

OneCare

Supplementary Product Disclosure Statement

12 March 2014

This Supplementary Product Disclosure Statement (SPDS) supplements the OneCare Product Disclosure Statement dated 14 September 2013 which contains the OneCare, OneCare Super and OneCare External Master Trust (OneCare PDS) and is to be read together with that PDS. Terms defined in the SPDS have the same meaning as in the PDS.

OneCare and OneCare External Master Trust are issued by OnePath Life (ABN 33 009 657 176, AFSL 238341) (OnePath Life). OneCare Super is issued by OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238346, RSE L000673) (OnePath Custodians).

OnePath Life and OnePath Custodians are the issuers of this SPDS and are responsible for the contents in this SPDS.

Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522) is an authorised deposit taking institution (Bank) under the *Banking Act 1959* (Cth). OnePath Life and OnePath Custodians are owned by ANZ – they are the issuers of this product but are not a Bank. Except as set out in the issuer's contract terms (including the PDS), this product is not a deposit or other liability of ANZ or its related group companies. None of them stand behind or guarantee the issuer.

The purpose of this SPDS is to update the OneCare PDS to include:

- New Privacy Statement
- Updates to Interim Cover.

New Privacy Statement

Following changes to the Australian privacy laws, OnePath has amended its Privacy Statement.

The wording on page 107 of the OneCare PDS is replaced with the following:

Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited, OnePath Custodians Pty Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- an organisation that is in an arrangement or alliance with us and/or ANZ to jointly offer products and/or to share information for marketing purposes (and any of its outsourced service providers or agents), to enable them or us and/or ANZ to provide you with products or services and/or to promote a product or service;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;

- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (where you are a life insured who is not the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/privacy-policy

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

If you have cover under a SuperLink arrangement, we will exchange and provide your personal information to the policy owner of the other linked policy in order to manage and administer your cover.

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us, ANZ or our alliance partners to tell you about products or services, phone Customer Services on 133 667 to withdraw your consent.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75
Sydney NSW 2001

Email: privacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy which can be obtained from our website at onepath.com.au/privacy-policy

Privacy law changes from 12 March 2014

From 12 March 2014, we and the ANZ Group must provide you with the following information about overseas recipients of personal information.

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at anz.com/privacy

Update Interim Cover

The section "OneCare Super – additional acknowledgments" on page 103 of the OneCare PDS is deleted and replaced with the following;

OneCare Super – additional acknowledgements

By completing an application for OneCare Super, you confirm to OnePath Custodians, the Trustee of the OnePath MasterFund (MasterFund), that:

- You are applying to join the MasterFund and will become a member when the application is received;
- You agree to be bound by the rules of the MasterFund;
- You understand that payments to and from the MasterFund may only be made in accordance with the rules governing the MasterFund and are subject to superannuation law;
- You acknowledge that the application and any statement made by you will be relied upon by OnePath Life and the Trustee of the MasterFund and declare that you have not withheld any material information in connection with the application.

The section 'Interim Cover for the OneCare Super application' on page 103 of the OneCare PDS is deleted and replaced with the following;

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, which is issued to the Trustee of the OnePath MasterFund, we provide Interim Cover to the life insured and the life insured will become a member of the MasterFund while we assess the application for insurance. Any benefits payable under this Interim Cover forms part of the member's superannuation entitlements held in the MasterFund.



Product Disclosure Statements:

OneCare

OneCare Super

OneCare External Master Trust

OneCare

Protection for life™

14 September 2013

About OnePath

Helping you shape and protect your future

OnePath is one of Australia's leading providers of wealth, insurance and advice solutions. We have been helping Australians grow and protect their wealth for over 130 years, previously as Mercantile Mutual and more recently as ING Australia.

The OnePath entities are wholly owned subsidiaries of Australia and New Zealand Banking Group Limited (ANZ) and are part of ANZ's Global Wealth division.

ANZ is a leading global and local bank with operations in more than 32 countries including Australia, New Zealand, Asia, the Pacific, the Middle East, Europe and America. ANZ provides products and services to more than 5.7 million retail customers worldwide and employs over 39,000 people.

OnePath has a comprehensive range of wealth and insurance products available through financial advisers or direct to customers making it easier for you to find the solution that best suits your needs.

At OnePath we value and appreciate our customers, our staff and the communities we operate in. We are committed to acting with the highest standards and to meeting our corporate responsibilities. We also encourage and support staff involvement in volunteering and charitable activities supporting the wider community.

OnePath actively participates in forums looking at regulatory and industry change. We also regularly review and conduct research to ensure we are attuned to changing customer and market needs.

Important information

An application for OneCare as described in the Product Disclosure Statement (PDS) must be made on a current OneCare Application Form. Your application is subject to acceptance by OnePath Life, who may accept or decline your application, or accept it on special conditions. Any insurance policies arising from applications are issued by OnePath Life.

Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522 is an authorised deposit taking institution (Bank) under the *Banking Act 1959 (Cth)*. OnePath Life and OnePath Custodians are owned by ANZ – they are the issuers of the products but are not Banks. Except as set out in the issuer's contract terms (including this PDS), this product is not a deposit or other liability of ANZ or its related group companies. None of them stands behind or guarantees the issuer.

The information provided is of a general nature and does not take into account your personal needs and financial circumstances. You should consider the appropriateness of the information, having regard to your objectives, financial situation and needs.

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

We reserve the right to change matters which are the subject of representations, such as administrative matters, or fees and charges.

Certain information in this PDS, including taxation information, is based on the continuance of present laws and our interpretation of those laws. This information may change from time to time. Updated information will be available free of charge from onpath.com.au. We will issue a supplementary or replacement PDS if there is a materially adverse change to or omission of information in this PDS. You can request a paper copy of any updated information, free of charge, by contacting 133 667.

OneCare is only available to persons receiving this PDS in Australia. It is not available, directly or indirectly, to persons in any other country.

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

OnePath Custodians Pty Limited (OnePath Custodians)

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OneCare

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OnePath Custodians is the trustee of OnePath Master Fund ABN 53 789 980 697, RSE R1001525 (OnePath Master Fund).

OnePath Life and OnePath Custodians are the issuers of this Product Disclosure Statement (PDS). Both OnePath Life and OnePath Custodians are responsible for the contents of this PDS.

OnePath Life has won the following awards for OneCare



In **2008, 2010, 2011** and **2012** OnePath was named Risk Company of the Year at the Money Management/DEXX&R Adviser Choice Risk Awards.



In **2008, 2009, 2010, 2011** and **2012** OnePath's OneCare product won the prominent five-star CANSTAR Outstanding Value for Life Insurance award.



In **2008, 2009, 2010** and **2011** OnePath was named AFR Smart Investor's Life Company of the Year.

How to read this PDS

The following table outlines the meaning assigned to particular references throughout this PDS for each policy in the OneCare range.

Policy	References to	Mean
OneCare	'we', 'our', 'us', and 'OnePath'	OnePath Life.
	'you', 'your' and 'policy owner'	The applicant(s) for insurance and the prospective owner(s) of the policy.
	'life insured'	The person whose life is to be insured. If the policy owner has taken out the policy on their own life, they will also be the life insured.
OneCare Super	'we', 'our', 'us', and 'OnePath'	OnePath Custodians.
	'you', 'your' and 'life insured'	The member of the OnePath Master Fund whose life is insured under the policy.
	'policy owner'	OnePath Custodians as Trustee of the OnePath Master Fund.
OneCare External Master Trust	'we', 'our', 'us', and 'OnePath'	OnePath Life.
	'you', 'your' and 'life insured'	The member of the Master Trust named on the Policy Schedule whose life is to be insured under the policy.
	'policy owner'	The Trustee of the Master Trust to which the policy is issued.

All other terms that appear in bold throughout this PDS are defined in the 'Trauma definitions' and 'General terms and phrases' sections of this PDS.

The importance of a financial adviser

At the time of application, your **financial adviser** can help you weigh up your options, and ensure you're making the right choices for you and your situation.

With an understanding of your goals, your adviser can help you:

- build a policy that offers you the right types of cover
- calculate the level of cover you need
- choose the features and options that are important to you
- structure your insurance cost-effectively.

Your **financial adviser** is required to provide you with a Statement of Advice detailing your insurance requirements, and the payments they will get from providing you with insurance advice.

Once your policy is in force, it's also important to meet regularly with your **financial adviser** to ensure your cover continues to meet your needs. Your OneCare insurance should

be based on your personal circumstances – both now and as they change in the future.

At claim time, your **financial adviser** may have a fundamental role in guiding and supporting you through the claims process.

When you purchase your policy through a **financial adviser**, we may pay your **financial adviser** a commission for selling you this product and for the ongoing management of your insurance portfolio. This payment is incorporated into your premium. Alternatively, your **financial adviser** may charge a fee for service directly to you instead of receiving commission. The adviser may choose to use both options on the one policy.

A Financial Services Guide (FSG) is an important document that outlines the type of products and services that each of the licensed OnePath entities is authorised to provide under their Australian Financial Services License (AFSL). Please visit onepath.com.au for a copy of the FSG.

OneCare is OnePath Life's award-winning life insurance cover

With a broad range of cover types to choose from, OneCare is designed to provide comprehensive and flexible protection – allowing you to tailor your policy to your needs and those of your family.

OneCare even allows you to combine your personal, family, and business insurances, which can potentially reduce your premiums.

One policy, many ways to protect

The following shows the types of cover available within the OneCare range:

Core cover

There are the four main types of life insurance cover that are generally suitable for most people.

Specific cover

There are also specific types of cover which are suitable for certain types of people – e.g. business owners (Business Expense Cover) or people who don't qualify for Income Secure Cover (Living Expense Cover).

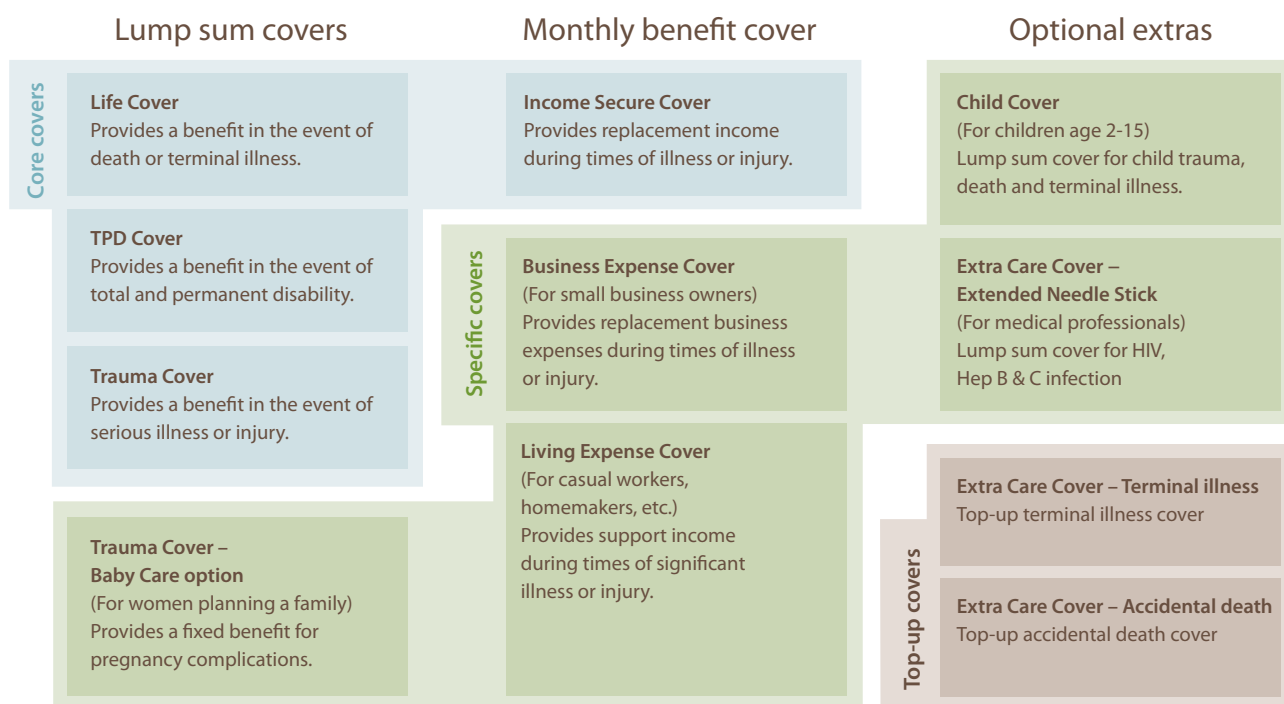
Optional extras

You can choose to 'top-up' cover by including one or more of the 'optional extra' covers in your policy, but they are only available when your policy includes at least one type of core or specialist cover.

Your Policy

You can choose to have any of the core cover or specialist cover as stand-alone policies or combine it with another cover. For example you can have a policy with Life Cover only or alternatively you can have a policy with Life Cover and Business Expense Cover.

You can also structure your policy so that your covers are linked. For example, you might want to link your Life, TPD and Trauma covers.



Details of the benefits, and extra cost options for each of these cover types may be found in the OneCare covers section from page 17.

How your policy may be owned

OneCare provides four policy ownership structures. They are where the policy is:

- held outside superannuation (non-superannuation)
- held inside superannuation and issued to the trustee of OnePath MasterFund (OneCare Super);
- held inside superannuation and issued to the Master Trust to which the life insured is a member (OneCare External Master Trust); and
- held inside superannuation and issued to the trustee of your self-managed superannuation fund or small APRA fund (SMSF).

The policy ownership structure you choose will dictate:

- how your insurance is owned (e.g. inside or outside superannuation)
- how you can pay your premiums
- the tax treatment of your premiums and benefits
- what features and benefits are available on your policy.

Your **financial adviser** can help you choose the policy type, or combination of policy types, that best suit the purpose of your cover.

Cover issued outside superannuation

If you hold the policy outside superannuation, the policy owner will usually be you, your partner or your company; and the life insured and the policy owner can differ.

Cover issued inside superannuation

If you hold the policy inside superannuation, it will be owned by the trustee of your super fund. With OneCare, the trustee can be the trustee of your self-managed super fund (for OneCare), the trustee of the OnePath MasterFund (for OneCare Super) or the trustee of the External Master Trust (for OneCare External Master Trust).

Superannuation laws may limit the insurance cover that can be held inside superannuation, and the circumstances under which an insurance benefit may be paid to a superannuation fund member.

The trustee of a superannuation fund must determine whether the insurance they have chosen is acceptable, having regard to their obligation under superannuation law and the fund's trust deed.

Look out for these symbols

Throughout the PDS these symbols will show you what cover types, benefits and options are available for the policy type and ownership structure you have chosen.



OC – OneCare (non-superannuation)

The OneCare policy owner/s can be:

- The life insured
- Other individual/s
- A company or trust (excluding superannuation trust)
- Other entities.



OCS – OneCare Super

The OneCare Super policy is issued to the Trustee of the OnePath MasterFund.



OCEMT – OneCare External Master Trust

The OneCare External Master Trust policy is issued to the Trustee of the Master Trust that has an agreement with us.



SMSF – OneCare

The OneCare policy is issued to the Trustee of the Self Managed Super Fund or small APRA fund.

For OneCare Super policies, OneCare External Master Trust policies and OneCare policies issued to SMSF's or small APRA funds, benefits are paid to the relevant Trustee and the release of these benefits by the relevant Trustee to you will be subject to the relevant Trust Deed and superannuation laws. For information on whether and when benefits can be released to you, please consult your Trustee or **financial adviser**.

Cover ownership grid

		Cover type							
		Life	TPD	Trauma	Income Secure	Business Expense	Living Expense	Child	Extra Care
Ownership	OC	✓	✓	✓	✓	✓	✓	✓	✓
	OCS	✓	✓	-	✓	-	-	-	✓ [^]
	OCEMT	✓	✓	-	✓	-	-	-	✓ [^]
	SMSF	✓	✓	✓	✓	-	-	-	✓

[^] Extra Care Extended Needle Stick Cover is not available

How OnePath Life can help

OnePath Life can help ensure that you achieve your goals, no matter what happens to you or a life insured. Below are some of the key scenarios where life insurance is designed to help.

If the life insured suffers a serious illness or accident...

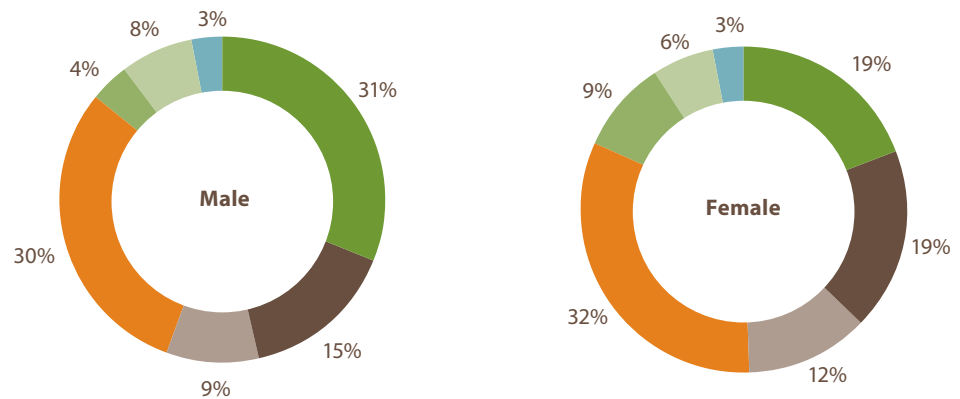
OneCare can help...

