features included in Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover. The following benefits and options are treated as follows:

TPD Lump Sum Option

If you select this option, approximately 10% of your premium will not be tax deductible. We will confirm the dollar amount of deductible and non-deductible premiums in your annual statement. However, any lump sum benefit amount paid under this option will not be treated as income and will not be taxable.

Trauma Benefit

This benefit is included as part of the Extras Package Option. Payment of a lump sum benefit amount in the event of suffering one of the specific medical conditions will not be treated as income and will not be assessable.

Superannuation Contribution Option

If you select this option and a benefit is payable, we will pay a superannuation contribution monthly benefit to your nominated superannuation fund as your personal contribution. This should be included in your assessable income and accordingly treated by the fund trustee as a non-concessional contribution. However, if you satisfy the tests for claiming a tax deduction for personal superannuation contributions and give the trustee the appropriate notice, you will receive a tax deduction for some or all of the superannuation contribution monthly benefit and the equivalent amount will be treated by the fund trustee as a taxable contribution.

What is ClearView LifeSolutions Super?

The information provided in this section is based on our understanding of the Australian laws effective as at the date of this PDS. Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation and/or superannuation professional in regards to your own situation.

ClearView LifeSolutions Super is the risk-only division of the ClearView Retirement Plan (CRP). ClearView LifeSolutions Super allows you to hold your Life, TPD, Income Protection and Income Protection Plus Cover inside the superannuation environment. This may be a tax effective solution for some people or simply a choice of affordability; because ClearView LifeSolutions Super will accept a rollover from your superannuation fund to pay the premium for your insurance cover. In order to do this, you will need to apply for a ClearView LifeSolutions Super Rollover account in the CRP. If you would like further information on this, please refer to ClearView LifeSolutions Super Rollover PDS.

Please note that some benefits and optional extras are not available if cover is held inside superannuation, please refer to the relevant benefit or option to understand if this is the case.

When you apply for ClearView LifeSolutions Super, you are actually applying to become a member of the CRP. Cover provided through ClearView LifeSolutions Super is provided under a policy issued to the Trustee and you are the person insured. The Trustee will only accept your application for membership if we accept your application for cover.

While it is a superannuation product, ClearView LifeSolutions Super is not an accumulation fund, which means it does not have an investment component. For this reason, the Trustee is unable to accept the government co-contribution or the low income earners government contribution.

To apply for cover through ClearView LifeSolutions Super, you must be eligible to contribute to superannuation, have contributions made on your behalf or be able to fund premiums by rolling over superannuation benefits from another superannuation fund into the CRP. The table below highlights eligibility rules:

If you are	Allowable contributions include
Under 65	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (including spouse contributions)
Age 65 to 69	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (including spouse contributions) if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made

If you are	Allowable contributions include
Age 70 to 74	<ul style="list-style-type: none"> • Compulsory employer contributions • Other employer or personal contributions (not including spouse contributions) if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made
Age 75 and over	<ul style="list-style-type: none"> • Compulsory employer contributions

How can I pay my premium for ClearView LifeSolutions Super?

You can pay your premium via:

- an allowable contribution (as outlined in the table below), or
- rollover from another superannuation fund (if you have applied for a ClearView LifeSolutions Super Rollover account in the CRP under the ClearView LifeSolutions Super Rollover PDS).

Allowable contribution	Description
Personal	<p>Personal contributions are member contributions made by you or on your behalf and include payments from:</p> <ul style="list-style-type: none"> • Your after-tax income (or personal contributions for which you claim a tax deduction) • Foreign superannuation funds • Eligible proceeds that relate to capital gains tax (CGT) small business concessions • Payments that relate to structured settlements or orders for personal injuries.
Spouse	<p>Spouse contributions are where your spouse makes a member contribution for your benefit. This must be made with after-tax money and will be treated as a non-concessional contribution. Your spouse may be eligible for a tax rebate of up to \$540 when making a spouse contribution.</p>
Employer	<p>Employer contributions are contributions made by your employer for your benefit. This includes salary sacrifice contributions which are an arrangement between you and your employer instead of making an equivalent gross payment as salary to you.</p>

What are the superannuation contribution caps?

As superannuation enjoys concessional taxation treatment, limits known as ‘contribution caps’ have been placed on superannuation contributions which are administered by the Australian Taxation Office (ATO). The contributions you make to the Trustee to cover your insurance premium are recorded as superannuation contributions and will count towards these contributions cap.

It is important to be aware that excess contributions tax of up to 46.5% may apply if these contributions caps are exceeded in a financial year.

The cap and the amount of extra tax you pay once you exceed the cap will depend on the type of contribution.

Concessional contributions

These are generally made by you or for you in a financial year and are included as assessable income for the superannuation fund, including:

- employer contributions (such as SG, award, and salary sacrifice contributions)
- personal deductible contributions for which a tax deduction has been claimed, and
- certain foreign superannuation fund amounts.

Note: Concessional contributions which are split with a spouse are assessed against your cap and not your spouse's cap.

Non-concessional contributions

These are generally made by you or for you in a financial year and are not included as assessable income for the superannuation fund, including:

- personal contributions for which no tax deduction has been claimed
- spouse contributions
- non-taxable portion of a foreign superannuation fund amount, and
- contributions in excess of your concessional contributions cap.

	Concessional Cap	Non-concessional cap
2013/14 financial year	Under age 60 • \$25,000 Age 60 and over • \$35,000* These amounts are indexed to Average Weekly Ordinary Time Earnings (AWOTE) but will only increase where the adjustment is at least \$5,000. The higher \$35,000 cap is not indexed.	\$150,000
Tax on amounts in excess of the cap	From 1 July 2013, excess concessional contributions will be taxed at your marginal tax rate plus an interest charge. You will also have the option to withdraw the excess from your superannuation account without penalty.	46.5%

	Concessional Cap	Non-concessional cap
Other information	Any concessional contributions in excess of the cap will also count towards your non-concessional cap.	If you are under age 65 at 1 July of the financial year in which the contribution was made, you may use the three year 'bring forward' option. This effectively allows you to contribute up to \$450,000 at once, or at any time during the three financial years.

*Only applicable for those who are age 60 and over on 30 June 2014 and is not indexed. From 1 July 2014, the increased cap will also be available to those 50 and over on 30 June 2015.

If you are unsure about your total contributions to superannuation or what your cap is, we encourage you to speak with your financial adviser or a qualified tax professional, who can provide more information on these caps and any applicable concessions.

Rollovers from a complying superannuation fund

If you wish to pay your insurance premium for cover held inside ClearView LifeSolutions Super with a rollover from a complying superannuation fund, you will need to apply for a ClearView LifeSolutions Super Rollover account in the CRP. You can obtain a copy of the ClearView LifeSolutions Super Rollover PDS from your financial adviser or go to www.clearview.com.au.

You will also need to complete a 'Partial transfer request and authority form'. Once completed, this form can be forwarded to the trustee of your existing superannuation fund (where you are requesting the funds to come from) or to us, and we will contact the trustee of your superannuation fund on your behalf. This authority is not a standing order, which means you will need to complete an authority form each time you wish to rollover funds from your existing superannuation fund.

To avoid having to complete a partial rollover each year, you may prefer to rollover a lump sum amount to cover the next few years annual premium.

Premiums may only be paid annually if you are using a rollover to pay your insurance premium from ClearView LifeSolutions Super.

Superannuation rollover tax benefit

When you pay your ClearView LifeSolutions Super premium via a rollover you will receive the benefit of a 15% tax deduction on the premium.

If you have paid your annual premium via a combination of rollover and a contribution, the benefit will only apply to the portion of your premium covered by the rollover.

The superannuation rollover tax benefit has no cash value and will not be carried forward. The benefit applies under an arrangement between us and the Trustee and may be withdrawn or changed at any time. We will notify you if this occurs.