- ✓ **Replace income.** Keep up with the bills and day-to-day expenses if the life insured is unable to work for an extended period. If they're a home-maker, don't forget the non-financial contribution they make to the household.
- ✓ **Pay medical bills.** Receive additional financial support to help cover out-of-pocket medical expenses or travel costs associated with treatment.
- ✓ **Make lifestyle changes.** Allow them to take an extended holiday, or reduce their working hours.

Income protection insurance

Facts and figures [^]	All claims	Male	Female
Total claims paid	\$75,078,522	\$66,265,284	\$8,813,238
Total number of claims	2,643	2,268	375
Oldest claimant	79	73	79
Youngest claimant	19	19	22

Cause of claims



Cause of claims

- External causes[^]
- Unemployment
- Heart conditions
- Cancer
- Back injury
- Musculoskeletal conditions
- Other*

[^] The 'external causes' category includes accidental falls, injuries and poisoning.

* The 'other' category includes causes such as rheumatism excluding the back, motor vehicle traffic accidents, nervous system conditions, pregnancy/childbirth, paraplegia, appendicitis, and severe burns.

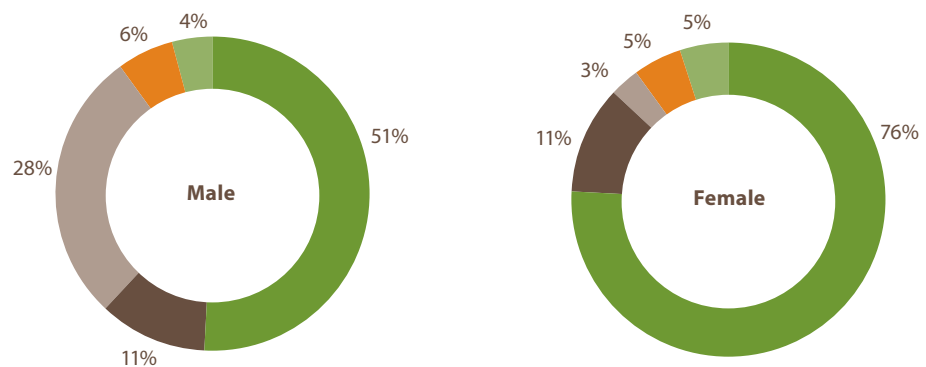
The above charts and figures are based on OnePath Life's claims experience for Life Risk in the 2012 calendar year only.

If the life insured suffers a serious illness or accident...

Trauma

Facts and figures	All claims	Male	Female
Total claims paid	\$87,925,663	\$56,612,804	\$31,312,859
Total number of claims	469	261	208
Oldest claimant	68	68	65
Youngest claimant	3	26	3

Cause of claims



Cause of claims

- Cancer
- Stroke
- Heart conditions
- Other*
- Nervous system conditions

* The 'other' category includes causes such as blindness, skin infections, diabetes mellitus, major head trauma, dementia, and loss of hearing.

The above charts and figures are based on OnePath Life's claims experience for Life Risk in the 2012 calendar year only.

OnePath Life lives by its **commitment** to **deliver** on the **promise** insurance provides.

In 2012, OnePath Life helped 11,973 people (around 33 people per day) and their families by paying over **\$634 million in claims** – that's approximately **\$70,444 an hour**.

If the life insured becomes permanently disabled...

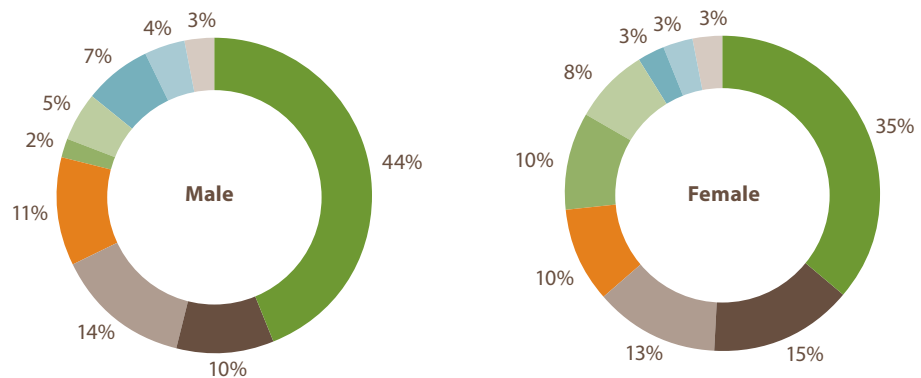
OneCare can help...

- ✓ **Replace income.** Keep up with the bills and day-to-day expenses for the duration of their working life. If the life insured is a home-maker, don't forget the non-financial contribution they make to the household.
- ✓ **Reduce or eliminate debts.** A lump sum payment can reduce or eliminate the life insured's debts – saving the family from the stress and upheaval of having to sell the family home.
- ✓ **Cover additional costs.** Receive additional financial support to help cover out-of-pocket medical expenses, and pay for any required modifications to the family home.

Total and permanent disability insurance

Facts and figures	All claims	Male	Female
Total claims paid	\$32,166,027	\$25,399,870	\$6,766,157
Total number of claims	140	100	40
Oldest claimant	64	64	57
Youngest claimant	23	23	27

Cause of claims



Cause of claims

Other*	Stroke	Psychiatric conditions
Nervous system conditions	Cancer	Back injury
Musculoskeletal conditions	Heart conditions	External causes

* The 'other' category includes causes such as loss of limbs and/or sight, blindness, kidney failure, asthma, major head trauma, and muscular dystrophy.

The above charts and figures are based on OnePath Life's claims experience for Life Risk in the 2012 calendar year only.

If the life insured dies...

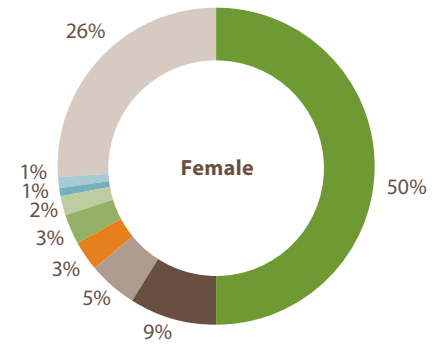
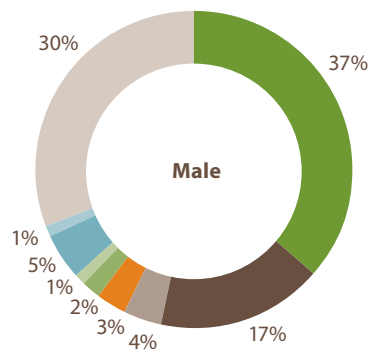
OneCare can help...

- ✓ **Replace income.** Give the family the ongoing financial support they need to maintain their lifestyle. If they are a home-maker, don't forget the non-financial contribution the life insured makes to their household.
- ✓ **Reduce or eliminate debts.** Provide a lump sum to reduce or eliminate debts – saving the family from the stress and upheaval of having to sell the family home.
- ✓ **Provide for their child/children's education.** Ensure their wishes for their children's education can be carried out.

Life insurance and terminal illness

Facts and figures	All claims	Male	Female
Total claims paid	\$109,578,283	\$84,950,232	\$26,628,051
Total number of claims	498	360	138
Oldest claimant	95	91	95
Youngest claimant	19	21	19

Cause of claims



Cause of claims

Cancer	Nervous system conditions	Heart conditions
Self-inflicted injury	Motor vehicle traffic accident	Pneumonia and influenza
External causes	Stroke	Other*

* The 'other' category includes causes such as diabetes mellitus, acute respiratory infections, kidney failure, dementia, severe burns, asthma, and Alzheimer's disease.

The above charts and figures are based on OnePath Life's claims experience for Life Risk in the 2012 calendar year only.

Be rewarded with OnePath Life

Qantas Points

You may be entitled to earn Qantas Points* on the premiums you pay for your policy. Please visit our website at onepath.com.au/qff-terms-conditions for details.

*Please note Qantas Frequent Flyer points are now also referred to as Qantas Points.

Guaranteed upgrade of benefits

We will automatically add any future improvements we make to any of the features and benefits available under your policy provided they do not result in a premium increase.

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

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

Premium discounts

OnePath Life rewards you with premium discounts when you combine all of your insurances. There are three key discounts OnePath Life can provide:

- Size discount – based on the amount of cover (in dollar terms) you take out.
- Multiple cover discount – if you take out a combination of cover types.
- Multiple life discount – if you link your policy with an eligible family member or business partner.

Interim Cover to get you started

Interim Cover provides insurance cover while we consider your application. It is provided free of charge for both an application for a new policy, or an addition to an existing policy.

For further information on Interim Cover, including when it commences, please refer to page 103.

Flexible cover that keeps up with you

OnePath Life allows you to increase your level of cover each year to keep up with inflation, or as and when certain major events happen to the life insured, without any additional medicals checks.

There are also in-built cover features in some OneCare cover types that can help financially if the life insured becomes pregnant, unemployed, or you experience financial hardship.

Guaranteed continuing cover

Regardless of changes of the life insured's health your policy will continue each year upon payment of the premium.

Events that result in your policy ending can be found within the various OneCare cover sections.

Grief Care Program

In the event of a death or terminal illness claim, we may offer you and/or your immediate family members free access to counselling through OnePath Life's Grief Care Program. Talking in confidence to a counsellor can make the grieving process a little easier. The counsellor will help you talk about and explore your feelings and develop strategies to cope with them.

Terminal illness claim

In the event of a terminal illness claim, we may offer the life insured up to six hours of counselling with a qualified and experienced counsellor. There may be an **immediate family member** who also wants counselling. In that case the life insured and their immediate family can access up to a combined total of 10 hours of counselling.

Death claim

In the event of a claim, we may offer an **immediate family member** six hours of counselling with a qualified and experienced counsellor. If there is more than one **immediate family member** who may benefit from this service, we will extend our offer to a combined total 10 hours of counselling.

Use of the service can start anytime within 13 months of the notification of the death or terminal illness claim being paid. Once the contact has been made with the counselling provider you have 12 months to use the service.

Our Grief Care Program is currently provided by Davidson Trahaire Corpsych, an experienced counselling service that provides high quality counselling support.

Please note, any entitlement:

- to earn Qantas Points; and/or
 - to the Grief Care Program,
- does not form part of your policy and may be withdrawn.

How much can you insure?

When you apply for OneCare, you need to decide how much cover you and your family would need to have if an insurable event occurs.

Lump sum covers

For Life, TPD, Trauma, Child and Extra Care Cover your cover is called the 'amount insured'. This amount insured is agreed when you apply plus any increases that have been taken, and is what we will pay when a claim is accepted. The minimum amount insured is \$50,000 or \$10,000 for Child Cover.

The maximums for these cover types at time of application:

Life Cover	varies
TPD Cover (Any/Own/Non-Working)	\$5 million
In certain circumstances, up to \$10 million is available for Business TPD.	
TPD Home-maker	\$2 million
Trauma Cover	\$2 million
Extra Care Cover	\$1 million
Child Cover	\$200,000

Lump sum paid as an instalment

Obtaining an insurance policy as a lump sum may not be suitable to your needs or personal circumstances therefore we also allow you to choose to have your benefit paid in monthly instalments.

Example – how instalment benefit amount works:

	Life Cover Fixed Term without Value Protector	Life Cover Fixed Term with Value Protector
Fixed Term	5 years	5 years
Monthly Instalment at the start of the benefit	\$3,000	\$3,000
Monthly Instalment at the start of the 2nd year of the benefit	\$3,000	\$3,090
Monthly Instalment at the start of the 3rd year of the benefit	\$3,000	\$3,182.70
Monthly Instalment at the start of the 4th year of the benefit	\$3,000	\$3,278.18
Monthly Instalment at the start of the 5th year of the benefit	\$3,000	\$3,376.53
Total benefit paid	\$180,000*	\$191,128.92*

* In both of the above examples, the total benefit paid amount represents the lump sum equivalent of the total of all monthly instalment payments over a five year period. It is the equivalent of obtaining a \$180,000 or \$191,129 lump sum policy and simply being paid in monthly instalments.

If you choose the instalment benefit payment type, in the event of a claim being accepted we pay the instalment amount insured for the instalment term selected instead of a single lump sum payment.

Instalment benefit amount is paid monthly. You can choose whether the instalment benefit amount will be payable monthly from the date of the event for fixed terms of 3, 5, 10 or 15 years.

The instalment amounts will not increase while benefits are being paid unless the Value Protector Option is also selected.

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

- Extra Care Cover, Child Cover and the Business Guarantee Option; or
- Life Cover and TPD Cover purchased through a superannuation arrangement.

If Trauma Cover is purchased and a claim is payable for **angioplasty, heart attack (minor) or heart surgery (minor)**, then the amount payable will be paid as a lump sum for these events only, and the monthly instalment amount will be adjusted accordingly to allow for this lump sum payment.

The instalment benefit payment type is only available to OneCare non-superannuation policies.

Value Protector Option (Extra Cost)

This is an extra cost option and is available with the 3, 5, 10 and 15 year instalment fixed terms.

If you choose this option, the monthly instalment amount will increase each year on your claim anniversary by 3% when **on claim**.

Monthly benefit covers

For Income Secure, Business Expense and Living Expense Cover, your cover is called the 'monthly amount insured'.

The minimum monthly amount insured for each of these covers is \$1,250 per month; however if Business Expense Cover is taken in conjunction with Income Secure Cover, the minimum monthly amount insured for Business Expense Cover is \$500 per month.

The maximums for these cover types at application are:

- Income Secure Cover
 - All except Special Risk - \$60,000 per month (amounts over \$30,000 are limited to a 2 year benefit period).
 - Special Risk occupations - \$10,000 per month.
 - The limits for the policy will be determined by the life insured's annual income. The maximum that can be insured is ½ of:
 - 75% of the first \$320,000 of annual income as at the cover start date
 - 50% of the next \$240,000 of annual income and
 - 20% of the balance.
 - If the life insured is contributing at least 5% of their annual income to superannuation or to mortgage repayments and you nominate Priority Income, you can insure up to 80% of the life insured's income (see page 76).
- Living Expense Cover - \$5,000 per month.
 - We will take into account the household earnings when assessing your application.
 - The available cover may be adjusted if the life insured also has Income Secure Cover.
- Business Expense Cover - \$60,000 per month.
 - This amount can represent up to 100% of the life insured's monthly business expenses.
 - If more than one person generates income in the business, we distribute the business expense proportionally to determine the life insured's share, unless we agree to divide the business expenses on a different basis.

What to include for 'annual income'

If the life insured is self-employed or a working director, use the gross income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income.

If the life insured is employed (but not self employed), use their total remuneration package before tax, and inclusive of regular bonuses, superannuation.

Limits of your OneCare cover

For each OneCare cover type, your claim will be paid if the terms of the cover purchased have been met. However, there are circumstances that may lead to a claim not being payable. Please make sure you're aware of these situations.

When we will not pay

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

Life Cover

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

- cover commenced (including cover reinstated under Life Cover Buy Back or the Life Cover Purchase Option)
- of an increase in the amount insured, not including indexation increases (the amount we will not pay is the increased part of the amount insured)
- we agree to reinstate a previously cancelled cover
- cover was bought back under Life Cover Buy Back or purchased under Life Cover Purchase Option. The exclusion applies only to the amount of Life Cover bought or purchased.

The above 13 month exclusion period does not apply to the part of the amount insured that is replacing similar cover issued by us or another insurer if:

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

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

TPD Cover

We will not pay any benefits under TPD Cover:

- if the life insured becomes totally and permanently disabled or there is specific loss which arises as a result of their intentional act or omission.

Business TPD Cover exclusion

The following exclusion applies to all Business TPD Cover.

No Business TPD benefit will be payable for TPD arising directly or indirectly and whether wholly or partly as a result of stress, anxiety, depression, fatigue (including chronic fatigue syndrome, fibromyalgia), physical symptoms of a psychiatric illness or condition, psychosis, personality disorders or emotional or behavioural disorders related to substance abuse or dependency (including alcohol, drug or chemical abuse or dependency).

Trauma Cover

We will not pay any benefits under Trauma Cover:

- if the life insured suffers a trauma condition as a result of their intentional act or omission;
- if the trauma event occurs within the first 90 days of us receiving the completed application for Trauma Cover for those trauma conditions marked with an '*'.

See page 36 and 37 for the list of trauma conditions.

Baby Care Option

(available under Female Trauma Cover)

We will not pay any benefits under the Baby Care Option for:

- elective pregnancy termination
- surrogacy – either being the surrogate mother or engaging a surrogate mother
- death or any Baby Care condition which arises as a direct result of an intentional act or omission of the policy owner, the parents of the foetus or infant, or someone who lives with or supervises the infant
- foetal death at less than 20 weeks unless death is due to a specified complication of pregnancy
- any Baby Care conditions specified under the Complications of Pregnancy Benefit arising from:
 - In Vitro Fertilisation (IVF) and surrogate pregnancy
 - a direct result of drug or alcohol abuse
- death as a result of any Baby Care conditions covered under the Congenital Abnormality Benefit of adopted or stepchildren
- any Baby Care condition specified under the Congenital Abnormality Benefit that occurs as a direct result of drug or alcohol abuse
- death that occurs as direct result of drug or alcohol abuse.

Income Secure Cover and Living Expense Cover

For Income Secure Cover we cannot reimburse any expenses that we are not permitted by law to reimburse, or are regulated by the *National Health Act 1953* or the *Private Health Insurance Act 2007*.

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

- anything happening to the life insured in war (this exclusion does not apply to the Basic Death Benefit or the Enhanced Death Benefit for Income Secure and it does not apply to the Death Benefit for Living Expense Cover)
- the life insured's intentional act or omission
- the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional or **significantly disabled** for Living Expense) from the date their pregnancy ends and continues to be **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional or **significantly disabled** for Living Expense), we will pay benefits from the end of that three month period or from the end of the duration of the waiting period if greater
- In addition, a 90 day qualifying period may apply to some trauma conditions under the Trauma Recovery and Booster Benefit marked in the cover section with an ^{'*}.

Business Expense Cover

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

- anything happening to the life insured in war (this exclusion does not apply to the Death Benefit)
- the life insured's intentional act or omission
- the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months **totally disabled** from the date their pregnancy ends and continues to be **totally disabled**, we will pay benefits from the end of that three month period.

We will not pay any benefits under this cover if at the time of **illness** or **injury** giving rise to the **total** or **partial disability** the life insured ceases to own or operate a business.

Child Cover

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

- the intentional act or omission of the child, the child's parents, you or someone who lives with or supervises the child
- a congenital condition, i.e. a condition which is present at birth as a result of either hereditary or environmental influences
- In addition, a 90 day qualifying period may apply to some trauma conditions under the Child Cover Benefit marked in the cover section with an ^{'*}.

Extra Care Cover

We will not pay any benefits under Extra Care Cover under the Extended Needle Stick Benefit:

- if it is as a result of the life insured's intentional act or omission.

We will not pay any benefit under the Accidental Death Benefit:

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

OneCare covers

1. Life Cover
2. Total and Permanent Disability Cover
3. Trauma Cover
4. Child Cover
5. Extra Care Cover
6. Income Secure Cover
7. Business Expense Cover
8. Living Expense Cover

Living
Expense Cover

Business
Expense Cover

Income
Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent
Disability Cover

Life Cover

1. Life Cover

Loans and outstanding financial commitments will still be there in the event of the life insured's untimely death or **terminal illness**.

Life Cover provides a lump sum payment (or instalment if you choose this option) when the life insured dies or becomes **terminally ill**.

A total of 39,884 people died from cancer in 2007 (22,562 males and 17,322 females), this equates to an average of 109 people dying from cancer every day.

Source: AIHW, CA (Cancer Australia) & AACR (Australasian Association of Cancer Registries) 2008. Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cancer series no. 42. Cat. No. CAN 38. Canberra: AIHW.





Who can apply?

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

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

Policy ownership types

The table below shows if this cover may be used with each of the policy ownership types available. Throughout the Life Cover section, these symbols will appear where certain information applies to a limited set of policy ownership types.

	Life Cover is available.
	Life Cover is available.
	Life Cover is available.
	Life Cover is available.

Choosing the right cover

It's important to choose cover that's right for you – taking into account any loans and assets, and your family's goals for the future.

The premiums you pay will vary based on the amount of cover, and any extra-cost options you choose. Your **financial adviser** can help you make the right choices, and ensure your cover suits your needs.

What is the Death Benefit?	Page 19
What is the Terminal Illness Benefit?	Page 19
What are the ancillary benefits?	Page 19
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When we will not pay	Page 15
When Life Cover ends	Page 20

What is the risk of dying from cancer?

- The risk of dying from cancer before the age of 75 years is 1 in 8 for males and 1 in 12 for females.
- The risk of dying before the age of 85 years is higher, at 1 in 4 for males and 1 in 6 for females.

Source: AIHW IHW, CA (Cancer Australia) & AACR (Australasian Association of Cancer Registries) 2008. Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cancer series no. 42. Cat. No. CAN 38. Canberra: AIHW.

What is the Death Benefit?









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

What is the Terminal Illness Benefit?

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

What are the ancillary benefits?

These additional benefits are automatically included with your Life cover.

Built-in benefits	What is the benefit?
Advance Assistance Benefit 	If the amount insured is more than \$25,000 when the life insured dies, we will pay an advance of \$25,000 of the Life Cover amount (or 3 times the instalment amount, if applicable) on receipt of the life insured's full Australian death certificate or other evidence satisfactory to us showing cause of death. The maximum we will pay for this benefit or an equivalent benefit across all OnePath policies covering the life insured will be \$25,000.
Accommodation Benefit 	If we pay a Terminal Illness Benefit under Life Cover for a life insured and a medical practitioner certifies that the life insured must remain confined to bed due to terminal illness for which we paid the claim and: <ul style="list-style-type: none"> the life insured is more than 100km from their home and an immediate family member is required to travel from their home to be with the life insured; or an immediate family member is required to travel more than 100kms from their home to be with the life insured. We will reimburse accommodation costs for an immediate family member of up to \$500 per day for a maximum of 30 days.
Financial Advice Benefit 	If we pay the amount insured for death or terminal illness , we will reimburse up to \$2,000 for the preparation of a financial plan by a financial adviser . This benefit will be paid once across all OnePath policies covering the life insured.
Orphan Benefit 	(Available after policy has been in force for three years.) If the life insured and their spouse suffer an accidental death as a result of the same accident and they are survived by one or more dependant child we will pay an additional \$10,000 for each dependant child subject to a maximum benefit amount of \$30,000 with respect to any one (1) family.
Serious Disability Premium Waiver    	If the life insured suffers an illness or injury that results in the life insured being permanently unable to perform at least two of the activities of daily living without the physical assistance of another adult person, we will waive the premiums for the life insured until the earlier of: <ul style="list-style-type: none"> two years' premiums having been waived; or the date cover ends under the policy. This feature only applies if the life insured is age 65 or under on the first policy anniversary date following the illness or injury .

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

Built-in product feature

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Future Insurability	Lump sum covers – Standard features	45
Premium Freeze	Lump sum covers – Standard features	45

Options available at extra cost

Extra cost options	PDS Section	Page
Premium Waiver Disability Option	Lump sum covers – Extra cost options	46
Business Guarantee Option	Lump sum covers – Extra cost options	47
Value Protector Option	Lump sum covers – Extra cost options	47

Benefit reductions

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

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

When Life Cover ends

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

- the date we pay (or commence paying) the full Life Cover amount insured
- the date the cover is cancelled and/or avoided
- the date of the life insured's death
- the date we receive written notification from you to cancel the cover
- the cover expiry date shown on the Policy Schedule (if applicable)
- if the policy is a OneCare Super policy, the date you are no longer eligible to have superannuation contributions made or transfers (as prescribed under superannuation law) to the OnePath MasterFund
- if the policy is a OneCare External Master Trust policy, the date the life insured ceases to be a member of the Master Trust
- the cover expiry age (if applicable):

OCS

OCEMT

SMSF

The expiry age that applies if the cover is issued inside superannuation is the policy anniversary when the life insured is age 75. We will however accept an application for the life insured to continue the Life Cover on the same terms under a policy issued outside of superannuation without further underwriting.

OC

There is no expiry age if the policy is issued outside superannuation.

2. Total and Permanent Disability Cover

There are some setbacks that you recover from, and others that will stay with you for the rest of your life. To be considered totally and permanently disabled (TPD) generally means that the life insured is unlikely to ever be able to return to work.

TPD Cover is designed to provide long-term financial support if the life insured is unable to return to work because of **illness** or **injury**.

Who can apply?

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

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

* The maximum entry age for Non-working TPD Cover under OneCare Super, OneCare policies issued to an SMSF and OneCare External Master Trust is age 74.

Policy ownership types

The following table shows how this cover may be used with each of the policy ownership types available and the linking options with other covers. Throughout the TPD Cover section, these symbols will appear where certain information applies to a limited set of policy ownership types.



TPD Cover is available. It may be linked to Life Cover or Trauma Cover; or Stand Alone.



TPD Cover is available with some restrictions on cover types and benefits.



It may be linked to Life Cover and/or non-superannuation TPD Cover; or Stand Alone.



TPD Cover is available. It may be linked to Life Cover, Trauma Cover or non-superannuation TPD Cover; or Stand Alone.

Choosing the right cover




















It's important to choose a level of cover and options that are right for you – taking into account your debts and assets, your requirements for quality care, and your lifestyle goals.

The premiums you pay will vary based on the type of TPD Cover, as well as any extra-cost options you may choose to tailor your cover. Your **financial adviser** can help you make the right choices, and ensure your cover suits your needs.

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What is the Partial payment for specific loss?	Page 22
When is the full TPD amount payable?	Page 23
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When TPD Cover ends	Page 33

What types of cover are available?

There are several types of TPD Cover that you may choose from depending on your needs. They include:

Any Occupation TPD	   
Own Occupation TPD	 
Home-maker TPD	   
Business TPD	
SuperLink TPD	
SuperLink Any Occupation	  
SuperLink Own Occupation	
Non-working TPD	   

The current occupation of the life insured will determine what types of TPD Cover are available. Your **financial adviser** will be able to determine what cover is available for your occupation.

Maximum sum insured limit

For any combination of Any Occupation, Own Occupation, SuperLink and Non-working TPD the maximum amount of cover you may apply for is \$5 million.

For Business TPD the maximum amount of cover you may apply for is \$10 million. If this cover is applied for in addition to other TPD, the combined amounts cannot exceed \$10 million.

For the Home-maker definition the maximum amount of cover you may apply for is \$2 million, or if combined with Non-working TPD you may apply for a maximum of \$3 million.

What is the TPD Benefit?

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

The life insured must survive without life support for up to eight days from the date they satisfy the element of the TPD definition.

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

If the TPD type is Own Occupation, Any Occupation or SuperLink Any Occupation and the life insured satisfies any of the 'General TPD definition' elements outlined on page 26 we will increase the TPD amount payable. The amount of the increase will depend on the period of time you have had this cover. The amount of the increase will be:

- 5% after the 2nd policy anniversary;
- 7.5% after the 3rd policy anniversary;
- 10% after the 5th policy anniversary.

The increase is not available when the TPD amount insured in respect of the life insured is \$5 million or greater on the date of disablement.

What is the Partial payment for specific loss?



(Not available for Business TPD)

The Partial payment for specific loss will pay 25% of the TPD Cover amount insured at the time the specific loss occurs subject to a minimum of \$10,000 and a maximum of \$500,000, or if an instalment benefit payment type applies, an equivalent instalment amount.

We will pay the Partial TPD Benefit if as a result of **illness** or **injury** the life insured suffers the total and permanent loss of:

- one limb, where limb means the whole hand or the whole foot; or
- the sight in one eye.

The TPD Cover amount will be reduced by the amount paid for specific loss. This benefit does not apply if the policy:

- is part of a transfer from another OnePath product, unless the TPD Cover has been fully underwritten; or
- is issued as part of a continuation option, unless the TPD Cover has been fully underwritten.

When is the full TPD amount payable?

We will pay your TPD Cover amount insured if the life insured satisfies one of the definitions of TPD in the TPD Cover you have chosen to be covered for under your policy (or policies if you have SuperLink TPD). To find the definition which will apply to you, go to the TPD Cover definition you have selected for your policy or policies listed below.

Any Occupation TPD

As a result of **illness** or **injury**, the life insured:

1. a) has been absent from and unable to work for three consecutive months; and
b) is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by their education, training or experience; and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim; or
2. a) suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and
b) is disabled to such an extent that, as a result, they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by their education, training or experience; and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim; or
3. The life insured satisfies one of the 'General TPD definitions' as described on page 26.

Own Occupation TPD

'Own Occupation' relates to the most recent occupation the life insured was engaged prior to the date of disability.

As a result of **illness** or **injury**, the life insured:

1. a) has been absent from and unable to engage in their 'Own Occupation' for three consecutive months; and
b) is disabled at the end of the period of three consecutive months to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation'; or
2. a) suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and
b) is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their 'Own Occupation'; or
3. The life insured satisfies one of the 'General TPD definitions' as described on page 26.

Business TPD

'Own Occupation' relates to the most recent occupation the life insured was engaged prior to the date of disability.

Business TPD Definition One

If the life insured was gainfully employed at the time of the **illness** or **injury** and

- the life insured's occupation at the time of the **illness** or **injury** is the same as the occupation disclosed in your application for cover;
- or
- the life insured's occupation at the time of the **illness** or **injury** has changed from the occupation disclosed in your application for cover; and
 - you have advised us of the life insured's change in occupation as required (please refer to the 'Business TPD: Notification of changes to the life insured's occupation' section on page 25); and
 - the life insured's occupation at the time of the **illness** or **injury** is one which qualifies the life insured for assessment under Business TPD Definition One,

Business TPD means that, solely as a result of **illness** or **injury** the life insured:

1. a) has been absent from, and unable to, work for nine consecutive months; and
b) is disabled at the end of the period of nine consecutive months, to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation';

or

2. suffers 'loss of limbs and/or sight'

'Loss of limbs and/or sight' means the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot); or
- the sight in both eyes; or
- one limb and the sight in one eye;

or

3. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

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

or

4. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has been present for a period of at least nine consecutive months, that has been clinically observed and evidenced by accepted standardised testing, and that requires the life insured to be under the ongoing continuous care and supervision by another adult person to perform any of the **activities of daily living**.

Business TPD Definition Two

If the life insured was gainfully employed at the time of the **illness or injury** and the life insured's occupation at the time of the **illness or injury** has changed from the occupation disclosed in your application for cover and:

- you have failed to advise us of the life insured's change in occupation as required (please refer to the 'Business TPD: Notification of changes to the life insured's occupation' section below); or
- the life insured's occupation at the time of the **illness or injury** is one which does not qualify the life insured for assessment under Business TPD Definition One,

Business TPD means that, solely as a result of **illness or injury** the life insured:

1.

- a) has been absent from, and unable to, work for nine consecutive months; and

- b) is disabled at the end of the period of nine consecutive months, to such an extent that they are unlikely ever again to be able to engage any occupation for which they are reasonably suited by their education training or experience;

or

2. suffers 'loss of limbs and/or sight'

'Loss of limbs and/or sight' means the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot); or
- the sight in both eyes; or
- one limb and the sight in one eye;

or

3. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

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

or

4. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has been present for a period of at least nine consecutive months, that has been clinically observed and evidenced by accepted standardised testing, and that requires the life insured to be under the ongoing continuous care and supervision by another adult person to perform any of the **activities of daily living**.

Business TPD Definition Three

If the life insured is not gainfully employed at the time of the **illness or injury** Business TPD means that, solely as a result of **illness or injury** the life insured:

2. suffers 'loss of limbs and/or sight'

'Loss of limbs and/or sight' means the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot); or
- the sight in both eyes; or
- one limb and the sight in one eye;

or

3. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

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

or

4. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has been present for a period of at least nine consecutive months, that has been clinically observed and evidenced by accepted standardised testing, and that requires the life insured to be under the ongoing continuous care and supervision by another adult person to perform any of the **activities of daily living**.

Business TPD: Notification of changes to the life insured's occupation

Business TPD cover is issued taking into consideration the occupation of the life insured that was disclosed in your application for cover.

If the life insured subsequently changes their occupation, you must notify OnePath Life of the change within 30 days of:

- the change in occupation; or
- the policy anniversary immediately following the change.

You will be required to complete the relevant OnePath Life form providing details of the life insured's new occupation.

On receipt and assessment of the relevant OnePath Life form, we will notify you whether the life insured's new occupation is one that qualifies the life insured for assessment under Business TPD Definition One.

Home-maker TPD

'Normal domestic duties' means the tasks performed by a person whose sole occupation is to maintain their family home. The tasks included in the meaning of **normal domestic duties** are described on page 88. It does not include duties performed outside the person's home for salary, reward or profit.