Contributions tax and tax deductions

Generally, 15% contributions tax is required to be paid on all concessional contributions (eg employer contributions and personal contributions for which you claim a tax deduction).

Clients with income exceeding \$300,000 (not indexed) are subject to an additional 15% tax on part or all of their non-excessive concessional contributions.

In many cases, the payment of the insurance premium by the Trustee to us will be deductible to the CRP. The benefit of the deduction may be passed, in whole or part, to you in offsetting contributions tax payable on the contribution, as determined by the Trustee. Currently, where no tax is payable on the contribution or where your premiums are funded by a personal contribution for which you claim a tax deduction, the benefit of the deduction will not be passed to you in whole or part.

When does the cover start?

If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the CRP. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

Default bank account

When you apply for ClearView LifeSolutions Super, you have the option to establish a default bank account which we will use to fund your insurance premium in the event that the rollover is not processed within 30 days of the cover start date. However, you must take into consideration that any payment into ClearView LifeSolutions Super is considered a contribution to your superannuation fund and therefore will count towards your contribution caps. For more information on contribution caps please see page 53.

Refund of premium

The contributions or rollovers you make to fund your insurance held through ClearView LifeSolutions Super are subject to superannuation preservation rules and are generally not refundable directly back to you, the member.

If you have paid an annual premium and cancel your cover part way through the year and are due a pro-rata premium refund, we may make this refund by way of a rollover to another complying superannuation fund.

If you have not provided us with the details of your nominated superannuation fund within 30 days (of us asking), we may transfer the refund to an eligible rollover fund (ERF). Please refer to page 59 for details on our nominated ERF.

When money is paid as a rollover to another superannuation fund, any contributions tax that would otherwise have been offset by a tax deduction for the insurance premium may become payable by the CRP. In these cases, the amount of tax payable will be deducted from the amount refunded and the balance rolled over to your nominated superannuation fund.

When can I receive the benefits?

Because the cover is held in a superannuation fund, in order to access any benefit that has been paid as a result of a claim, you must meet a condition of release as defined under the *SIS Act*.

Conditions of release include:

- permanent retirement from the workforce on or after you reach the preservation age (refer to table below)
- ceasing gainful employment after you turn age 60
- reaching age 65, whether you have retired or not
- reaching preservation age and effecting a transition to retirement pension
- temporary or permanent incapacity[^]
- terminal medical condition[^]
- death
- compassionate grounds[^]
- severe financial hardship, and
- permanently departing Australia if you previously held a temporary resident visa[^].

Each of these conditions are defined in the *SIS Act*.

[^] Under superannuation law, there are strict qualifying criteria that must be met in each of these circumstances.

Current preservation ages

When you were born	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 1 July 1964	60

In order for the Trustee to release a benefit due to a terminal medical condition, temporary or permanent incapacity, the following conditions must be met under superannuation law:

Terminal medical condition

- two registered *medical practitioners* have certified that you suffer from a sickness or have incurred an injury that is likely to result in your death within a period that ends not more than 12 months after the date of the certificate
- at least one of the *medical practitioners* is a specialist practising in an area related to the sickness or injury suffered by you, and
- the period stated in each of the certificates has not ended.

Temporary incapacity

You have, because of ill health (whether physical or mental), temporarily ceased *gainful employment* but do not qualify as permanently incapacitated.

Permanent incapacity

You are unlikely, because of ill health (whether physical or mental) to engage in *gainful employment* in a capacity for which you are reasonably qualified because of education, training or experience.

What happens if I don't meet a condition of release?

If the Trustee is unable to release all or part of a benefit to you because you do not meet a condition of release, the money will remain in superannuation until you meet a condition of release. You may retain the money in the CRP or instruct us to transfer (rollover) the funds to an external superannuation fund which we will do once we have made an allowance for any fund tax liability.

Tax on benefits

Death benefit

The tax applicable to death benefits payable to beneficiaries depends on a number of factors such as how the benefit is paid (lump sum or pension), timing, the tax dependency status of your beneficiaries and the age at the date of death of yourself and your beneficiaries.

The death benefit payable will be tax free if it is paid as a lump sum benefit to one or more of your dependants for tax purposes (either directly or via your estate). If the death benefit is paid as a lump sum to a non-dependant for tax purposes, the benefit will be subject to tax at the following rates:

Relationship to deceased	Tax free component	Taxable component	
		Taxed element	Untaxed element
Tax dependant	Tax free	Tax free	Tax free
Tax non-dependant	Tax free	15% plus Medicare Levy	30% plus Medicare Levy

Superannuation death benefits cannot be paid as a pension to a non-dependant. The following table shows the tax treatment for death benefits paid as a pension to a dependant.

Age of deceased	Age of recipient	Taxation treatment
Age 60 and above	Any age	Tax free
Under 60	Age 60 and above	Tax free

Age of deceased	Age of recipient	Taxation treatment
Under 60	Under 60	Taxable component of pension payments will be subject to marginal tax rate (MTR) plus the Medicare Levy less a 15% tax offset

Note: Children aged 18 years and over who are not financially dependent on you, are treated as non-dependants for tax purposes although they are considered dependants under superannuation law.

Terminal illness or TPD benefit

If a benefit for *terminal illness* or TPD benefit becomes payable under a ClearView LifeSolutions Super policy, it will be preserved within superannuation until superannuation law or the Trust Deed allows it to be released.

In some cases it may be a taxable superannuation benefit. A benefit for *terminal illness* or TPD Benefit may attract concessional tax treatment.

Income protection benefit

If an income protection benefit becomes payable, this will typically be treated as assessable income for tax purposes. The Trustee will be required to withhold PAYG tax before making any benefit payment to you.

In any case, we will pay interest on the death, *terminal illness*, TPD or income protection benefit from the date we admit liability under the policy in accordance with the Insurance Contracts Act 1984 (Cth) to the date we pay the benefit to the Trustee.

Tax File Number (TFN)

We can collect your TFN under the SIS Act. It is not an offence not to quote your TFN.

Please note: If we don't have your TFN, employer contributions made to your account will be effectively taxed within the Fund at the top marginal tax rate plus the Medicare Levy instead of the normal concessional tax rate of 15%. Additionally, you won't be able to make any non-concessional or personal contributions.

In addition, if you do not provide your TFN, then:

- more tax may become payable on your benefits than would otherwise be payable
- if you are eligible, you may not receive your government co-contribution, and
- it may become more difficult to locate or amalgamate your superannuation benefits in the future to pay you any benefits you are entitled to.

As a consequence, while you are not required to provide your TFN under super law, the Trustee will not accept your application for ClearView LifeSolutions Super if you do not provide your TFN.

If you provide your TFN to us, we will use it only for legal purposes, which include:

- calculating tax on any benefit you may be entitled to
- providing information to the Commissioner of Taxation (including disclosing your TFN), and
- identifying other accounts you may have within the Fund for consolidation purposes.

If you provide your TFN to us, you consent to us using it to:

- seek information about your superannuation accounts from the ATO using the ATO's SuperMatch program or other facility provided by the ATO, and
- where, as a result, we locate information about superannuation accounts which you hold with other superannuation providers, contacting those providers to confirm the accuracy of the information.

After we have confirmed that you hold superannuation monies with other superannuation providers, we will notify you and you can authorise us to consolidate those accounts on your behalf if you choose to do so.

Please note, the purposes for which we may use your TFN may change in the future following legislative change. The consequences of not providing the TFN may also change in the future.

If you provide your TFN to us, we may provide it to another superannuation fund trustee or retirement savings account provider to whom your benefits are to be rolled over, unless you request us not to do so in writing. In all other respects your TFN will be treated as confidential.