1. As a result of **illness** or **injury** the life insured:
 - a) is under the regular care of a **medical practitioner** and is unable, for a period of three consecutive months, to perform 'normal domestic duties', leave their **home** unaided, or be engaged in any occupation; and

- b) is disabled at the end of the period of three consecutive months to such an extent that they require ongoing medical care and are unlikely ever again to be able to perform any 'normal domestic duties' or be engaged in any occupation for which they are reasonably suited by their education, training or experience; or

2.

- a) suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and
 - b) is disabled to such an extent that, as a result of this impairment, they are unlikely ever again to be able to perform any 'normal domestic duties' or be engaged in any occupation for which they are reasonably suited by their education, training or experience; or

3. The life insured satisfies one of the 'General TPD definitions' as described on page 26.

Non-working TPD

The life insured satisfies one of the 'General TPD definitions' as described on page 26.

SuperLink TPD

The components of SuperLink TPD are SuperLink Any Occupation and SuperLink Own Occupation.

We assess your eligibility to claim first under the policy with the SuperLink Any Occupation definition.

SuperLink Any Occupation component

SuperLink Any Occupation means that, as a result of **illness** or **injury**, the life insured:

1.

- a) has been absent from and unable to work for three consecutive months; and
 - b) is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience; or

2.

- a) suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and
 - b) is disabled to such an extent that, as a result, they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience;

3. The life insured satisfies one of the 'General TPD definitions' as described on page 26.

Living
Expense Cover

Business
Expense Cover

Income
Secure Cover

Extra Care
Cover

Child
Cover

Trauma
Cover

Total and Permanent
Disability
Cover

Life
Cover

SuperLink Own Occupation component

'Own Occupation' relates to the most recent occupation for which the life insured was engaged prior to the date of disability.

SuperLink Own Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1.
 - a) has been absent from and unable to engage in their 'Own Occupation' for three consecutive months; and
 - b) is disabled at the end of the period of three consecutive months to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation'; or
2.
 - a) suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and
 - b) is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their 'Own Occupation'.

General TPD definitions

1. As a result of **illness** or **injury** the life insured suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot); or
 - the sight in both eyes; or
 - one limb and the sight in one eye.
2. As a result of **illness** or **injury** the life insured suffers 'loss of independent existence'. 'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:
 - bathing and/or showering
 - dressing and undressing
 - eating and drinking
 - using a toilet to maintain personal hygiene
 - getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.
3. As a result of **illness** or **injury** the life insured suffers 'cognitive loss'. 'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, they are likely to require ongoing continuous care and supervision by another adult person.

SuperLinking for TPD Cover

A SuperLink arrangement refers to an arrangement under which a life insured has TPD cover provided in two linked policies with or without Life Cover. The linked policies can be either:

- a OneCare Super policy and a OneCare policy; or
- a OneCare External Master Trust policy and a OneCare policy; or
- where the policies are owned by a SMSF or small APRA fund, two OneCare policies.

One policy will have a SuperLink Any Occupation definition and the other will have a SuperLink Own Occupation definition.

The two covers within the SuperLink arrangement will be issued as two separate policies but will in effect operate as if the linked covers are provided under the one policy, which means that a claim on one cover will reduce the cover on the other policy.

To determine whether a TPD benefit is payable for cover under a SuperLink arrangement, the life insured will be first assessed under the SuperLink Any Occupation definition. If no benefit is payable in respect to the life insured under this definition, they will then be assessed under the SuperLink Own Occupation definition.

Before we explain in more detail how SuperLinking works, let's look at why you might want to split your TPD Cover in the first place.

Own Occupation vs Any Occupation TPD

When you apply for TPD Cover, there are two TPD definitions you may select to apply if you ever need to claim. The two TPD definitions are generally:

- Own Occupation – the life insured's disability will be assessed against their ability to perform the most recent occupation they're working in prior to the date of disability.
- Any Occupation – the life insured's disability will be assessed against their ability to perform any occupation that they're reasonably suitable.

The main advantage of Own Occupation TPD over Any Occupation TPD is that it gives you a greater chance of receiving a benefit at claim time. In other words, the life insured's more likely to be considered permanently disabled if their ability to work is being assessed against their occupation at time of claim rather than any occupation that may be suitable for them. See the example on the next page for more information.

Example – A surgeon who can no longer operate

Let's look at the scenario of a surgeon who suffers a hand injury that leaves them unable to operate again.

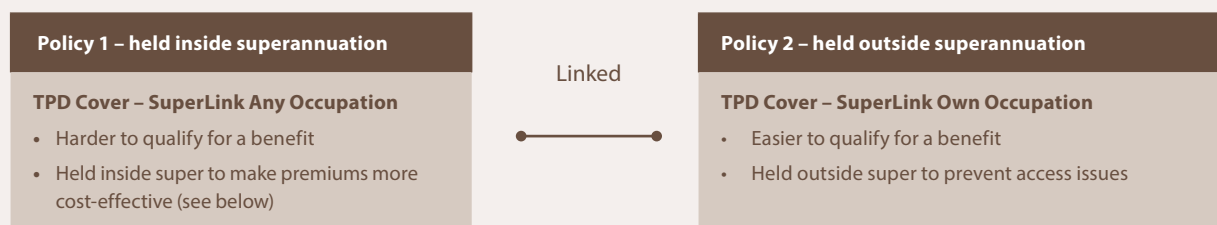
Under an 'Own Occupation' definition, they are likely to receive a total disability benefit as they can no longer perform one of the main aspects of a surgeon's job.

However, under an 'Any Occupation' definition, they may still be able to work as a General Practitioner or as a lecturer.

SuperLink allows access to the more generous Own Occupation TPD definition outside superannuation (where there are no access issues), while taking an Any Occupation TPD policy inside superannuation (to make the TPD Cover more affordable).

A SuperLinking arrangement

When you apply for SuperLinking, we issue two policies – TPD SuperLink Any Occupation cover to be held by the trustee of your super fund inside super and TPD SuperLink Own Occupation cover to be held by you outside super. There will be two policy schedules issued and each year you will receive two renewal notices. However both these policies will be linked.



Because these two covers are linked, they need to be equal at all times.

That means any changes that are made to one cover will be applied to the other (refer to page 30 for rules for a SuperLink arrangement). It also means if you do not pay premiums for one policy, both policies will cease. For example, if the cover held outside super is cancelled because the premium hasn't been paid then the cover inside super will also cancel.

Likewise, any payment made under one cover reduces the amount insured on both covers, as illustrated in the following case study.

Why can SuperLink Any Occupation TPD be more cost-effective in super?

Holding TPD Cover inside super offers a number of potential benefits:

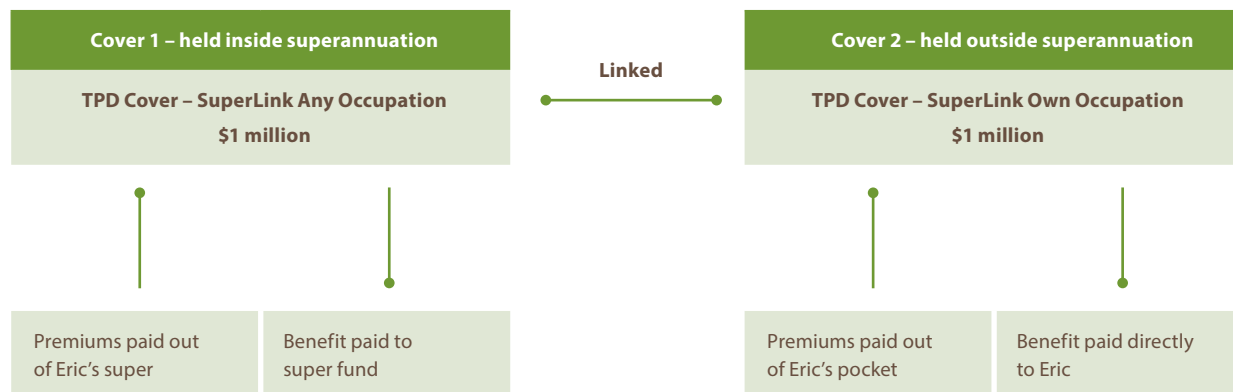
- **Super strategies.** You may be able to top-up your super to pay your insurance premiums using tax-effective strategies like salary sacrifice (for employees), Government Co-contributions (for lower-income earners), or deductible personal contributions (for self-employed people and other eligible persons) – allowing a tax effective way of covering the cost of your insurance.
- **Cash flow benefits.** You may decide to pay premiums using your super money to temporarily reduce the impact of premiums on your cash flow – bearing in mind this will reduce your super account balance.

You should always seek independent tax and financial advice specific to your circumstances when considering insurance inside super.

Case study: How SuperLinking works

Eric wants to have \$1 million in TPD Cover. He qualifies for an Own Occupation definition, but he would like to pay some of his premiums from pre-tax earnings by taking out part of his TPD Cover inside super.

To achieve this, Eric takes out two linked TPD Cover policies for \$1 million each – one outside super (SuperLink Own Occupation TPD) of which he is the owner and one inside super (SuperLink Any Occupation TPD) of which the trustee of his super fund is the owner. The following diagram shows what this arrangement looks like:



This scenario may look like Eric has taken out \$2 million worth of cover. However, the fact the two \$1 million policies are linked means that if a benefit is paid on one policy the amount insured on the other policy will be reduced by the amount paid.

In other words, the most Eric can receive from both of these policies is \$1 million, and this is reflected in his premium when he chooses the SuperLinking arrangement.

Taking out TPD Cover inside super

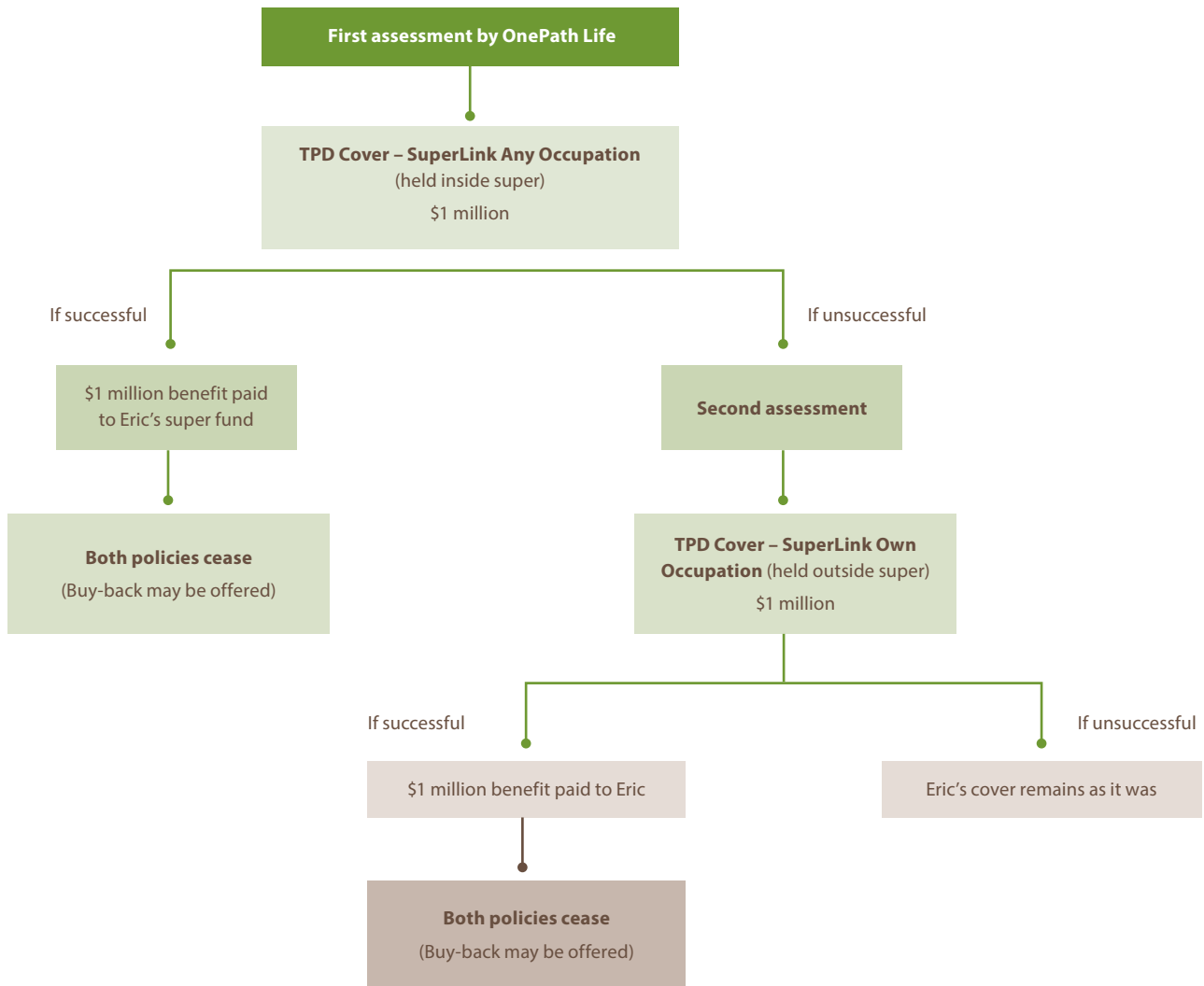
This example shows a stand-alone TPD Cover held inside super. However, it's common to set up the TPD Cover as an add-on benefit to the Life Cover – which can help reduce the TPD Cover premiums.

What happens at claim time?

If Eric makes a claim on his TPD Cover, it will first be assessed under the SuperLink Any Occupation definition under the policy held inside super.

- If this claim is successful – the benefit is paid to Eric's super fund, and Eric should be able to access the benefit under the condition of release for permanent incapacity under the *Superannuation Industry (Supervision) Act 1993* (which is similar to a SuperLink Any Occupation TPD definition).
- If this claim is unsuccessful – Eric's claim is then assessed under the Superlink Own Occupation definition of the policy held outside super. If the claim is successful, the benefit will be paid directly to Eric.

The TPD claims process with SuperLinking – full payment



Please refer to page 100 for information on tax.

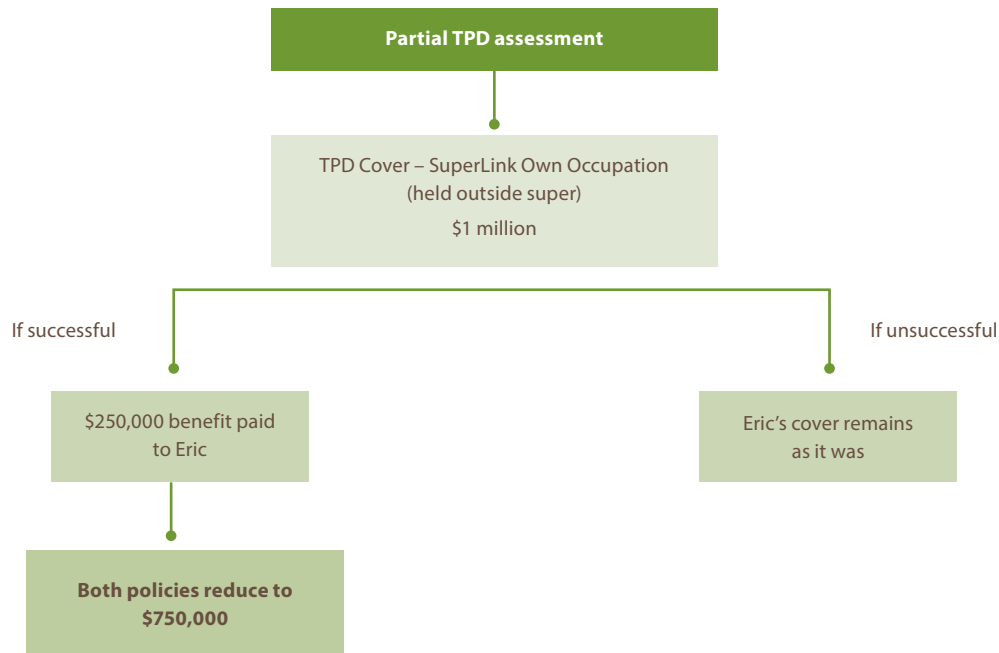
Partial payments on Own Occupation TPD

A partial payment may be payable on TPD Cover for the loss of a single limb or eye.

If Eric makes a claim for a partial payment, it will only be assessed under the SuperLink Own Occupation definition of the cover held outside super. That's because partial payments are not available for covers held inside super.

- **If this claim is successful** – the \$250,000 benefit is paid directly to Eric, and the amounts insured for both covers will decrease by \$250,000.

The claims process with SuperLinking – partial payment



What are the rules for SuperLinked Covers?

There are some rules you need to follow when you're setting up SuperLinking, as certain aspects of the linked TPD Cover policies need to be the same. These are summarised in the following table:

Has to be the same on both policies
The amount insured
The life insured
Any increases in cover (including indexation)
Any extra cost options
Payment frequency
Premium type (e.g. Stepped or Level)
Can be different
Method of payment

When will the SuperLink cover end:

In addition to the circumstances outlined at page 33, 'When TPD Cover ends', SuperLink cover for a life insured will end and our liability to pay any benefit under SuperLink TPD cover will cease automatically when:

- Either or both of the SuperLink covers are cancelled and/or avoided because you have not paid the premium when due on one or both of the covers. In which case both covers will be cancelled or avoided.
- The date we receive written notification for you to cancel both or either of the covers, in which case both covers will be cancelled or avoided.