Identification requirements

In order to address money laundering and the financing of terrorism, laws have been established which impose significant obligations upon the trustee. The Trustee may need to verify the identity of you, your beneficiary or anyone acting on your behalf. The Trustee may also be required to provide information to the authorities on you and your account and be unable to tell you when this is happening.

If the Trustee is required by law to delay or refuse your request for a transaction and you incur a loss, the Trustee is not liable for the loss.

Payment of death benefits

Binding nomination

If you make a valid binding nomination, the Trustee is required to pay your death benefit as a lump sum or pension to the person or people that you nominate. This provides you with greater certainty, knowing who will receive the benefit amount in the event of your death.

In order for your binding nomination to be valid the following conditions must be met:

- your nomination must be in writing
- any person you nominate must be either a dependant or your legal personal representative at the time of your death
- you must provide the full name, address, date of birth and relationship to the person or people nominated
- you must sign and date your nomination in the presence of two witnesses who are over the age of 18 and are not nominated as the beneficiaries
- the two witnesses must sign and date a declaration stating that they were in your presence when you signed and dated your nomination
- your nomination must be renewed and updated at least every three years and be valid as at the date of your death, and
- your nomination must be given to the Trustee.

If a nominated person is not an eligible beneficiary at the time of your death, that portion must be paid to any remaining nominated beneficiaries on a pro-rata basis based on each remaining nominated beneficiary's portion of the death benefit compared with the portion of death benefit payable to all of the remaining nominated beneficiaries. If there are no remaining eligible beneficiaries nominated, the death benefit will be paid as a lump sum to your legal personal representative (please see the section 'Payment to your legal personal representative' below).

A binding nomination is an important document. To help ensure your nomination is kept up to date and remains valid, the Trustee will send you a 'Nomination of Beneficiary Form' prior to the expiry of your most recent nomination.

The Trustee will also include the name of your beneficiary(ies) in your annual member statement. This may serve as a prompt for you to contact the Trustee for a 'Nomination of Beneficiary Form', if there has been a change in your circumstances since your most recent nomination.

Discretionary nomination

If you make a discretionary nomination, the Trustee will take your nomination into account. However, the Trustee is not required to pay the death benefit in accordance with your nomination and may determine to pay the death benefit as a lump sum or pension to one or more of your dependants and/or a lump sum to your legal personal representative in whatever proportions it thinks fit.

Payment to your legal personal representative

If:

- you have not made a binding nomination or a discretionary nomination or
- your binding nomination is not valid at the time of your death,

your account balance will be payable as a lump sum to your legal personal representative.

A 'legal personal representative' is the executor of your estate (generally as indicated in your will), or the administrator of your estate (for example, the person appointed by the court to administer your estate where you die without a will).

If the Trustee is required to pay or has decided to pay all or part of the death benefit to your legal personal representative, and a legal personal representative is not appointed within 90 days of your death (or such longer period determined by the Trustee), the Trustee will use its discretion to determine the way the death benefit is paid, in what proportions, and to whom. In doing this, the Trustee will pay your benefit to one or more of your dependants in the first instance or if none, in accordance with superannuation law.

Who is a dependant?

For the purpose of superannuation law, a dependant includes:

- your spouse (including your de facto spouse or same sex partner) with whom you live with on a genuine domestic basis as a couple or a person (whether of the same sex or a different sex) with whom you are in a relationship registered under a State or Territory law prescribed for the purposes of the Acts Interpretation Act 1901 (Cth), which are currently the Relationships Act 2008 (Vic), Relationships Act 2003 (Tas), Civil Partnership Act 2008 (ACT), Relationships Register Act 2010 (NSW), or Relationships Act 2011 (Qld)
- your child including an adopted child, step child or an ex-nuptial child and a child of yours within the meaning of the Family Law Act 1975 (Cth)
- any person who is financially dependent on you, and
- a person with whom you have an interdependency relationship* at the time of your death.

* Generally, an 'interdependency relationship' is one where two persons, whether or not related:

- have a close personal relationship
- live together, and
- 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.

If two persons have a close relationship, but do not satisfy the other requirements because either one or both of them suffer from a disability, they may still be considered to have an interdependency relationship.

The Trustee

ClearView Life Nominees Pty Limited (Trustee) is the trustee of the ClearView Retirement Plan (CRP) and is the holder of a Registrable Superannuation Entity (RSE) Licence under the *SIS Act*. ClearView LifeSolutions Super is a risk-only division of the CRP. Your membership of the CRP is governed by the Trust Deed and relevant law.

The Trustee has professional indemnity insurance to protect the interests of members.

The Trustee is responsible for:

- all aspects of the CRP, and
- holding the funds assets and ensuring that the CRP is properly administered, in accordance with the Trust Deed, general law and in compliance with legislation, including the *SIS Act*.

The Trust Deed

The Trust Deed governs the CRP and contains the powers and duties of the Trustee and the rights and obligations of the members of the CRP, including ClearView LifeSolutions Super. Members are bound by (and the Trustee must comply with) the Trust Deed (as amended from time to time) for the CRP.

You may contact us for a copy of the Trust Deed, which we will provide to you free of charge.

The Trustee is also subject to duties under the law, including to:

- act honestly
- exercise care and diligence, and
- exercise its powers in the best interests of members of the CRP (as a whole).

The Trust Deed (and superannuation law) govern how the CRP works, including the following (which do not require your consent):

- the Trustee's rights to introduce fees
- the Trustee's powers in relation to how and when the benefits can be paid
- the Trustee's rights to be indemnified from the assets of the CRP for costs and expenses in acting as the trustee of the CRP and the extent to which the Trustee's liability is limited
- the Trustee's power to amend the trust deed
- the Trustee's right to transfer your benefits to another superannuation fund, and
- the Trustee's right to terminate the CRP at any time.

Regulatory reform

The law regulating superannuation trustee obligations is changing. The trustee may be required to disclose additional information regarding matters such as a product dashboard, trustee and officer remuneration, trust deed and other governance information. This information will be disclosed as required by law on our website at www.clearview.com.au.

Regular reports

An annual report about the management and financial condition of ClearView LifeSolutions Super as at the 30 June, is prepared each year.

A copy of the latest annual report is available on our website at www.clearview.com.au or you can elect to receive a paper copy of the annual report by contacting us and we will send it to you, free of charge.

We will also send you an annual statement confirming your current benefits within the CRP and your level of insurance cover.

Management fees and charges

Currently, there are no management fees or charges associated with ClearView LifeSolutions Super. The only amount payable is the contribution or rollover you make to cover the cost of your insurance premium, including any applicable policy fee. For more information on the cost of your premium please refer to page 49.

Please refer to ClearView LifeSolutions Super Rollover PDS for details about fees and charges associated with rolling over monies to the CRP.

However, the Trustee may introduce fees and charges by providing you with 30 days prior notice.

Eligible rollover fund (ERF)

In circumstances where an amount is refunded or payable to you or another fund, the Trustee may transfer your account balance or member benefit, as applicable, to an eligible rollover fund (ERF) if:

- the Trustee is unable to contact you or otherwise determines that you have become a 'lost member'
- where required, you do not elect to transfer (rollover) your benefits to another superannuation fund
- there is a premium refund due and the cover is no longer in place, or
- any other reason determined by the Trustee.

The Trustee will notify you of the transfer, at your last known address.

The ERF that has been selected by the Trustee is SuperTrace Eligible Rollover Fund, ABN 73 703 878 235 (SuperTrace). The trustee is Colonial Mutual Superannuation Pty Ltd, ABN 56 006 831 983.

If you would like more information on SuperTrace or a copy of its PDS, you can contact the trustee on 1300 788 750, fax 1300 700 353 or write to them at the address below.

SuperTrace
Locked Bag 5429
Parramatta NSW 2124

Being transferred to the ERF will affect your superannuation benefits.

- You will cease to be a member of ClearView LifeSolutions Super (and your cover will cease)
- You will become a member of the ERF and your account will be invested in accordance with the ERF's investment strategy
- The ERF does not provide any insurance cover and therefore you will lose the insurance cover you held through ClearView LifeSolutions Super
- Different fees and costs will apply.

Complying Superannuation Fund notice

This notice confirms that the ClearView Retirement Plan (CRP) (of which ClearView LifeSolutions Super is a part):

- is a resident regulated superannuation fund within the meaning of the *SIS Act*, and
- is not subject to a direction under section 63 of *SIS Act*.

Pursuant to section 25 of the Superannuation Guarantee (Administration) Act 1992 (Cth), a contribution by an employer for the benefit of an employee to the CRP is conclusively presumed to be a contribution to a complying superannuation fund if the employer receives a copy of this Complying Superannuation Fund Notice at or before the time that the contribution is made, except in the limited circumstances set out in that section.

Operation of the policy and applying for cover

Complete application form

In order to become covered for insured benefits under ClearView LifeSolutions or ClearView LifeSolutions Super, you will need to complete an application form and potentially other related forms, and make various decisions.

This section provides information on items other than the benefit options and premium alternatives you will need to consider.

Parties to the contract

Who can own the policy?

A policy can be owned by:

Type of policy	Type of policy owner
ClearView LifeSolutions policy	<ul style="list-style-type: none">• an individual• two individuals who own the policy as joint tenants• a company• a trustee of a self managed super fund*
ClearView LifeSolutions Super policy	<ul style="list-style-type: none">• the Trustee of ClearView LifeSolutions Super (for Life, TPD, Income Protection and Income Protection Plus Cover) for a member of the CRP

* Please note that these policies are referred to as being held inside superannuation and as superannuation policies.

The policy owner is responsible for paying the premiums to ensure the cover continues. However, when it comes to ClearView LifeSolutions Super, the member who is actually the person insured is responsible for paying the premiums.

If you are applying for a ClearView LifeSolutions policy as the trustee of a SMSF, you should obtain your own professional legal and taxation advice to ensure that the cover you apply for is permitted under superannuation laws and to determine the appropriate taxation treatment.

Changing the policy owner

You may transfer the ownership of your policy (other than a ClearView LifeSolutions Super policy) to another person, subject to relevant law, including superannuation law, by completing a Memorandum of Transfer (which must be signed by you and the transferee) and sending it to us with your original policy to be registered.

If there is more than one policy owner of a policy, we will regard them as joint tenants (i.e. on the death of one of the policy owners, their share passes to the surviving joint tenant) unless they own the policy as trustees.

If you choose to apply for cover through ClearView LifeSolutions Super, the Trustee is the owner of the policy. Generally, the Trustee will not transfer ownership to another person, superannuation fund or entity.

Continuation option

If you are no longer eligible to hold cover inside superannuation or wish to move your cover out of ClearView LifeSolutions Super to a policy that is owned outside of superannuation, we will allow you to replace the cover without the need for medical evidence.

- Life Cover can be replaced up until the policy anniversary immediately after you turn age 75.
- TPD Cover can be replaced up until policy anniversary immediately after you turn age 60.
- Income Protection Cover and Income Protection Plus Cover can be replaced up until policy anniversary immediately after you turn age 60.

Your cover in ClearView LifeSolutions Super must be in place at the time you exercise this continuation option.

Who can be covered?

You can cover your own life, which means you are the policy owner and the person insured. Or you may cover someone else's life such as a family member or a business partner.

You may have up to five people insured under any one policy issued through ClearView LifeSolutions, including where your policy is owned by a trustee of a SMSF. However, if your cover is held through ClearView LifeSolutions Super, you may only have one person insured on the policy.

There is no limit to the number of children that may be covered on the one Child Cover policy.

The questions that we ask in the application under the personal statement are all about the person(s) to be insured.

Your duty of disclosure

Your duty of disclosure

Before you enter into a contract of insurance with us, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose every matter to us that you know, or could reasonably be expected to know, that is relevant to our 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 us before you extend, vary or reinstate your policy.

Your duty, however, does not require you to disclose a matter:

- that reduces our risk
- that is common knowledge
- that we know or ought to know in the ordinary course of our business
- that diminishes the risk to be undertaken by us, or
- if we have waived in writing your requirement to comply with this duty.

Please consider your answers carefully. Your duty of disclosure continues until we accept your application and issue your policy.

If you are applying for insurance through ClearView LifeSolutions Super, the duty of disclosure applies to the Trustee, as trustee of the CRP and you have a corresponding duty to disclose all relevant information to the Trustee.

Non-disclosure

If you fail to comply with your duty of disclosure and we would not have offered you a policy on any terms, had the failure not occurred, we may avoid the policy within three years of entering into it. If your non-disclosure or misrepresentation is fraudulent, we may avoid the policy at any time.

If we are entitled to avoid your policy, we may, if within three years of the policy start date, choose to not avoid your policy and reduce your benefit amount instead, taking into account the premium that would have been paid, had all relevant information been disclosed to us.

When cover starts

Cover starts once your application has been approved and we have received the first premium. If your cover is held through ClearView LifeSolutions Super, you must be a member of the CRP before your cover can commence. If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the CRP. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

We will issue you with a policy certificate and a policy document which sets out the details of your cover.

Cooling off period

If for any reason you feel that your policy does not meet your needs, you can cancel it by notifying us in writing. You have 30 days, starting on the earlier of:

- the date you receive your policy, or
- five business days after your cover start date.

This is known as the cooling off period. If you cancel the policy during this period, we will cancel from the cover start date and refund any premiums you have paid. If you have applied for cover through ClearView Solutions Super, your refund may be required to be preserved within superannuation. Please refer to page 55 for details.

You will not be able to cancel your policy under the cooling off period if you have already made a claim under the policy or for ClearView LifeSolutions Super, exercised any rights in relation to the CRP.

When cover ends

As long as you continue to pay your premiums, we guarantee to continue to provide cover until the first of the following occurs:

- the date on which all entitlements under the cover are paid
- you die
- the policy anniversary immediately after the expiry* age (the expiry age for each type of cover and premium is explained in the PDS and is also shown on your policy certificate)
- we cancel your cover following your written request
- we cancel your cover because premiums are unpaid, as and when due
- we cancel your cover in accordance with our rights in relation to your duty of disclosure, or
- for cover held through ClearView LifeSolutions Super, 30 days after you cease to be a ClearView LifeSolutions Super member of the CRP or when you become ineligible for ClearView LifeSolutions Super membership of the CRP under law.

If there are two people insured under the cover and one dies, cover for the remaining person continues, but we may issue a new policy. Premiums will be reduced to reflect cover for one person and one benefit amount. If both people insured die as the result of the same event, we will pay the benefit amount for each person under the policy.

When all cover ceases, the policy ceases.

* If your cover is held through ClearView LifeSolutions Super and you wish to retain cover beyond the policy expiry age of 80, please refer to the section on Continuation option on page 60 of this PDS.

Complimentary Interim Accident Cover

We will provide you with Interim Accident Cover, at no extra cost, while we assess your application for cover. This interim cover will not apply where the insurance applied for is replacing existing insurance with us or another insurer.

When cover starts

This cover starts on the day we receive your fully completed application form along with your completed and valid credit card or direct debit authority or rollover authority, if applying for membership in ClearView LifeSolutions Super Rollover. Cover is subject to your premium payment not being dishonoured.

When cover ends

Interim Accident Cover will end on the earliest of the following dates:

- 90 days from the date this Interim Accident Cover started
- the cover start date of your ClearView LifeSolutions or ClearView LifeSolutions Super policy, as indicated on your policy certificate
- the date your application is withdrawn, or
- the date your Interim Accident Cover is cancelled.