For example, if the SuperLink Own Occupation cover is cancelled because the premiums are overdue, we will also cancel the SuperLink Any Occupation cover even though premiums for that cover have been paid to date because the cover is linked.

What are the ancillary benefits?

These built-in benefits are automatically included with your TPD Cover.

Built-in benefits	What is the benefit?
<p>Limited Death Benefit</p> <p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>This benefit applies to stand alone TPD Cover and TPD Cover selected as an option to Trauma Cover.</p> <p>If the life insured dies and the TPD Benefit is not payable, we will pay \$10,000.</p> <p>This benefit does not apply to SuperLink Own Occupation TPD Cover.</p>
<p>Accommodation Benefit</p> <p>OC</p>	<p>If a medical practitioner certifies that the life insured must remain confined to bed due to disability for which we paid the TPD Benefit and:</p> <ul style="list-style-type: none"> the life insured is more than 100 kilometres from their home and is required to travel from their home to be with the life insured; or an immediate family member is required to travel more than 100 kilometres from their home to be with the life insured, <p>we will reimburse accommodation costs for an immediate family member of up to \$500 per day for a maximum of 30 days.</p>
<p>Financial Advice Benefit</p> <p>OC</p>	<p>If we pay a TPD benefit, we will reimburse up to \$2,000 for the preparation of a financial plan by a financial adviser for the person to whom we paid the TPD Benefit.</p> <p>This benefit will be paid once across all OnePath policies covering the life insured.</p>
<p>Spouse Retraining Benefit</p> <p>OC</p>	<p>(Available when the cover has been in force for three years)</p> <p>If the life insured is totally and permanently disabled, we will reimburse up to \$10,000 towards the actual costs incurred for the training or retraining of their spouse:</p> <ol style="list-style-type: none"> for the purpose of obtaining gainful employment; or to improve their employment prospects; or to enable them to improve the quality of care they can provide to the life insured. <p>Provided that:</p> <ol style="list-style-type: none"> the spouse is aged under 65 years at the commencement of such training; and the training is provided by a recognised institution with qualified skills to provide such training; and all such expenses are incurred within 24 months from the date the life insured was totally and permanently disabled.
<p>Auto Conversion</p> <p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>On the policy anniversary when the life insured is age 65:</p> <p>The TPD definition for the policy will automatically convert to the Non-working TPD definition. However, if the life insured is classed as occupationally white collar, you may apply to continue the TPD Cover for up to \$1 million, or if an instalment benefit payment type applies, an equivalent instalment amount of their Any or Own Occupation TPD definition cover to age 70.</p> <p>The TPD Cover amount insured will be the same unless the total of all cover for total and permanent disability for the life insured under all policies issued by us is more than \$3 million, or if an instalment benefit payment type applies, an equivalent instalment amount. In this case, we only convert such an amount of TPD Cover that the total of all cover for total and permanent disability for the life insured under all policies issued by us is \$3 million or if an instalment benefit payment type applies, an equivalent instalment amount.</p> <p>If any medical loading or specific exclusions applied to the original TPD Cover, those will also be applied to the converted TPD Cover.</p> <p>This benefit does not apply to policy containing the SuperLink Own Occupation definition.</p> <p>When the life insured is age 65 and the policy is part of a SuperLink arrangement:</p> <ul style="list-style-type: none"> The SuperLink arrangement will end on the policy anniversary date when the life insured is 65. The policy containing the SuperLink Any Occupation definition can continue if you ask us to do so and the rules set out above will apply. <p>On the policy anniversary when the life insured is age 70, all Any Occupation or Own Occupation TPD Cover will convert to the Non-working TPD definition.</p>

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

Built-in product features

Features	PDS Section	Page
Life Cover Buy Back	Lump sum covers – Buy backs and reinstatements	48
Indexation	Lump sum covers – Standard features	45
Future Insurability	Lump sum covers – Standard features	45
Premium Freeze	Lump sum covers – Standard features	45

Options available at extra cost

Extra Cost options	PDS Section	Page
Double TPD option	Lump sum covers – Buy backs and reinstatements	48
Life Cover Purchase Option	Lump sum covers – Buy backs and reinstatements	48
Premium Waiver Disability Option	Lump sum covers – Extra cost options	46
Business Guarantee Option	Lump sum covers – Extra cost options	47
Value Protector Option	Lump sum covers - Extra cost options	47

Benefit reductions

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

- If you have Life Cover with both optional TPD Cover and optional Trauma Cover for a life insured, the TPD Cover amount insured is reduced by any amount paid for that life insured under this policy for a:
 - Terminal Illness Benefit under Life Cover
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.
- If you have Life Cover with optional TPD Cover for a life insured, the TPD Cover amount insured is reduced by any Terminal Illness Benefit paid under Life Cover, or TPD Benefit paid under TPD Cover for that life insured under the policy.
- If you have Trauma Cover with optional TPD Cover for a life insured, the TPD Cover amount is reduced by any Trauma Benefit paid under Trauma Cover, or TPD Benefit Paid under TPD Cover for that life insured under the policy.
- If stand alone TPD Cover applies for a life insured, the TPD Cover amount insured is reduced by a partial payment for a TPD Benefit under TPD Cover.
- In addition, if a SuperLink arrangement applies for the life insured, any benefit amount paid in respect of a life insured under one policy will reduce the amount insured under the other linked policy by the same amount (including):
 - a partial payment of the TPD Cover amount insured under the other linked policy
 - payment of the TPD Benefit under TPD Cover with the SuperLink Own Occupation definition in the other linked policy (if applicable)
 - the Terminal Illness Benefit under Life Cover (if applicable)
 - payment of the TPD Benefit under TPD Cover with the SuperLink Any Occupation definition in the other linked policy (if applicable)
 - the Terminal Illness Benefit under Life Cover in the other linked policy (if applicable).

Business TPD benefit reduction

The maximum Business TPD Cover amount we will pay (including where indexation applies to the cover) is \$10 million.

The Business TPD benefit amount will be reduced by 'any other TPD Cover' held in respect of the life insured so that the combined total of all TPD cover held in respect of the life insured at the date of disablement does not exceed \$10 million. 'Any other TPD cover' includes any TPD Cover issued by OnePath Life and any other life insurer including TPD Cover that is issued through ordinary policies (non-superannuation) and any TPD Cover issued through any superannuation fund, group plan or employer plan that commences after the policy commencement date.

In the event that the Business TPD Cover payment is reduced, premiums paid in respect of the reduced portion of cover from the date of the last policy anniversary prior to the date of disablement will be refunded.

When TPD Cover ends

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

- date we pay (or commence paying) the full TPD Cover lump sum (or instalment) amount insured. For SuperLink TPD, both policy components will end at the same time
- date the cover is cancelled and/or avoided. For SuperLink TPD, cancellation of cover under one policy component will automatically cancel the Linked Policy
- date TPD Cover is reduced to zero due to payments under linked Trauma or Life Cover
- date of the life insured's death
- if the policy is a OneCare Super Policy, the date you are no longer eligible to have superannuation contributions made or transfers (as prescribed under superannuation law) to the OnePath MasterFund
- if the policy is a OneCare External Master Trust policy, the life insured ceasing to be a member of the Master Trust
- cover expiry date shown on your policy schedule (see below).

The maximum expiry ages for TPD cover are:

TPD definition	Cover expiry age
Any Occupation	Age 65 – At the policy anniversary when the life insured is age 65, the TPD definition will automatically convert to the Non-working definition. However, you may apply to continue the TPD Cover for up to \$1 million if the life insured is in a white collar occupation at the time. All other amounts to a maximum of \$3 million will convert to Non-working TPD. Age 70 – At the policy anniversary when the life insured is age 70, all TPD will convert to Non-working TPD to a maximum of \$3 million. A SuperLink arrangement ends on the policy anniversary when the life insured is age 65. However, you can apply to have the policy containing the SuperLink Any Occupation continue as outlined above.
Own Occupation	
Business TPD	
SuperLink TPD	
Home-maker	Age 65 – Cover continues as Non-working TPD
Non-working	Age 100

The Premium Waiver Disability Option and Business Guaranteed Option end at different ages. Please refer to the relevant section on page 46 and 47 respectively.

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

3. Trauma Cover

Being diagnosed with a serious illness like cancer can make it feel like the world has stopped. Financially, it's only accelerated when expenses are coming at you from all directions.

Trauma Cover pays a benefit so you can pay out debt and cover the costs of lifestyle changes and medical expenses.

For people with two leading cancers, prostate and breast, there has been a large increase in survival over the period 1982–1986 to 1998–2004 (the latest period examined for survival). In 1998–2004, the 5-year relative survival for prostate cancer was over 85% and for breast cancer it was 88%.

Source: Australia's Health 2010 – Australian Institute of Health and Welfare, Australia's Health in brief 2010 Report, Australian Institute of Health and Welfare, page 54.

Who can apply?

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

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

Policy ownership types

The below table shows if this cover may be used with each of the policy ownership types available. Throughout the Trauma Cover section, these symbols will appear where certain information applies to a limited set of policy ownership types.



Trauma Cover is available.
It may be linked to Life Cover or Stand Alone.



Not available.



Trauma Cover is available.
It may be linked to Life Cover or Stand Alone.

Choosing the right cover

It's important to choose a level of cover and options that are right for you – taking into account your debts and assets, your requirements for quality care, and your lifestyle goals.

The premiums you will pay are based on the type of Trauma Cover, as well as any extra-cost options you may choose to tailor your cover. Your **financial adviser** can help you make the right choices, and ensure your cover suits your needs.

What is the Trauma Benefit?	Page 35
What types of cover are available?	Page 36
What conditions trigger a full payment?	Page 36
What conditions trigger a partial payment?	Page 37
Multiple claims on partial payments	Page 38
What are the ancillary benefits?	Page 38
What are the extra cost benefit options?	Page 39
Lump sum covers – Standard features	Page 45
Lump sum covers – Extra cost options	Page 46
Lump sum covers – Buy backs and reinstatement options	Page 48
Benefit reductions	Page 40
When we will not pay	Page 15
When Trauma Cover ends	Page 40

What is the Trauma Benefit?

If the life insured suffers one of the specified trauma conditions shown in the table on pages 36 and 37, we will pay the full or partial amount insured depending on the condition.

To be eligible for a claim the:

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

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

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

90 day qualifying period

Unless this cover is replacing similar existing cover, there is no cover and no benefit payable in respect of the conditions marked with an * if the condition first occurs or is first diagnosed or the symptoms leading to the trauma condition being diagnosed, first becomes **reasonably apparent** during the first 90 days after the:

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

In addition, if the life insured suffers:

- a **heart attack (minor), heart attack (major) or stroke** during the 90 day qualifying period, we will not pay a Trauma Benefit for **heart attack (minor), heart attack (major) or stroke** at any time; or
- **cancer** during the 90 day qualifying period, we will not pay a Trauma Benefit for any other related occurrences of **cancer** or trauma conditions which result from that **cancer** at any time.

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

- any similar qualifying period has expired for the same conditions or events in the policy to be replaced (including qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases);

- the policy to be replaced is cancelled immediately after the issue of this policy; and
- no claim is payable or pending under the policy; to be replaced.

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

Living
Expense Cover

Business
Expense Cover

Income
Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent
Disability Cover

Life Cover

What types of cover are available?

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

- **Trauma Comprehensive** – provides cover for 47 specified trauma conditions.
- **Trauma Premier** – provides cover for 61 specified trauma conditions. We pay partial payments for 17 conditions. This level of cover also gives you access to other extra-cost benefit options including:
 - Premier Maximiser Option – doubles the benefit amount payable for partial payments
 - Baby Care Option – additional cover for female lives insured between ages 16 to 45, covering them for pregnancy complications and congenital abnormalities.

The following table illustrates the cover available under Trauma Comprehensive, Trauma Premier and Trauma Premier with the Maximiser Option.

Cover	Trauma Comprehensive	Trauma Premier	Trauma Premier with Maximiser Option
Full Payment Trauma Events – See below	✓	✓	✓
Partial payment for angioplasty, heart attack (minor) and heart surgery (minor) (10% of the amount insured capped at \$20,000)	✓	✓	-
Partial payment for angioplasty, heart attack (minor) and heart surgery (minor) (20% of the amount insured capped at \$40,000)	-	-	✓
Partial payment events (20% of the sum insured capped at \$100,000) – See Page 37	-	✓	-
Partial payment events (40% of the sum insured capped at \$200,000) – See Page 37	-	-	✓

What conditions trigger a full payment?

For both Trauma Comprehensive and Trauma Premier, there are 44 trauma conditions and events that trigger a full payment under Trauma Cover.

The full terms of these conditions may be found in the Trauma definitions on page 81.

Cancer and tumours	Brain conditions	Mobility conditions	Body organ conditions
<ul style="list-style-type: none"> • Brain tumour (benign)[†] • Cancer^{**} • Spinal tumour (benign) 	<ul style="list-style-type: none"> • Alzheimer's disease[†] • Cognitive loss • Dementia[†] • Head trauma (major)[†] • Parkinson's disease[†] • Stroke^{**} 	<ul style="list-style-type: none"> • Loss of independent existence • Loss or paralysis of limb • Motor neurone disease[†] • Multiple Sclerosis[†] • Muscular dystrophy[†] • Osteoporosis (before age 50)^{**} • Rheumatoid arthritis (severe)^{**} 	<ul style="list-style-type: none"> • Kidney failure (chronic) • Liver disease (chronic) • Lung disease (chronic)[†] • Organ transplant • Pneumonectomy[†] • Systemic sclerosis[†]
Heart conditions <ul style="list-style-type: none"> • Angioplasty - triple vessel* • Aortic surgery* • Cardiac arrest (out of hospital)^{**} • Cardiomyopathy • Coronary artery by-pass surgery^{**} • Heart attack (major)^{**} • Heart valve surgery* • Open heart surgery* • Primary pulmonary hypertension 	Nervous system disorders <ul style="list-style-type: none"> • Encephalitis • Meningitis and/or meningococcal disease 	Blood disorders <ul style="list-style-type: none"> • Aplastic anaemia • HIV (medically acquired) • HIV (occupationally acquired) 	Other events <ul style="list-style-type: none"> • Burns (severe) • Coma • Diabetes (severe)^{**} • Intensive care • Loss of speech • Terminal illness[†]

Full and partial payment conditions marked with an asterisk (*) have a 90 day qualifying period that applies unless the cover is replacing similar cover. If the amount is greater than the existing similar cover to be replaced, the 90 day exclusion will only apply to the excess cover. The qualifying period commences when we receive your complete application for cover.

The trauma conditions marked with an (†) must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us. Please refer to the Trauma definitions on page 81.

Of those aged 40–90 years who had a heart attack in 2007, over 3 in 5 survived, compared with less than a half a decade before.

Source: Australia's Health in brief 2010 Report, Australian Institute of Health and Welfare, page 52.

What conditions trigger a partial payment?

There are several additional trauma conditions for which we pay a partial payment. The partial payment conditions will depend on whether you have chosen Trauma Comprehensive or Trauma Premier.

For Trauma Comprehensive, we pay a partial payment for **angioplasty, heart attack (minor)** and **heart surgery (minor)**.

For Trauma Premier, we pay a partial payment for **angioplasty, heart attack (minor)** and **heart surgery (minor)** and an additional 14 trauma events. The full terms of these conditions may be found in the Trauma definitions on page 81.

Partial payment conditions	Comprehensive	Premier
Cancers and tumours <ul style="list-style-type: none"> • Brain surgery[†] • Carcinoma in situ (CIS)^{††} • Chronic lymphocytic leukaemia[†] • Diagnosed benign tumour[†] • Melanoma (early stage)^{††} 	N/A	20% up to \$100,000
Heart conditions <ul style="list-style-type: none"> • Angioplasty^{††} • Heart attack (minor)^{††} • Heart surgery (minor)^{††} 	10% up to \$20,000	10% up to \$20,000
Brain disorder conditions <ul style="list-style-type: none"> • Hydrocephalus[*] 	N/A	20% up to \$100,000
Body organ conditions <ul style="list-style-type: none"> • Colostomy and/or ileostomy[†] • Endometriosis (severe)[†] 	N/A	20% up to \$100,000
Sensory conditions <ul style="list-style-type: none"> • Blindness (partial)[*] • Deafness (partial)[*] 	N/A	20% up to \$100,000
Other events <ul style="list-style-type: none"> • Burns of limited extent • Critical care • Diabetes mellitus - adult, insulin dependent (after age 30)^{††} • Systemic lupus erythematosus (SLE) with lupus nephritis[*] 	N/A	20% up to \$100,000

Full and partial payment conditions marked with an asterisk (*) have a 90 day qualifying period that applies unless the cover is replacing similar cover. If the amount is greater than the existing similar cover to be replaced, the 90 day exclusion will only apply to the excess cover. The qualifying period commences when we receive your complete application for cover.