When a benefit will not be paid

No benefit will be paid where the condition or event giving rise to the claim under Interim Accident Cover was caused directly or indirectly by:

- an *accident* that first occurred before the Interim Accident Cover started
- suicide or any intentional self inflicted act
- an act of war (whether declared or not), or
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms.

When a benefit will be payable

If you have applied for Life Cover or Accidental Death Cover

We will pay the benefit amount under this cover if you die as the result of an *accident* and death occurs within 90 days of the *accident*.

If you have applied for TPD Cover or Accidental TPD Cover

We will pay the benefit amount under this cover if you are *totally and permanently disabled* (TPD) as a result of an *accident* and TPD occurs within 90 days of the *accident*.

The TPD definition that applies will be the one applied for in the application, provided that we would normally offer you that definition based on your circumstances at the time of application.

If you have applied for Trauma Cover

We will pay the benefit amount under this cover if you survive 14 days after suffering one of the following trauma conditions as a result of an *accident* and the condition occurs within 90 days of the *accident*:

- Major Head Trauma
- Paralysis
- Blindness
- Loss of Hearing
- Severe Burns
- Loss of Limbs or Sight

These trauma conditions have a specific meaning and you should refer to the Trauma definitions section on page 70.

If you have applied for Child Cover

We will pay the benefit amount under this cover if the child insured suffers one of the following trauma conditions as a result of an *accident* and survives 14 days, or dies as a result of an *accident* and this occurs within 90 days of the *accident*:

- Major Head Trauma
- Paralysis
- Blindness
- Loss of Hearing
- Severe Burns
- Loss of Limbs or Sight

These trauma conditions have a specific meaning and you should refer to the Trauma definitions section on page 70.

If you have applied for Income Protection, Income Protection Plus, Accidental Income Protection or Business Expense Cover

We will pay the *monthly benefit amount* under this cover if you are *totally disabled* as a result of an *accident*, and *total disability* occurs within 90 days of the *accident*.

We will pay this benefit amount from the end of the waiting period, while you remain *totally disabled*, subject to a maximum of six months.

How much we will pay

We will only pay once for Interim Accident Cover, for any ClearView LifeSolutions or ClearView LifeSolutions Super cover.

In the case of Life, Accidental Death, TPD, Accidental TPD, Trauma Cover or Child Cover we will pay the lesser of:

- the benefit amount applied for, and
- \$1,000,000.

In the case of Income Protection, Income Protection Plus, Accidental Income Protection and Business Expense Cover, we will pay a monthly benefit amount of the lesser of:

- the total of the *monthly benefit amount* applied for
- the total of the *monthly benefit amount* which would normally be offered by us based on our underwriting rules at the time of application, and
- \$5,000.

Direct Debit Service Agreement

By signing a direct debit request, you have authorised us (being ClearView or the Trustee) to arrange for funds to be debited from your account. You should refer to the direct debit request and this Direct Debit Agreement set out below for the terms of the arrangement between us and you.

Our commitment to you

We will:

- only arrange for funds to be debited from your nominated account for payment of the applicable premium as authorised in the direct debit request or if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies that amount payable by you to us and when it is due
- deduct premiums from your nominated account on or around the premium due dates unless these dates are on a weekend or a public holiday. In these cases, we will normally make the deductions on the previous or the next business day. If you are uncertain about when the deduction will be made from your account, you should contact your financial institution directly.
- give you at least 14 days notice in writing before changing the terms of this agreement or the amount of the deduction, and
- promptly respond to any concerns you may have about amounts deducted from your nominated account.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits (direct debiting may not be available on all accounts). If you are uncertain, please check with your financial institution before you complete the direct debit request.
- ensure that all account holders on the nominated account agree to the debiting arrangements
- ensure the account details you have provided to us are correct by checking them against a recent statement. If you are uncertain, please check with your financial institution before completing the direct debit request.
- ensure there are sufficient cleared funds available in the nominated account so that premium deductions can be made when due
- advise us if the nominated account is transferred, closed or if the details change in any way, and
- check your statement to verify that the amounts debited from your nominated account are correct.

Your financial institution and we may charge you a fee if the nominated account details are incorrect or there are insufficient cleared funds available in the nominated account when we attempt to deduct your premiums. If direct debiting fails, you must arrange for the premium to be paid by another method to ensure your policy continues.

If ClearView Life Assurance Limited is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Your rights

You may ask us to alter or defer our authority to make deductions from your account, stop a single deduction or cancel this agreement by writing to us at least 14 business days before the next deduction is due to be made.

You can also ask your financial institution to stop an individual drawing or cancel this agreement.

Dispute

If you believe that there has been an error in debiting your nominated account, please call us immediately on **132 979**. We may ask you to confirm details of the deduction in writing.

If we conclude as a result of our investigation that your nominated account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your nominated account has been adjusted.

If we conclude as a result of our investigations that your nominated account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding. Any queries you may have about an error made in debiting your nominated account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Privacy

We will not disclose any details of your direct debit request unless:

- the disclosure to a financial institution is necessary to enable us to act in accordance with your debit arrangements or to investigate a disputed transaction
- we are required or permitted to make the disclosure by law or you consent to the disclosure, or
- our financial institution requires the disclosure in connection with a claim on it relating to a claimed incorrect or wrongful debit.

Beneficiaries and making claims

Making a claim

Claims should be made within 90 days after the insured event, or as soon as reasonably practical thereafter.

A potential claim relating to *Occupationally Acquired HIV* or *Occupationally Acquired Hepatitis B or C* must be reported to us within 30 days of the relevant *accident* and supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*.

We will need all the evidence we reasonably regard as necessary to establish entitlement to a benefit.

Guarantee of Claims Accountability

When you make a claim under your policy, ClearView undertakes to guarantee to you:

- to take the time to understand your position and your claim as well as facilitate easy and open communication throughout the claims process
- to advise you of what to expect in relation to the assessment of your claim from the beginning
- to keep you advised of developments occurring in relation to your claim at all times. It is important to us that you are aware of and understand what is occurring in relation to your claim and the progress of our assessment
- to explain to you the impact of any information we obtain in relation to your claim
- to advise you as soon as reasonably practicable in circumstances where we require additional information or need to undertake certain investigations in order to carry out a complete assessment of your claim
- if we require you to be independently examined, we will work with you in reaching a mutually agreeable time and location
- if we do not accept your claim or make an adverse decision in relation to your claim, we will give you our reasons in writing
- if you do not agree with any decision we make you will have the right to request a review and discuss your position with us. In the first instance, we will endeavour to reach a fair resolution with you, and
- if we are not able to reach a fair resolution we will assist you to identify other options available to you.

The only time the Guarantee of Claims Accountability will not apply is when we have reasonable grounds to believe that you have not met your Duty of Disclosure in accordance with the Insurance Contracts Act 1984 (Cth) or are involved in an illegal activity, including fraudulent activity.

Claims requirements

To make a claim under the policy we must receive:

- our claim form which has been fully completed
- the policy certificate
- proof of your age, if not already provided, and
- any other evidence we require to establish the circumstances of the claim.

The cost of medical and other information, which we may reasonably require, to establish the validity of a claim, is your responsibility.

Who receives the benefit?

Generally, the policy owner will receive any benefits that become payable on a policy. For Life Cover held outside superannuation, where a beneficiary has been nominated on a policy, they will receive the death benefit.

In the case of cover held through:

- ClearView LifeSolutions Super, we pay the benefit to the Trustee and the Trustee determines who will receive the benefit in accordance with the governing rules of the CRP and superannuation law. Please refer to page 56 for further details.
- your SMSF, we pay the benefit to the trustee of the SMSF and the trustee of the SMSF determines who will receive the benefit in accordance with the governing rules of the SMSF and superannuation law.

Nominating a beneficiary

For Life Cover held outside superannuation, you are able to nominate up to five beneficiaries to receive a death benefit, subject to the following rules:

- a nominated beneficiary must be a natural person, corporation or trustee
- if a nominated beneficiary dies or the corporation or trustee ceases to exist before a claim is made, then any benefit that would have been payable to the beneficiary will be paid to the policy owner or the policy owner's estate
- if ownership of the policy is assigned or transferred to another person or entity, then any previous nomination of beneficiary becomes invalid, and
- the policy owner can change the nomination at any time prior to the death of the person insured by notifying us in writing.

For information on nominating beneficiaries when the cover is held through ClearView LifeSolutions Super, please refer to 'Payment of death benefits' on page 57 of this PDS.

Customer satisfaction and things you need to know

What we pay your financial adviser

If you have purchased your ClearView LifeSolutions policy through a financial adviser, we may pay your financial adviser a commission. This commission will be paid from the premium and is not an extra charge to you.

From time to time we may also make payments to financial services dealer groups based on commercial arrangements. These payments are made by us and are not an additional charge to you.

Your financial adviser will provide you with a financial services guide and where applicable, a statement of advice, which will detail the benefits they receive for selling you this policy.

Alternative form of remuneration registers

We maintain an Alternative Form of Remuneration Register in accordance with regulatory requirements which currently prescribes that the registers are maintained by fund managers, Investor Directed Portfolio Service (IDPS) providers, representatives and licensees. These registers outline the alternative forms of remuneration which are paid and received from givers and receivers. The law regarding these registers may change and consequently so may our practices.

Our register is publicly available. If you would like to view the register, please contact our Customer Service Centre on **132 979**.

No cash value

The types of cover described in this PDS do not have a surrender value or a cash-in value at any point.

What are the risks?

There are a number of risks that you must be aware of before deciding to acquire ClearView LifeSolutions or applying to be covered through ClearView LifeSolutions Super:

- the cover type or amount of cover may not be appropriate for your needs (you should consider the options you select carefully)
- if you become unable to pay your premium in the future we may cancel your cover
- if you do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision about whether or not to accept your application and on what terms, we may avoid the cover or reduce the benefit amount payable
- if some or all of your cover is held through superannuation, you may be unable to access the benefit amount if you do not meet a condition of release under superannuation law, and

- if you have applied electronically and we have not received your signed general declaration within 30 days of the cover start date, your cover will be deemed to have not commenced.

We suggest that you speak with a financial adviser before making a decision about your insurance arrangements.

If you have a complaint

Customer satisfaction is very important to us. Should you be dissatisfied with your cover or our service, please let us know by calling us on **132 979** or writing to us at the following address:

Complaints Manager
ClearView
Reply Paid 4232
Sydney NSW 2001

We will address your complaint within 45 days (or within any extended period you approve).

If you hold cover through ClearView LifeSolutions

If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Financial Ombudsman Service (FOS) on 1300 780 808 between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively, you may visit their website at www.fos.org.au or write to them at the address below. FOS is an external dispute resolution scheme that handles complaints relating to members of the financial services industry, including life insurance companies and financial advisers.

The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001

This service is provided to you free of charge.

If you hold cover through ClearView LifeSolutions Super

If you are not satisfied with how the Trustee responds to your enquiry or complaint or the Trustee has been unable to resolve this for you within 45 days, you may contact the Superannuation Complaints Tribunal (SCT) on 1300 884 114 between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively you may email them at info@sct.gov.au, fax them on (03) 8635 5588 or write to them at the address below. The SCT handles complaints that relate to a specific superannuation fund member or former member. It cannot deal with complaints about the management of the fund as a whole and does not have jurisdiction to deal with a matter unless it is satisfied that you have first tried to resolve the matter via the Trustee's internal dispute resolution process.

**The Manager
Superannuation Complaints Tribunal
Locked Bag 3060
Melbourne VIC 3001**

The SCT is an independent body that has been set up by the commonwealth government to assist consumers and the SCT's services are provided to you free of charge.

Privacy and your personal information

In this section 'we', 'us' and 'our' refers to ClearView and the Trustee, depending on the financial products you apply for under this PDS. We are committed to ensuring the confidentiality and security of your personal information. All personal information will be handled in accordance with the Privacy Act 1988 (Cth).

We collect, use and disclose your personal information including sensitive information in order to consider your application, administer the policy and assess any claim, establish and administer a ClearView LifeSolutions Super interest and determine whether a condition of release has been met (if applicable). We may also collect your personal information under superannuation, taxation and other relevant laws. You can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide you with and manage the financial product or service you request. You may generally access personal information we hold about you.

Sensitive information is personal information which includes information or opinions about your health, genetic information, sexual preferences or practices, and criminal history. By completing the application form, you and the person to be insured agree to the following:

- we can collect and use the personal information of you and the person to be insured for the following purposes: to assess any application; underwrite; price and issue any policy; calculate or offer benefits and discounts; administer the policy; administer a ClearView LifeSolutions Super interest; to investigate, assess and pay any claim under the policy or from the CRP
- for these purposes we can collect the personal information of you and the person to be insured from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and an agent of any of these. We may also disclose the personal information of you and person to be insured if:
 - acting in good faith, we believe the law requires or permits us to do so, or
 - if you or the person to be insured consents, and
- where you provide personal information to us about another person, you are authorised to provide their information to us, and that you will inform that person

who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727** or refer to our website at **www.clearview.com.au**.

Marketing

We are committed to providing you with access to a range of leading financial products and services offered by us, affiliated providers and external providers for whom we act as agent. In order to do this we may disclose your personal information on a confidential basis to our related entities within ClearView and these providers. If you do not want your personal information to be used or disclosed for these marketing purposes, please contact us on **1800 357 727**.

Dictionary of defined terms

accident/accidental

An unintended or unexpected event, resulting in an *injury* which is independent of any other cause.

accredited mortgage broker

An authorised deposit-taking institution (ADI) or any other mortgage provider that we agree to.

business expenses

The regular or continuing fixed expenses incurred by your business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or other entity from which you or your family derive a benefit. Your share of these payments will be that which is apportionable to you in line with the usual manner that the profits and/or losses of your business are divided.

business income

Your share of the gross income generated by the business before expenses and tax, subject to a minimum value of zero.

Consumer Price Index (CPI)

The weighted average of the eight Australian capital cities combined, as published by the Australian Bureau of Statistics (or any body which succeeds it) for the 12 month period ending 31 December each year.

disability/disabled

This refers to *total disability* or *partial disability*.

eligible business expenses

Your share of the normal day to day fixed expenses of your business actually incurred by you and include, but are not limited to:

- salaries or remuneration of employees who are not directly involved in generating sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- net costs of a locum (a person sourced external to your business and who is a direct replacement for you whose gross sales, income or billings are less than the fees incurred for that locum)
- rent and regular principal and interest instalment repayments on loans for the purpose of the business (unless the business premises are also your principal residence)
- business property rates and taxes
- leasing costs for equipment and motor vehicles
- electricity, gas, water, telephone, laundry and cleaning
- business related insurance premiums (excluding premiums for this Business Expense Cover)
- contracted advertising costs
- subscriptions to professional associations

- accounting and audit fees
- bank fees and charges, and
- any other *business expenses* we may agree to cover.