The trauma conditions marked with an (†) must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us. Please refer to the Trauma definitions on page 81.

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

Multiple claims on partial payments

We will pay multiple claims under Partial payment conditions, provided the cumulative total of all benefits paid does not exceed the Trauma Cover amount insured. The Trauma Cover amount insured is reduced by the amount paid for any benefit payable.

We will only pay one claim for each trauma condition with the exception of **angioplasty** and **carcinoma in situ**. We will pay for multiple occurrences of **angioplasty** if:

- the first **angioplasty** procedure occurs, and the symptoms leading to the first **angioplasty** procedure only first becomes reasonably apparent after the end of the 90 day qualifying period; and
- for each subsequent **angioplasty** procedure which occurs at least six months after the previous **angioplasty** procedure which occurs at least six months after the previous **angioplasty** procedure.

If as a result of a **heart attack (minor)** the life insured undergoes **angioplasty** within 6 months of the **heart attack (minor)** we will not pay any amount for that **angioplasty**.







For **carcinoma in situ** we will pay once for each site.

National surveys suggest that diabetes is now about three times as common as it was 20 years ago, with over 800,000 of today's Australians having been diagnosed with the disease.

Source: Australia's Health in brief 2010 Report, Australian Institute of Health and Welfare, page 19.



What are the ancillary benefits?


These built-in benefits are automatically included with your Trauma Cover.

Built-in benefits	What is it?
Limited Death Benefit  	This benefit applies to stand alone Trauma Cover and Trauma Cover with optional TPD Cover. If the life insured dies and the Trauma Benefit is not payable, we will pay \$10,000.
Accommodation Benefit 	If a medical practitioner certifies that the life insured must remain confined to bed due to their trauma condition; and <ul style="list-style-type: none"> • the life insured is more than 100 kilometres from their home and an immediate family member is required to travel from their home to be with the life insured; or • an immediate family member is required to travel more than 100 kilometres from their home to be with the life insured, we will reimburse accommodation costs for an immediate family member of up to \$500 per day for a maximum of 30 days.
Financial Advice Benefit 	If we pay the full Trauma Cover amount insured, we will reimburse up to \$2,000 for the preparation of a financial plan by a financial adviser for the person whom we paid the Trauma Benefit. This benefit will be paid once across all OnePath policies covering the life insured.
Auto Conversion  	On the policy anniversary when the life insured is age 70, the Trauma Cover will automatically convert to TPD Cover with the Non-working TPD definition. The TPD Cover amount insured after the conversion will be the same as the Trauma Cover amount insured to a total of \$3 million. If the TPD Cover is an option to the Trauma Cover, we will only convert the amount of Trauma Cover in excess of the optional TPD Cover. If the Trauma Cover is an option to Life Cover, we will only convert that amount of Trauma Cover in excess of any TPD Cover as an option to Life Cover. If the total of all cover for trauma and total and permanent disability for the life insured under all policies issued by us is more than \$3 million or if an instalment benefit payment type applies, an equivalent instalment amount, we will only convert such an amount of Trauma Cover that the total of all cover for total and permanent disability for the life insured under all policies issued by us after the conversion is \$3 million, or if an instalment benefit payment type applies, an equivalent instalment amount. The balance of any Trauma Cover not converted under this policy will end at the date of conversion. If any medical loadings or specific exclusions applied to the original Trauma Cover, these will also be applied to the converted TPD Cover.

What are the extra cost benefit options?

Consider which of these extra cost options are important to you.

Extra cost options	What is it?	Comprehensive	Premier
Premier Maximiser Option  	This option doubles the amount payable for any partial payment condition under your Trauma Premier Cover. This means that in the event of a claim being accepted, a payment of 40% of the Trauma Premier amount insured (to a maximum of \$200,000) will apply to all trauma conditions except angioplasty, heart attack (minor) and heart surgery (minor) in which case a payment of 20% of the Trauma Premier amount insured (to a maximum of \$40,000) will apply.	-	✓

Baby Care Option 	It provides cover for additional trauma conditions for female lives insured. You can apply for this option for lives insured between the ages of 16 and 40. This option expires on the policy anniversary when the life insured is age 45 and has a 12 month qualifying period. The Baby Care Option has three built in benefits: <ul style="list-style-type: none"> • Complications of Pregnancy Benefit • Congenital Abnormality Benefit (30 day survival period applies) • Death Benefit. If you chose this option we will pay \$50,000 as a lump sum for a specified Complication of Pregnancy and/or Congenital Abnormality Benefit. We will pay \$10,000 as a lump sum under the Death Benefit. This option does not reduce the Trauma cover amount insured. Multiple claims are allowed under the Baby Care Option subject to the following conditions: <ul style="list-style-type: none"> • there may be no more than one claim per child • there may be no more than one claim under any benefit. Indexation will apply to the Complications of Pregnancy Benefit and the Congenital Abnormalities Benefit. It will not apply to the Death benefit. The conditions covered under Baby Care Option are:	-	✓
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Complication of Pregnancy Benefit	Congenital Abnormalities Benefit*	Death Benefit
<ul style="list-style-type: none"> • Disseminated intravascular coagulation • Eclampsia • Ectopic pregnancy • Hydatidiform mole 	<ul style="list-style-type: none"> • Absence of hand or foot • Cleft lip and/or palate • Congenital blindness • Congenital deafness • Developmental dysplasia of the hip • Down's syndrome • Infantile hydrocephalus • Oesophageal atresia • Spina bifida myelomeningocele • Tetralogy of fallot • Trachea-oesophageal fistula • Transposition of great vessels 	<ul style="list-style-type: none"> • Infant death • Neonatal death • Stillbirth (>20 wks pregnancy)

* We will pay the Congenital Abnormality Benefit if the life insured gives birth to a child of at least 20 weeks gestation that is diagnosed with any of the above Baby Care conditions prior to the child's second birthday.

Please refer to the Trauma definitions on page 81 for the listed conditions.

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

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

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

- The number of new cancer cases more than doubled between 1982 and 2007. In 1982, 47,350 new cases of cancer were diagnosed in Australia compared with 108,368 cases in 2007.
- The incidence rate for all cancers combined increased by 27% from 383 cases per 100,000 people in 1982 to 485 cases per 100,000 people in 2007.
- 57% of the newly diagnosed cancer cases in 2007 were in males.

AIHW, CA (Cancer Australia) & AACR (Australasian Association of Cancer Registries) 2008. Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cancer series no. 42. Cat. No. CAN 38. Canberra: AIHW.

Product feature and buy back options

Built-in feature	PDS Section	Page
Life Cover Buy Back	Lump sum covers – Buy backs and reinstatements	48
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Options available at extra cost

Extra cost options	PDS Section	Page
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Trauma Cover Reinstatement Option	Lump sum covers – Buy backs and reinstatements	49
Premium Waiver Disability Option	Lump sum covers – Extra cost option	46
Business Guarantee Option	Lump sum covers – Extra cost option	47
Value Protector Option	Lump sum covers - Extra cost option	47

Benefit reductions

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

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

When Trauma Cover ends

Trauma Cover ends automatically on the earlier of the:

- date we pay (or commence paying) the full Trauma Cover amount insured
- date Trauma Cover is reduced to zero due to payments under linked TPD or Life Cover
- date the cover is cancelled and/or avoided
- date of the life insured's death
- cover expiry date shown on the Policy Schedule.

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

- Trauma Cover converts to TPD Cover with the non-working TPD definition at age 70 with a maximum sum insured of \$3 million.

4. Child Cover

Child Cover is designed with the whole family in mind

It is a way of insuring children for a range of trauma events, **terminal illness** and death.

This cover converts at age 21 to Life with optional Trauma Comprehensive cover without the need for further medical underwriting.

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

Who can apply?

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





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

Child Cover is only available with the premium type stepped.

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

Policy ownership types

The below table shows if this cover is available under each of the policy ownership types.

	Child Cover is available
	Not available
	Not available
	Not available

Choosing the right cover

Your **financial adviser** will be able to advise if this cover is appropriate for you.

What is the Child Cover Benefit?	Page 41
What are the ancillary benefits?	Page 42
When we will not pay	Page 15
When Child Cover ends	Page 42

What is the Child Cover Benefit?

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

Cancer and tumours	Body organ conditions
Brain tumour (benign)[†]	Kidney failure (chronic)
Cancer^{††}	Organ transplant
Spinal tumour (benign)[†]	Mobility conditions
Heart conditions	Loss or paralysis of limb
Cardiomyopathy	Blood disorders
Brain disorders	Aplastic anaemia
Brain damage[†]	Other events
Head trauma (major)[†]	Burns (severe)
Stroke^{††}	Loss of speech
Sensory conditions	Terminal illness[†]
Blindness (severe)	
Deafness (severe)	
Nervous system disorders	
Encephalitis	
Meningitis and/or meningococcal disease	

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

* Please refer to the '90 day qualifying period' on page 42.

For detailed definitions of each trauma condition, please refer to the Trauma definitions on page 81.

To be eligible for a claim the:

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

90 day qualifying period

Unless the cover is replacing similar existing cover, there is no cover and no benefit will be payable in respect of the conditions marked with an ^{*} if the condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being first diagnosed become **reasonably apparent**, during the first 90 days after the date that OnePath Life receives:

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

Where the child suffers cancer during this period, we will not pay a Child Cover Benefit for any related occurrences of cancer or trauma conditions which result from that cancer at any time.





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

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

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

What are the ancillary benefits?

This built-in benefit is automatically included with your cover.

Benefit	What is it?
Accommodation Benefit 	If a medical practitioner certifies that the insured child must remain confined to bed due to the trauma condition for which they are claiming; and <ul style="list-style-type: none"> • the life insured is more than 100 kilometres from their home and an immediate family member is required to travel from their home to be with the life insured; or • an immediate family member is required to travel more than 100 kilometres from their home to be with the life insured. We will reimburse the accommodation costs for an immediate family member of up to \$500 per day for a maximum of 30 days.
Continuation of cover 	Child Cover may continue if the policy owner dies or there is no more cover, other than the Child Cover, under the policy due to a claim being paid. <p>If the insured child is at least 10 years old, they may choose to start a new policy and become the policy owner. Parent or guardian consent is required if the child is between 10 and 16 years.</p> <p>If this option is exercised, we will allow the Child Cover to continue even if there is no other cover under this new policy.</p>
Conversion of cover 	On the policy anniversary date when the insured child is age 21, we will give you the option of converting to Life Cover with optional Trauma Comprehensive for the insured child up to the amount insured under Child Cover immediate prior to it ceasing without medical underwriting.
Indexation 	Refer to page 45 for details

When Child Cover ends

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

- the date we pay the full Child Cover lump sum amount insured;
- the date the cover is cancelled and/or avoided;
- the date of the insured child's death;
- the cover expiry date shown on the Policy Schedule;
- the policy anniversary when the insured child is age 21. At this time, we will give you the option of converting to Life Cover with optional Trauma Comprehensive Cover without medical underwriting.

5. Extra Care Cover

Extra Care Cover provides a way of topping up your OneCare Cover with individual elements of:

- Extended Needle Stick Cover
- Terminal Illness Cover
- Accidental Death Cover.

Who can apply?





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

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

Extra Care Cover is only available with stepped premium.

Policy ownership types

The below table shows if this cover is available under each of the policy ownership types.

	Extra Care Cover is available
 	Extra Care Cover is available with restrictions on the available benefit types
	Extra Care Cover is available (subject to individual fund rules)

Choosing the right cover

This cover is designed to complement your other covers with OneCare. Your **financial adviser** will be able to identify if any of the covers under Extra Care Cover are suitable for you, and the amounts of cover you need.

What is the Extended Needle Stick Benefit?	Page 43
What is the Terminal Illness Benefit?	Page 44
What is the Accidental Death Benefit?	Page 44
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Lump sum covers – Extra cost benefit options	Page 46
One benefit payable at a time	Page 44
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What is the Extended Needle Stick Benefit?



If the life insured suffers an injury resulting in either **HIV (occupationally acquired)** or **Hepatitis B or C (occupationally acquired)**, while the Extra Care Extended Needle Stick Benefit is in force we will pay the amount insured.

Hepatitis B or C (occupationally acquired) means infection with Hepatitis B or C where the infection is acquired as a result of:

- an accident arising out of the life insured's normal occupation; or
- a malicious act of another person or persons arising out of the life insured's normal occupation; and
- proof of new Hepatitis B or C infection within six months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the incident; or
- be reported to us with proof of the incident within 30 days of the incident; and
- be supported by a negative Hepatitis B or C test taken within seven days of the incident.

There will be no cover and no benefit payable if a medical 'cure' is found for Hepatitis B or Hepatitis C (as applicable) or a medical treatment is developed and approved which makes these viruses inactive and non-infectious. 'Cure' means any Australian Government approved treatment, which renders Hepatitis B or Hepatitis C (as applicable) inactive and non-infectious.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

HIV (occupationally acquired) means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident; and
- be reported to us with proof of the accident within 30 days of the accident; and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

What is the Extra Care Terminal Illness Benefit?



If the life insured is diagnosed with a **terminal illness** while the Extra Care Terminal Illness Benefit for the life insured is in force, we will pay the full amount insured.

What is the Extra Care Accidental Death Benefit?



If the life insured suffers an **accidental death**, while the Extra Care Accidental Death Benefit is in force, we will pay the amount insured.

We define accidental death as a visible and external event, which was unexpected and unintended, and which caused the injury and death of the person insured.

Built in product features

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Future Insurability	Lump sum covers – Standard features	45

Options available at extra cost

Extra Cost options	PDS Section	Page
Premium Waiver Disability Option	Lump sum covers - Extra cost options	46

One benefit payable at a time

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

When Extra Care Cover ends

Extra Care Cover for the life insured automatically ends on the earlier of the:

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

Lump sum covers – Standard features

As your life changes, your life insurance should change with it.

With OneCare, there are many features included to ensure the cover can adapt to your future needs. All of these features come standard at no extra cost.

A policy that keeps up with you – standard features		Life	TPD	Trauma	Extra Care	Child
OC	Indexation Cover automatically increases by 5% each year, or if the Indexation Factor is greater it will increase by the Indexation Factor . You may choose to decline the increase in any year.	✓	✓	✓	✓	✓
OCS	As the amount insured increases due to indexation, the premium will also increase					
OCEMT	Special restrictions:					
SMSF	<ul style="list-style-type: none"> If a TPD SuperLink arrangement exists, any changes to the amount insured in one policy must also be applied to the other SuperLinked policy as the sum insured in the two policies must always be the same amount. Business TPD will not index above \$10 million. In the event of a claim being accepted, any amounts we pay as instalments will not increase with indexation. Indexation will not apply while Premium Freeze is in force. Indexation will not apply to Life Cover reinstated under the Double TPD or Double Trauma Option. Indexation will not apply to Trauma Cover reinstated under the Trauma Cover Reinstatement Option. 					
OC	Future Insurability Allows you to apply to increase the amount insured without having to supply further medical evidence once in any 12 month period when specific personal, policy or business events occur, provided the conditions set out on page 50 are met.	✓	✓	✓	✓	-
OCS						
OCEMT						
SMSF						
OC	Premium Freeze If you choose stepped premiums, you will be able to freeze the amount of your premium (excluding the Policy Fee) for all or some of your covers so that it does not increase in future years. The amount insured will generally reduce at each policy anniversary to an amount that could be purchased by the amount of the frozen premium.	✓	✓	✓	-	-
OCS	The following conditions apply while Premium Freeze is activated:					
OCEMT	<ul style="list-style-type: none"> The amount insured for the cover cannot be less than \$10,000 if the lump sum benefit payment type applies (or if an instalment benefit payment type applies, an equivalent instalment amount). If the amount insured reduces to \$10,000 (or if an instalment benefit payment type applies, an equivalent instalment amount) Premium Freeze will end and we will recalculate the premium for the cover so that the amount insured does not reduce below this minimum level. Indexation and Future Insurability increases to the amount insured for the cover are not available while Premium Freeze is activated. 					
SMSF	You can freeze your premiums at the start of your policy or within 30 days of any policy anniversary date. You can unfreeze your premiums on a policy anniversary by notifying us in writing. Premium Freeze is not available to SuperLink arrangements.					

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

Lump sum covers – Extra cost options

For your OneCare cover to adapt further to your requirements, there are some extra cost options for you to choose from on the lump sum covers.