The following *business expenses* are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- salaries or remuneration for members of your family (unless they were employed at least 90 days before the date you became *disabled*) or any person who is not your employee
- salaries or remuneration of employees who generate sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- cost of goods, fittings, equipment, implements or products used in your business
- depreciation, and
- premiums payable for this Business Expense Cover.

exposure-prone medical procedures

Procedures where there is potential for contact between the skin (usually finger or thumb) of the healthcare worker or *medical professional* (as applicable) and sharp surgical instruments, needles or tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth. Procedures which lack these characteristics do not constitute exposure-prone medical procedures because they are unlikely to pose a risk of transmission of blood-borne viruses from infected healthcare worker or *medical professional* to patient.

home duties

This refers to the tasks performed by you if your sole occupation is to maintain your family's usual place of residence (home) being:

- Cleaning the family home
- Shopping for food and groceries for the household
- Preparing meals for the household
- Performing laundry services for the household including washing and ironing, and
- Caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform home duties, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

gainful employment/gainfully employed

To be engaged in an occupation, business or employment for remuneration or reward.

immediate family member

Includes:

- Spouse, child, sibling, parent, father in-law or mother in-law, or
- Person in a bona fide domestic living arrangement and is financially interdependent.

important income producing duty

This is a duty of your occupation that we could consider primarily essential to producing your monthly income.

injury

An *accidental* bodily injury.

maximum monthly benefit

In relation to Business Expense Cover the *monthly benefit amount* payable under this cover, being the lesser of:

- the *monthly benefit amount*, and
- 1/12th part of the *eligible business expenses* actually incurred by you in the operation of your profession, business or occupation during the 12 months immediately preceding your *total disability* and which continue during that *total disability*.

If the monthly benefit payable, together with any benefit payable under any other disability policy with ClearView or any other insurer deemed by us to be business expenses insurance, exceeds in any month the *eligible business expenses* which are incurred during that month then the monthly benefit will be reduced by the excess.

medical practitioner

A medical practitioner who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the policy owner or an *immediate family member* or business partner of you or the policy owner.

medical professional

For the purpose of this policy, you will be considered a medical professional if:

- you have been classified as occupational category AM
- you are registered to practise your profession as regulated by an Act of Parliament of a state or territory of the Commonwealth of Australia, and
- you were performing or assisting in *exposure-prone medical procedures* monthly on average or more frequently.

monthly benefit amount

The amount of benefit you are covered for as shown on the policy certificate as increased or decreased in accordance with the provisions of this cover.

monthly earnings

If you are self employed or a working director, monthly earnings is the gross monthly income generated by the business or professional practice as a result of your personal physical exertion less your share of the *eligible business expenses* necessarily incurred in generating that income.

If you are not self employed, monthly earnings is your gross monthly income earned from personal exertion by way of total remuneration package and includes salary, regular overtime, superannuation contributions, commissions, bonus payments and other fringe benefits.

In each case, monthly earnings do not include income which is not derived from your personal exertion or activities, such as interest or dividend payments.

offsets

For income protection covers under this policy, has the meaning described under the heading 'When the income protection monthly benefit amount will be reduced' on page 40.

For Business Expense Cover has the meaning described under the heading, 'When the Business Expense Cover monthly benefit amount will be reduced' on page 47.

own occupation

In relation to TPD the most recent occupation you were engaged in immediately prior to the date of your disability.

partial disability/partially disabled

For Income Protection or Income Protection Plus Cover, has the meaning set out on page 35.

For Accidental Income Protection Cover, the definition is varied as described on page 43.

For Business Expense Cover, has the meaning set out on page 47.

pre-disability business income

The highest average monthly *business income* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*. If you become *disabled* while on maternity, paternity, sabbatical or long service leave, then pre-disability business income will be based on your average monthly income during the 12 months before the period of leave commenced.

Pre-disability business income will be indexed while on total or partial disability claim.

pre-disability earnings

For agreed value and guaranteed agreed value benefit payments, pre-disability earnings are your highest average *monthly earnings* for any consecutive 12 month period between the period one year prior to commencement date and the date of your *disability*.

For indemnity benefit payments, pre-disability earnings are your highest average *monthly earnings* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*. If you become *disabled* while on maternity, paternity, sabbatical or long service leave, then pre-disability earnings will be based on your average *monthly earnings* during the 12 months before the period of leave commenced.

Pre-disability earnings will be indexed while on total or partial disability claim.

regular occupation

In relation to income protection covers and Business Expense Cover the occupation you are regularly engaged in, except that:

- if you are unemployed or on maternity, parental or sabbatical leave for greater than 12 months at the time of *disability*, then regular occupation will mean any occupation for which you are reasonably suited having regard to your education, training and experience.

sickness

A sickness, disorder or disease.

SIS Act

The Superannuation Industry (Supervision) Act (1993) (Cth) and/or the Superannuation Industry (Supervision) Regulations (1994) (Cth) where relevant.

terminal illness/terminally ill

You are diagnosed with a *sickness* which reduces your life expectancy to less than 12 months from the date of diagnosis, as confirmed by a medical specialist approved by us.

total and permanent disablement/totally and permanently disabled

- Any occupation TPD as defined on page 14
- Own occupation TPD as defined on page 14
- Home duties TPD as defined on page 14
- Non-working TPD as defined on page 14,

whichever is relevant.

For Accidental TPD Cover, the TPD definitions listed above are varied, as described on page 18.

total disability/totally disabled

For Income Protection or Income Protection Plus Cover, has the meaning set out on page 34.

For Accidental Income Protection Cover, the definition is varied as described on page 43.

For Business Expense Cover, has the meaning set out on page 46.

Trauma Definitions

Advanced Diabetes

Means that a consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- neuropathy causing:
 - irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhea, or
 - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia

This means permanent and irreversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

Bacterial Meningitis

The unequivocal diagnosis of Bacterial Meningitis by a consultant neurologist, which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence).

Benign Brain Tumour or Spinal Cord Tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which is histologically described and which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- causing at least 25% permanent whole person impairment, as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, or

- requires cranial surgery for its removal. The presence of the underlying tumour 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 excluded.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by an ophthalmologist.

Breast Cancer with Surgery and Treatment

Carcinoma in situ of the breast requiring breast conserving surgery followed by adjuvant therapy such as radiotherapy and/or chemotherapy, which is considered medically necessary and the most appropriate treatment.

For this purpose, chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjuvant endocrine manipulation therapy, hormonal manipulation therapy and non-endocrine adjuvant therapy are excluded.

Cancer

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant (Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.
- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of 6 or less, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which have a depth of invasion of less than Clark Level 3 or less than 1mm in Breslow thickness, unless there is histological evidence of ulceration.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

Cancer of the Vulva or Perineum

Any lesion described by a histopathologist as carcinoma of the vulva or perineum that meets the criteria of either Stage 3 or 4 (tumour of any size with contiguous invasion of local organs) of the 1988 International Federation of Gynecology and Obstetrics (FIGO) surgical staging system.

Carcinoma In Situ

Localised cancer, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0. Only carcinoma in situ of the following sites is covered:

- Breast (excluding Breast Cancer with Surgery or Treatment)
- Cervix - uteri (excluding cervical intraepithelial neoplasia (CIN) classifications CIN 1 and CIN 2)
- Fallopian tube (tumour must be limited to the tubal mucosa)
- Ovary
- Penis
- Perineum
- Prostate
- Testicle
- Vagina
- Vulva

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

Cardiomyopathy

Condition of 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

End stage renal failure presenting as chronic irreversible failure of both kidneys to function which requires permanent renal dialysis or renal transplantation.

Chronic Liver Disease

End stage liver failure resulting in permanent jaundice, ascites or encephalopathy.

Chronic Lung Disease

End stage lung disease requiring continuous permanent oxygen therapy and FEV1 test results of consistently less than one litre.

Chronic Lymphocytic Leukaemia

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

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required you to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period you are likely to require ongoing continuous care and supervision by another person.

Colostomy/ileostomy

The creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of 6 or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary Artery Angioplasty

The undergoing of coronary artery angioplasty, cardiac keyhole surgery or stent insertion on one or two coronary arteries to correct a narrowing or blockage. The procedure must be considered necessary by a cardiologist to treat coronary artery disease and supported by angiographic evidence.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure or via two procedures no more than two months apart, Coronary Artery Angioplasty to three or more coronary arteries, where the procedure is considered necessary by a cardiologist to treat coronary artery disease. Triple Vessel Coronary Artery disease must be diagnosed prior to the first angioplasty procedure.

Coronary Artery By-Pass Surgery

The undergoing of coronary artery by-pass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. The surgery must be the most appropriate treatment for the disease as recommended by a cardiologist. All non-surgical procedures such as laser, angioplasty or other intraarterial techniques are excluded.

Dementia including Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease) by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment in this definition means a deterioration in your Mini-Mental State Examination scores to 24 or less.

Diabetes Complication

Means a consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of Type 1 insulin dependent diabetes mellitus:

- i. urinary protein excretion of more than 300mg per day
- ii. creatinine clearance of 28-42mL/min (CKD stage 3b, International Chronic Kidney Disease Classification)
- iii. retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or
- iv. persistent sensory neuropathy.

Early Stage Melanoma

The presence of one or more melanomas which are both less than 1mm, in Breslow thickness and less than Clark Level 3 depth of invasion as determined by histological examination.

Early Stage Prostate Cancer

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of six or less.

Encephalitis

The severe inflammation of brain substance caused by viral infection 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' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence) as certified by a consultant Neurologist.

Heart Attack

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with myocardial infarction or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or
- development of pathological Q waves in the ECG or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive or our noted diagnostic techniques are impractical to apply or have been superseded, we will consider other appropriate and medically recognised tests.

A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Hydatidiform Mole

The presence of a hydatidiform mole requiring surgical removal as recommended and confirmed by a histopathologist.

Intensive Care

A sickness or injury that has, for the first time, resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Sickness or injury as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of sickness or injury, as certified by an appropriate medical specialist.

Loss of Independent Existence

As a result of sickness or injury there is permanent and irreversible inability to perform without the assistance of another person any two of the 'Activities of Daily Living' or all of the 'Home Duties'.

Activities of Daily Living

1. Dressing – putting on and taking off clothing.
2. Toileting – using the toilet, which includes getting on and off.
3. Mobilising – getting in and out of bed and a chair.
4. Maintaining continence – having good control of bowel and bladder function.
5. Feeding – getting food from a plate into the mouth.

Home Duties

This refers to the tasks performed by you if your sole occupation is to maintain your family's usual place of residence (home) being:

- Cleaning the family home
- Shopping for food and groceries for the household
- Preparing meals for the household
- Performing laundry services for the household including washing and ironing, and
- Caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform home duties, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

Loss of Limbs or Sight

You have sustained, as a direct result of sickness or injury, the complete and irreversible loss of use of:

- two limbs
- sight in both eyes (Blindness), or
- sight in one eye (Partial Blindness) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of One Limb

You have sustained, as a direct result of sickness or injury, the complete and irrecoverable loss of use of a whole hand, whole foot, whole arm or whole leg.

Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech as a result of sickness or injury which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain, as certified by an appropriate medical specialist. Loss of speech due to psychological reasons is excluded.

Major Head Trauma

Injury to the head 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' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence), as certified by a consultant Neurologist.

Major Organ or Bone Marrow Transplant

Undergoing, or being placed on an official Australian waiting list approved by us for, a transplant from a human donor for bone marrow or one or more of the following organs:

- heart
- kidney
- liver
- lung
- pancreas, or
- small bowel.

This treatment must be considered medically necessary and deemed the most appropriate treatment.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medical procedures performed in Australia by a registered health professional:

- a transfusion of blood or blood products
- an organ transplant where you were the recipient

- assisted reproductive techniques, or
- other medical procedure or operation performed by a medical practitioner/paramedical practitioner or dentist at a registered medical facility.

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use, or
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

Meningococcal Septicaemia

The unequivocal diagnosis of Meningococcal Septicemia by a consultant neurologist which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence).

Motor Neurone Disease

The unequivocal diagnosis of Motor Neurone Disease by a consultant neurologist.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consultant neurologist which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities. Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist.

Occupationally Acquired Hepatitis B or C

The contracting of Hepatitis B or Hepatitis C as the result of an accident, during the course of your regular occupation, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test, or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody test.

The production of antigens or antibodies must be confirmed within six months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the accident and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the accident. We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

- the Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers
- the Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) as the result of an accident occurring during the course of the person insured's regular occupation.

The production and detection of HIV antibodies (seroconversion) must be confirmed by way of a positive HIV antibody test within six months of the accident.

Any accident giving rise to a potential claim must be reported to us within 30 days of the incident and supported by a negative HIV antibody test taken within seven days after the accident.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your medical profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which

renders HIV in-active and non-infectious, or

- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes the infection.

Open Heart Surgery

The undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Out of Hospital Cardiac Arrest

Cardiac arrest that occurs out of hospital and is due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.

Paralysis

As a result of sickness or injury, the total and permanent loss of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot. Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia are included in this definition.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist, which is characterised by irreversible neurological deficit.

Partial Blindness

The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

Partial Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from one ear as a result of sickness or injury, as certified by an appropriate medical specialist.

Pneumonectomy

The undergoing of surgery to remove an entire lung. This treatment must be considered medically necessary and deemed the most appropriate treatment.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement, established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment as confirmed by a cardiologist.

Repair or Replacement of a Heart Valve

Surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities. Percutaneous intravascular procedures, or other non-surgical procedures are excluded.

Severe Burns

Tissue injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart', or
- both hands, requiring surgical debridement and/or grafting, or
- the face, requiring surgical debridement and/or grafting.

Severe Cancer

The presence of one or more of the following malignant tumours, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. The diagnosis must be made by an oncologist.

The following cancers are included:

- Colorectal cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Lung cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Malignant Brain tumour diagnosed as Grade 4, or
- Pancreatic cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system.

All other cancers are excluded.

Severe Crohns Disease

Unequivocal diagnosis of Crohns Disease that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Severe Heart Attack

Death of heart muscle caused by obstruction of blood supply evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least one of the following:

1. Acute cardiac symptoms and signs consistent with heart attack
2. New, serial ECG changes with the development of any of the following:
 - a. Acute injury type ST elevation or ST depression
 - b. Coronary pattern T wave inversions
 - c. Pathological Q waves
 - d. Left bundle branch block
3. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality

In addition to the above being met, the left ventricular ejection fraction (taken six weeks or more after the event) must be 25% or less, with irreversible impairment categorised as Functional Capacity Class IV, Objective Assessment D of the New York Heart Association Functional Classification System of cardiac impairment.

The diagnosis must be confirmed by a cardiologist and must not be as a result of a medical intervention or procedure.

Severe Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consultant neurologist which is characterised by demyelination in the brain and spinal cord. There must be well-defined neurological deficits with persisting clinical neurological abnormalities, resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the Activities of Daily Living. Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Severe Osteoporosis

Before the age of 50, you suffer:

- at least two vertebral body fractures or a fracture of the neck or femur, due to osteoporosis; and
- have a bone mineral density reading with a T-score of -2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist, which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the Activities of Daily Living.

Severe Rheumatoid Arthritis

The unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, with evidence of, all of the following criteria:

- at least a six-week history of Severe Rheumatoid Arthritis which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands, or
 - metatarsophalangeal joints in the foot, wrist, elbow,
 - knee, or ankle.
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone), and
- typical rheumatoid joint deformity and at least two of the following criteria:
 - morning stiffness
 - rheumatoid nodules

- erosions seen on X-ray imaging, or
- the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Severe Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must:

- be confirmed by a consultant neurologist
- be evidenced by neuro-imaging; and
- cause severe permanent neurological impairment resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the Activities of Daily Living.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Severe Ulcerative Colitis

Unequivocal diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must:

- be confirmed by a consultant neurologist, and
- be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Surgery of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

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