A policy that keeps up with you – options		Life	TPD	Trauma	Extra Care
OC	Premium Waiver Disability Option	✓	✓	✓	✓
OCS	<p>If you choose this option, we will waive premiums in relation to Life Cover, TPD Cover, Trauma Cover and Extra Care Cover (as applicable):</p> <ul style="list-style-type: none"> while the life insured is on claim under Income Secure, Business Expense or Living Expense Cover up until the policy anniversary when they are age 65; or if the life insured is disabled for a period of six consecutive months and continues to be disabled, up until the policy anniversary when they are age 65. 				
OCEMT	<p>We will also waive the premium that relates to the waiting period under Income Secure, Business Expense or Living Expense Cover for the first six consecutive months of the life insured's disability.</p> <p>Indexation will still apply to covers for which the premiums are being waived.</p> <p>If we are waiving premiums for all covers under a policy for the life insured, we will also waive premiums for any Child Cover under the policy.</p> <p>Any premiums owing on the policy (premiums in arrears) need to be paid before we will waive premiums.</p> <p>We will not waive premiums for Life Cover provided under Life Cover Buy Back or the Life Cover Purchase Option, or Trauma Cover reinstated under the Trauma Cover Reinstatement Option.</p> <p>This option expires on the policy anniversary when the life insured is age 65.</p>				
SMSF					

A policy that keeps up with you – options		Life	TPD	Trauma	Extra Care
OC	<p>Business Guarantee Option</p> <p>This option gives you the flexibility to increase insurance without having to supply further medical evidence, as your business requirements grow. It may be useful for any of the following purposes nominated by you and approved by us at the time of taking out the original cover:</p> <ul style="list-style-type: none"> • business succession planning • key person insurance • any business insurance purpose which we approve. <p>You may apply for one increase in any 12 month period.</p> <p>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.</p> <p>Individual maximum increase</p> <p>If more than three years has pass since the commencement of the Business Guarantee Option and an increase in cover under this option has not occurred in the previous three years, the maximum individual increase available is the lesser of:</p> <ul style="list-style-type: none"> • the increase in value of the business insurance purpose • three times the original amount insured • \$2 million for each cover. <p>Total maximum increase</p> <p>The total to which the amount insured may be increased under this option over the life of the policy is the lesser of:</p> <ul style="list-style-type: none"> • three times the original amount insured • the following amounts: <ul style="list-style-type: none"> – Life Cover – \$15 million – TPD Cover – \$5 million (amounts in excess of \$3 million are to be purchased as Non-working TPD except for white collar occupations) – Trauma Cover – \$2 million. <p>The amount insured as a percentage of the life insured’s share of the value associated with the business purpose must never increase.</p> <p>To apply for an increase under this option:</p> <ul style="list-style-type: none"> • you need to provide relevant, current financial information appropriate to the purpose of cover as originally applied for, and any other evidence (other than medical evidence) that we may require • the life insured must be actively at work in their usual occupation at the time of applying for the increase. <p>This option may only be removed from the life insured’s cover by you if you have not made an increase since the cover start date.</p> <p>This option cannot be exercised if, under this or any other OnePath Life policy, the lives insured:</p> <ul style="list-style-type: none"> • are entitled to make, or have made, a claim • have already exercised Future Insurability for the same business event(s). <p>To apply for this option, the life insured must be within the entry ages shown in each of the covers for stepped premiums or aged between 15 and 60 for level premiums.</p> <p>This option is not available under Business TPD.</p>	✓	✓	✓	-
OCS					
OCEMT					
SMSF					
OC	<p>Value Protector Option</p> <p>This option is available when your benefit payment type is instalments.</p> <p>This option is available with 3, 5, 10 and 15 year instalment fixed terms.</p> <p>If you choose this option the monthly instalment amount will increase each year on your claim anniversary by 3% when on claim.</p>	✓	✓	✓	-

Living Expense Cover
Business Expense Cover
Income Secure Cover
Extra Care Cover
Child Cover
Trauma Cover
Total and Permanent Disability Cover
Life Cover

Lump sum covers – Buy backs and reinstatements

There are several options for reinstating cover with OneCare. Where covers are linked, a claim under one cover will reduce all covers by the claim amount. The buy back and reinstatement options include:

Life Cover Buy Back (standard feature) – allows you to buy back Life Cover after a linked TPD or Trauma claim

Double TPD – reinstates the Life Cover after a linked TPD claim plus waives all future premiums

Double Trauma – reinstates the Life Cover after a linked Trauma claim, plus waives all future premiums

Life Cover Purchase Option – allows you to repurchase the Life Cover after a standalone TPD or Trauma claim

Trauma Reinstatement – allows you to buy back Trauma Cover for unrelated events after a Trauma claim

To ensure you are aware when these options are available, we will write out to you as a reminder it is time to exercise this option.

General restrictions

- Any exclusion's or any medical, occupational or pastime loadings which applied prior to claim will apply to the new cover.
- Future Insurability and Business Guarantee Option increases cannot be made to the new cover.
- You cannot exercise these buy backs if we have paid a terminal illness benefit to the life insured.

Partial payments

You cannot exercise a buy back after a partial payment, for example **angioplasty** under Trauma Cover or Partial payment for specific loss under TPD Cover. However you can exercise the buy back or reinstatement option when multiple payments total the full amount insured.

The amount you can buy back or reinstate is the total amount we paid for the claim including any prior partial payments under these covers.

Life Cover Buy Back

This is a standard feature when TPD and/or Trauma Cover is linked to Life Cover.

If we pay (or begin to pay) the full Trauma or full TPD (or instalment) amount insured, we will provide a written offer to you to buy back Life Cover up to the amount of the TPD and/or Trauma Cover benefit paid.

We will offer the Life Cover Buy Back 12 months (or six months for certain trauma conditions*) after the later of:

- the date we receive your fully completed claim form; or
- the date the life insured satisfies the conditions of the TPD definition or Trauma event definition.

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

You cannot exercise Life Cover Buy Back if:

- a benefit for **terminal illness** has been previously paid for the life insured;
- the Double TPD or Double Trauma Option applied for the life insured; or

- we pay (or begin to pay) only a part of the Trauma Cover or TPD Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover amount insured in relation to another trauma condition or the full balance of the TPD Cover amount insured (as applicable), you can exercise Life Cover Buy Back in relation to the Trauma or TPD Cover benefits paid.

* **Alzheimer's disease, blindness (severe), deafness (severe), dementia, loss or paralysis of limb, multiple sclerosis, Parkinson's disease.**

Special restrictions: Life Cover Buy Back is not available on Business TPD.

Double TPD/Double Trauma Option (Extra Cost)

This is an extra cost option when TPD and/or Trauma Cover is linked to Life Cover. When selected, this replaces the standard Life Cover Buy Back. This option expires at the policy anniversary when the life insured is age 65.

If you choose this option and we pay (or begin to pay) the full Trauma or full TPD (or instalment) amount insured (as applicable) the Life Cover amount insured that would be reduced by the amount of the Trauma or TPD benefit paid will be immediately reinstated.

You will not pay any premiums for the reinstated portion of the Life Cover from the date we pay the full Trauma or TPD amount until the life insured dies.

We will not reinstate the Life Cover under this option if:

- a benefit for **terminal illness** has been previously paid for the life insured; or
- we pay (or begin to pay) only a part of the Trauma Cover or TPD Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma or TPD Cover amount insured in relation to another trauma condition (for the Double Trauma Option) or the full balance of the TPD Cover amount insured (for the Double Trauma Option), we will reinstate Life Cover up to the Trauma or TPD Cover amount insured (as applicable).

Special restrictions: We will not reinstate Life Cover under Double Trauma if the life insured does not survive the eight day survival period. Indexation will not apply to the new portion of Life Cover.

Double TPD is not available on Business TPD.

Life Cover Purchase Option (Extra Cost)

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

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

If you choose this option and we pay (or begin to pay) the full Trauma Cover or full TPD Cover (or instalment) amount insured (as applicable), you can purchase Life Cover up to the amount of the benefit paid.

We will offer you the Life Cover Purchase Option after 12 months (or after six months for certain trauma conditions*) after the later of:

- the date we receive the fully completed claim form; or
- the date the life insured satisfies the conditions of the TPD definition or Trauma event definition.

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

You cannot exercise the Life Cover Purchase Option if:

- a benefit for terminal illness has been previously paid for the life insured
- we pay (or begin to pay) only a part of the Trauma Cover or TPD Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover amount insured in relation to another trauma condition or the full balance of the TPD Cover amount insured (as applicable), you can exercise Life Cover Purchase Option in relation to the Trauma or TPD Cover benefits paid.

* Alzheimer's disease, blindness (severe), deafness (severe), dementia, loss or paralysis of limb, multiple sclerosis, Parkinson's disease.

Special restrictions: Life Cover Purchase Option is not available on Business TPD.

Trauma Cover Reinstatement Option (Extra Cost)

This is an extra cost option on Trauma Cover.

If you choose this option and we:

- pay (or begin to pay), the full Trauma Cover lump sum (or instalment) amount insured; or
- pay (or begin to pay), the full TPD Cover lump sum (or instalment) amount insured where:
 - the TPD Cover is linked to Trauma Cover; or
 - the TPD Cover is linked to Trauma Cover and Life Cover

for a life insured under this policy, we will offer to reinstate the Trauma Cover for that life insured up to the Trauma Benefit paid or Trauma Benefit prior to reduction (as applicable).

We will offer you the Trauma Reinstatement option 12 months (or six months for certain trauma conditions*) after the later of:

- the date we receive the fully completed claim form; or
- the date the life insured satisfied the trauma condition definition.

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

The condition giving rise to the TPD Cover claim must satisfy one of the Trauma Cover trauma condition definitions.

You cannot exercise Trauma Cover Reinstatement if:

- we have previously paid a benefit for **terminal illness** for the life insured; or
- only a partial payment was made, for example **angioplasty**; or
- we have previously paid a TPD benefit for the life insured that was not in relation to a defined trauma condition covered by this policy.

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

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

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

Trauma linked to Life Cover

Where Trauma is linked to Life Cover, Trauma Reinstatement and Life Cover Buy Back is available. If using the default Life Cover Buy Back, Trauma Cover is reinstated at the same time as the Life Cover.

Note: Trauma Reinstatement is available multiple times for unrelated Trauma events.

Special restrictions: Indexation will not apply to the reinstated Trauma cover. You will not be able to claim for the same or any other related condition on the reinstated Trauma Cover.

* Alzheimer's disease, blindness (severe), deafness (severe), dementia, loss or paralysis of limb, multiple sclerosis, Parkinson's disease.

Case study

Terry took out a policy with:

Life Cover – \$750,000

Linked TPD Cover – \$750,000

Linked Trauma Cover – \$400,000

Extra cost option – Double Trauma

The covers are linked covers meaning that any benefit paid under one cover would reduce all covers by the amount of the benefit paid.

After a successful claim under his Trauma Cover, Terry received the Trauma Cover benefit payment of \$400,000. This reduced all his linked covers by \$400,000. However, the Double Trauma extra cost option immediately activated a reinstatement of the reduced portion of his Life Cover.

Accordingly, Terry's policy now consists of:

Life Cover = \$750,000 (\$400,000 of which has premiums waived)

TPD Cover = \$350,000

Trauma Cover = \$0

If Terry had Trauma Reinstatement on the policy then at the 12 month anniversary of the benefit paid, Terry could reinstate the \$400,000 Trauma Cover.

Lump sum covers – Future Insurability

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

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

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

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

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

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

§ An increase in the amount insured under Future Insurability in respect of the annual salary package increase cannot occur if the life insured is self employed, a controlling director of the employer or a holding company of the employer or is able to decide or control a decision on the amount of their own salary package.

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

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

Your application needs to be made:

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

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

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

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

Future Insurability is not available:

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

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

6. Income Secure Cover

Income is an important asset to an individual's financial position. If the life insured can't work due to an **injury** or **illness**, it could have a significant financial impact both short term and/or long term.

Income Secure Cover can replace up to 80% of a life insured's monthly income if they are unable to work because of **illness** or **injury**. This money can be used to pay the bills and stay on top of day-to-day living expenses while the life insured recovers.

Cover is available to a broad range of occupation types. Some cover options and cover types apply to a limited set of occupations.

Ambulances attended 2.9 million incidents in 2008-09, of which 39% were emergencies.

Source: Australia's Health 2010 Report, Australian Institute of Health and Welfare, page 7.

Who can apply?

Income Secure Cover is generally available to people working a minimum of 30 hours per week in their principal occupation. However, if the life insured's occupation is permanent part-time and they work at least three days a week (i.e. a minimum of 20 hours), depending on their occupation, they may be eligible to apply for cover under Income Secure Professional.

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





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

* Monthly benefits in excess of \$40,000 are subject to a maximum entry age of 54 and a 2 year benefit period.

If the life insured is not eligible to apply for Income Secure Cover, they may be eligible for Living Expense Cover (see page 77).

Policy ownership types

The below table shows if this cover may be used with each of the policy ownership types available. Throughout the Income Secure Cover section, these symbols will appear where certain information applies to a limited set of policy ownership types.

	Income Secure Cover is available.
 	Income Secure Cover is available with some restrictions on cover type and options.
	Income Secure Cover is available with some restrictions.

Monthly amount insured payable

The amount you are paid in the event of a claim is referred to as the monthly amount insured payable.

The monthly amount insured payable may be used to determine the monthly amount you will be paid under the benefits provided by this cover while the life insured is **on claim**.

The monthly amount insured payable depends on the benefit payment type (i.e. Guaranteed or Indemnity) that you choose.

One benefit payable

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

Unemployment at time of claim

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

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

Choosing the right cover

It's important to choose a type of cover, and a level of cover, that's right for you – taking into account the life insured's income and your, day-to-day expenses, and lifestyle goals for the future.

The premiums you will pay are based on the type and level of cover, as well as any extra-cost options you select. Your **financial adviser** can help you make the right choices, and ensure your cover suits your needs.

What types of cover are available?	Page 53
What are my cover options?	Page 54
What is the Total Disability Benefit?	Page 55
What is the Partial Disability Benefit?	Page 55
What are the ancillary benefits?	Page 57
Monthly benefit – Standard features	Page 74
What are the extra-cost benefit options?	Page 74
Benefit reductions	Page 56
Additional information	Page 65
When we will not pay	Page 15
When Income Secure Cover ends	Page 67

What types of cover are available?

OneCare offers four types of Income Secure Cover, which all provide a different level of protection at varying premiums. Not all types and covers are available for all Policy Ownership types.

OC	Income Secure Standard – provides core income protection for those who want peace of mind that they'll have help to meet their bills if the life insured is unable to work due to illness or injury . This is the most affordable cover in our range.	Available to the following occupation classes; A,C,D,E,F,I,P,L, M,S,T,H,HH
OCS		
OCEMT		
SMSF		
OC	Income Secure Comprehensive – extends on the Standard Cover by offering additional benefits to assist with expenses incurred as a result of illness or injury .	Available to the following occupation classes; A,C,D,E,F,I,P,L, M,S,T,H,HH
SMSF		

OC

SMSF

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

Available to the following occupation classes;
A,C,D,E,F,I,P

OC

OCS

OCEMT

SMSF

Income Secure Special Risk
– provides basic income protection for those occupations that have traditionally been deemed as uninsurable such as a roof tiler or builders labourer.

Available to occupation class R only.

We may offer you Accidental Injury Only cover

(Income Secure Standard, Comprehensive and Professional only)

When we receive your application for Income Secure Cover, we assess it for risk and determine the terms under which we may offer this insurance.

The outcome of this assessment may be that as a result of the life insured's disclosed health and circumstances we are unable to provide cover for claims resulting from both **injury and illness**.

We may provide you with an offer of amended terms for Accidental Injury Only cover. This means that you will only be eligible to claim in relation to **Accidental Injury**.

Accidental Injury is defined as physical injury which is caused solely and directly by violent, accidental, external and visible means which occurs during the period of the policy. If the claim arises directly or indirectly and whether wholly or partly as a result of stress, anxiety, depression, fatigue (including chronic fatigue syndrome and fibromyalgia), physical symptoms of a psychiatric illness or condition, psychosis, personality disorders or emotional or behavioural disorders related to substance abuse or dependency (including alcohol, drug or chemical abuse or dependency), we will not pay any benefits.

Note: The Booster Option, Accident Option, Cover Continuation and Conversion to Living Expense Cover features are not available if Accidental Injury Only is offered and applies to the policy.

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

What are my cover options?

Once you've decided what cover type and monthly amount insured is right for you, there are a few more choices for how you would like to shape the cover.

Cover	Options	More about this choice
Benefit payment type	<p>Indemnity Guaranteed*</p> <p>* Not available for OCS, OCEMT or Income Secure Special Risk.</p>	<p>Indemnity benefit payment type</p> <p>Under the indemnity benefit payment type, the monthly amount insured payable will be the lesser of:</p> <ul style="list-style-type: none"> the monthly amount insured shown in the Policy Schedule; or 75% of the life insured's pre-claim earnings (or 80% if you also purchased the Priority Income Option). <p>With the indemnity benefit payment type, if the life insured's income reduces between the time of purchase of Income Secure Cover and when you make a claim, the benefit you are eligible to receive may be less than the monthly amount insured shown on the Policy Schedule.</p> <p>Guaranteed benefit payment type*</p> <p>Under the guaranteed benefit payment type, the monthly amount insured payable is guaranteed not to reduce with any future changes to income.</p> <p>You can provide proof of pre-application income either before or after your policy starts.</p> <p>If you choose the guaranteed benefit payment type and proof of pre-application income has been provided and confirmed by us, the monthly amount insured payable is the amount shown on the Policy Schedule and may be subject to certain reductions. Annual indexation increases are guaranteed.</p> <p>If financial evidence has not been provided and confirmed prior to claim, then at the time of the claim we require you to provide satisfactory financial evidence for the purpose of determining the life insured's pre-application income.</p> <p>If you have notified us of a claim and proof of pre-application income has not been provided or confirmed, the monthly amount insured payable will be the lesser of:</p> <ul style="list-style-type: none"> the monthly amount insured shown in the Policy Schedule; and 75% of the average monthly pre-application income (or 80% if you also purchased the Priority Income Option).
Waiting period	<p>14 days*</p> <p>30 days</p> <p>60 days</p> <p>90 days</p> <p>180 days</p> <p>1 year</p> <p>2 years.</p> <p>* Not available for Income Secure Special Risk.</p>	<p>The waiting period is the period you wait before the benefit period commences.</p> <p>The waiting period will affect the premium – the longer the waiting period, the more affordable the premium.</p> <p>The waiting period starts the day the life insured consults a medical practitioner, and receives advice confirming disability.</p> <p>A separate waiting period applies for each separate illness or injury for which the life insured can claim under this cover, unless it is a recurring claim.</p> <p>Where it can be substantiated that the disability commenced before receiving advice from a medical practitioner, the start of the waiting period may be back dated up to seven days with written confirmation of that advice.</p>
Benefit period	<p>2 years</p> <p>6 years</p> <p>to age 55*</p> <p>to age 60*</p> <p>to age 65*</p> <p>to age 70**</p> <p>‡ (only available to occupation code A,C,D,E,F,I and P. After age 65, the monthly amount insured is reduced each policy anniversary on a sliding scale)</p> <p>* Not available for Income Secure Special Risk.</p>	<p>The benefit period is the maximum period of time that you will be paid for a benefit for any one illness or injury when the life insured is disabled.</p> <p>The benefit period will affect the premium – the shorter the benefit period, the more affordable the premium.</p> <p>The benefit period starts at the end of the waiting period and continues until the earlier of:</p> <ul style="list-style-type: none"> the end of the selected benefit period (if the benefit period is to age 55, to age 60, to age 65 or to age 70, the benefit period ends at the policy anniversary when the life insured is age 55, 60, 65 and 70 respectively) the cover expiry date the date the life insured is no longer disabled 36 months from the date on which we started paying the Partial Disability Benefit if the life insured's occupation category is H (heavy trade), HH (heavy duty) or R (special risk) the date the cover ends (refer to 'When Income Secure Cover ends' on page 67). <p>A separate benefit period applies for each separate illness or injury for which the life insured can claim under this cover, unless it is a recurring claim.</p>

What is the Total Disability Benefit?

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

Applies to Income Secure Professional

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

Applies to Income Secure Comprehensive and Income Secure Standard, if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

Applies to Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk, if the life insured's occupation is shown on the Policy Schedule as Category H, HH or R

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

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

The Total Disability Benefit is the monthly amount insured payable as explained on page 52.

The Total Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Total Disability Benefit for each day of the period.

Calculation of the Total Disability Benefit

Guaranteed Benefit: the total disability benefit will be the monthly amount insured, as confirmed by financial evidence, plus any indexation increases.

Indemnity Benefit: the total disability benefit will be the lesser of;

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

What is the Partial Disability Benefit?

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

Applies to Income Secure Professional

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

Applies to Income Secure Comprehensive and Income Secure Standard, if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

Applies to Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk, if the life insured's occupation is shown on the Policy Schedule as Category H, HH or R

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

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

The Partial Disability Benefit is payable monthly in arrears.

If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Partial Disability Benefit for each day of the period.

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

Calculation of the Partial Disability Benefit

This benefit is based on the proportional loss of income compared to the monthly amount insured otherwise payable if it were a total disability.

To calculate this you need to note:

A. The life insured's **pre-claim earnings**.

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

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

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

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

C. The monthly amount insured payable (if you were claiming for **total disability**).

The calculation is then $[(A-B) / A] \times C$
= Partial Disability Benefit payable

We may increase the partial disability benefit

If we have been paying Total Disability Benefits for 12 consecutive months and you are receiving a Partial Disability Benefit for working in a gainful occupation that is unrelated to their **regular occupation** for at least three consecutive months, we will pay an additional 10% of the Partial Disability Benefit payable for a maximum of 12 months.

The additional 10% will only be available once during the life of this cover.

Benefit reductions

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

We will not reduce the Total Disability Benefit by **monthly earnings** attributable to the life insured working 10 hours* or less per week or any **monthly earnings** which is less than 20% of their **pre-claim earnings** as described within the **totally disabled** definition. (Not applicable to Income Secure Special Risk.)

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

We will reduce the Total Disability Benefit we pay in a month so that the combined total of the amount we pay and the 'other payments' is no more than the greater of:

- the benefit otherwise payable; and
- 75% of the **pre-claim earnings** (or 80% if the Priority Income Option is selected).

We will reduce the Partial Disability Benefit we pay in a month so that the combined total of the amount we pay and the 'other payments' is no more than the greater of:

- the benefit otherwise payable; and
- the **pre-claim earnings** less the **monthly earnings** for the month in which the life insured was **partially disabled**.

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

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

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or application for an increase in benefits were not disclosed to us or that were disclosed to us but were to be replaced by this policy; and
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income

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

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

'Other payments' do not include:

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

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

What are the ancillary benefits?

These built-in benefits are automatically included with your cover.

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
Waiver of premium	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>We will waive premiums for Income Secure Cover for the life insured that relate to periods of time while the life insured is on claim under Income Secure Cover or disabled beyond the end of the waiting period and otherwise eligible for a payment under Income Secure Cover before any benefit reductions are applied. We will also waive the premiums during the waiting period if the life insured does go on claim.</p>	✓	✓	✓	✓
Basic Death Benefit*	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If the life insured dies or is diagnosed with a terminal illness, we will pay a once only lump sum equal to three times the monthly amount insured, up to a total of \$60,000 across all Income Secure Standard, Comprehensive and Professional Covers and \$30,000 for Income Secure Special Risk Cover. The life insured does not need to be on claim for this benefit to be payable.</p> <p>We pay this benefit for terminal illness in addition to any other benefits payable while the life insured is on claim under this cover.</p>	✓	✓	-	-
Enhanced Death Benefit	<p>OC</p> <p>SMSF</p>	<p>This replaces the Basic Death Benefit above.</p> <p>If the life insured dies or is diagnosed with a terminal illness, we will pay a once only lump sum equal to six times the monthly amount insured, up to a total of \$60,000 across all Income Secure Covers for the life insured under all OneCare policies. The life insured does not need to be on claim for this benefit to be payable.</p> <p>We pay this benefit for terminal illness in addition to any other benefits payable while the life insured is on claim under this cover.</p>	-	-	✓	✓
Rehabilitation and Retraining Expenses Benefit	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If we are paying the Total or Partial Disability Benefit, we will pay this benefit to assist the life insured in returning to work.</p> <p>Over the life of the cover we will reimburse the costs associated with rehabilitation and/or retraining up to 12 times the monthly amount insured payable.</p> <p>We must approve the rehabilitation or retraining program in writing before the life insured commences the program.</p> <p>We cannot reimburse any expenses which we are not permitted by law to reimburse that are regulated by the <i>National Health Act 1953</i> or the <i>Private Health Insurance Act 2007</i> or which can be paid from another source.</p>	✓	✓	✓	✓


* Referred to as Death Benefit for OneCare Super and OneCare External Master Trust.

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
No Claim Benefit	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If the Income Secure Cover has been continuously in force for three years and no claim has been made or is eligible to be made, we will</p> <ul style="list-style-type: none"> • double any Basic Death Benefit or Enhanced Death Benefit payable; and • double the maximum amount payable under the Rehabilitation and Retraining Expenses Benefit. <p>The doubling of the Death Benefit (Basic or Enhanced) and the Rehabilitation and Retraining Expenses Benefit (as applicable) only applies to a claim which arises from an event occurring after the third anniversary of the cover start date.</p> <p>Once the No Claim Benefit applies, it will continue to apply even if the life insured is subsequently on claim. This means that if you are eligible to make a claim after this time, the three year period does not start again.</p>	-	✓	✓	✓
Waiting Period Conversion	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>This feature allows you to apply to change the waiting period from two years to 90 days without needing to provide medical evidence when the life insured ceases to be covered under a Group Salary Continuance scheme (GSC) or similar arrangement provided by an employer.</p>	✓	✓	✓	✓
Increasing Income	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If the life insured's average monthly income increases, this feature allows you to increase the monthly amount insured without medical underwriting by up to 15% of the monthly amount insured after the indexation increase is applied.</p> <p>Each year on the policy anniversary, you may increase the monthly amount insured, in addition to any indexation increase.</p> <p>If more than three years have passed since the commencement of your policy and an increase in cover under this feature has not been exercised in the previous three years, the maximum individual increase available under this feature is \$1,000.</p> <p>This feature is only available if the life insured is under age 50 at the cover start date, and to increase cover under this feature the life insured must be aged under 55 and the monthly amount insured across all Income Secure Covers for the life insured, including this increase, does not exceed \$30,000.</p> <p>This feature is not available for cover that has been issued with medical loading greater than 50%.</p>	-	✓	✓	✓









Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional																
Family Cover Pause	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If the life insured's average monthly earnings reduce while pregnant or after they or their spouse have children, you can request to reduce the monthly amount insured by up to 75% (subject to a minimum monthly amount insured of \$1,250) to reflect the life insured's new average monthly earnings if:</p> <ul style="list-style-type: none"> • you have paid premiums for the previous 24 consecutive months; and • there is no premium amount outstanding at the time of activating the Family Cover Pause. <p>You will have the option to reinstate the monthly amount insured when the life insured's monthly earnings increase without having to undergo medical underwriting. You can reinstate all or part of the monthly amount insured at any time prior to the life insured's youngest child turning six years old.</p> <p>To reinstate all or part of the original monthly amount insured you will be required to complete the relevant form and to provide financial evidence supporting the reinstated cover and a copy of the youngest child's birth certificate.</p> <p>If satisfactory financial evidence cannot be provided, the reinstated amount may be available as an indemnity benefit payment type</p> <p>There is no cover and no benefit payable in relation to this feature (in respect of the amount of cover that is paused only) in the first 90 days after each increase of cover from Family Cover Pause (in respect of the increased portion only).</p>	✓	✓	✓	✓																
Conversion to Living Expense Cover	<p>OC</p> <p>OCS</p> <p>OCEMT</p> <p>SMSF</p>	<p>If the life insured is not on claim or entitled to make a claim at the expiry of the Income Secure Cover, we will offer a conversion to Living Expense Cover without medical underwriting.</p> <p>We will offer a benefit period of two years and a cover expiry at age 80.</p> <table border="1" data-bbox="542 1321 1157 1702"> <thead> <tr> <th data-bbox="542 1321 869 1388">The waiting period for Income Secure at time of conversion</th> <th data-bbox="869 1321 1157 1388">Available waiting period on Living Expense Cover</th> </tr> </thead> <tbody> <tr> <td data-bbox="542 1400 869 1444">14 days</td> <td data-bbox="869 1400 1157 1444">30, 90, 1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1444 869 1489">30 days</td> <td data-bbox="869 1444 1157 1489">30, 90, 1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1489 869 1534">60 days</td> <td data-bbox="869 1489 1157 1534">30, 90, 1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1534 869 1579">90 days</td> <td data-bbox="869 1534 1157 1579">90, 1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1579 869 1624">180 days</td> <td data-bbox="869 1579 1157 1624">90, 1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1624 869 1668">1 year</td> <td data-bbox="869 1624 1157 1668">1 year, 2 years</td> </tr> <tr> <td data-bbox="542 1668 869 1713">2 years</td> <td data-bbox="869 1668 1157 1713">2 years</td> </tr> </tbody> </table> <p>Note: Living Expense Cover is not available under a superannuation ownership therefore the policy would change ownership to non superannuation, if applicable. For more information on Living Expense Cover, please refer to page 77.</p> <p>The life insured is able to take up this conversion option prior to the expiry of the Income Secure Cover by contacting us and completing the appropriate form.</p>	The waiting period for Income Secure at time of conversion	Available waiting period on Living Expense Cover	14 days	30, 90, 1 year, 2 years	30 days	30, 90, 1 year, 2 years	60 days	30, 90, 1 year, 2 years	90 days	90, 1 year, 2 years	180 days	90, 1 year, 2 years	1 year	1 year, 2 years	2 years	2 years	✓	✓	✓	✓
The waiting period for Income Secure at time of conversion	Available waiting period on Living Expense Cover																					
14 days	30, 90, 1 year, 2 years																					
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180 days	90, 1 year, 2 years																					
1 year	1 year, 2 years																					
2 years	2 years																					

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
Specific Injury Benefit	 	<p>If the life insured sustains a specific injury during the period of the cover we will pay this benefit for the length of the specified payment period regardless of whether the life insured is totally disabled, needs ongoing medical treatment or is working. This benefit is payable during the waiting period.</p> <p>If the life insured suffers more than one specific injury at a time, we will pay for one specific injury only and this will be the specific injury with the longest payment period.</p> <p>For more information on the Specific Injury Benefit, including a list of Specific Injuries and payment periods, please refer to page 66.</p>	-	✓	✓	✓
Unemployment Benefit	 	<p>If the life insured becomes involuntarily unemployed for reasons other than illness or injury, we will pay the minimum repayments on any home loans, investment home loans, business loans, personal loans and margin lending loans issued by ANZ Bank while the life insured remains unemployed for a period of three months.</p> <p>This benefit only applies if the life insured has been involuntarily unemployed for at least 30 days, registered with a recognised employment agency and actively seeking work for the full period for which the benefit is being claimed and employed for at least six consecutive months immediately prior to becoming involuntarily unemployed.</p> <p>For this benefit to apply you must hold a current ANZ loan.</p> <p>The maximum monthly benefit is the lesser of your monthly cover amount, the minimum loan repayments with ANZ or \$5,000.</p> <p>There is no cover with respect to this benefit if:</p> <ul style="list-style-type: none"> the life insured was aware of their involuntary unemployment or was informed of their involuntary unemployment prior to or during the first 180 days of the start date of the cover; or immediately prior to becoming unemployed, the life insured is self employed or employed by an immediate family member, an employee of an employer with fewer than five employees, working less than 20 hours per week or employed outside of Australia; or the involuntary unemployment was the result of retirement, resignation, voluntary redundancy, abandonment of employment, termination of casual or seasonal work, the ending of a fixed term contract or deliberate or serious misconduct. <p>This benefit will be reduced by the amount of any payment made by or recoverable from, another source in respect of the loan payment.</p> <p>We will not pay any benefit in relation to any arrears on the loan at the date of involuntary unemployment.</p> <p>Only one claim under this benefit is payable in any 12 month period. Only three claims can be made during the life of this cover.</p>	-	✓	✓	✓

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
Meal Allowance Benefit	<div data-bbox="363 448 462 504" style="background-color: #0070C0; color: white; padding: 2px;">OC</div> <div data-bbox="363 515 462 571" style="background-color: #008000; color: white; padding: 2px;">SMSF</div>	<p>If the life insured is confined to bed due to illness or injury for more than 72 hours from the start of the benefit period, as confirmed by a medical practitioner, we will pay up to an additional \$500 per month in arrears for a maximum of three months for the use of a meal delivery service approved by us.</p> <p>Where the Meal Allowance Benefit is payable for part of a month, the maximum we will pay is $\frac{1}{30}$ of \$500 for each day in that month the life insured is eligible to receive this benefit. This benefit will be reduced by any payment made under the Immediate Family Member Benefit, and is not payable during the waiting period.</p>	-	✓	✓	✓
Rehabilitation and Retraining Incentive Benefit	<div data-bbox="363 761 462 817" style="background-color: #0070C0; color: white; padding: 2px;">OC</div> <div data-bbox="363 828 462 884" style="background-color: #008000; color: white; padding: 2px;">SMSF</div>	<p>We will pay the Rehabilitation and Retraining Incentive Benefit if the life insured:</p> <ul style="list-style-type: none"> participates in a rehabilitation and/or retraining program for which we provide our written approval and as a result the life insured makes a successful return to work in either the life insured's regular occupation or another occupation; and has worked continuously for six months following their return to work and has not been entitled to any benefit under Income Secure Cover during that six month period. <p>The amount we will pay is three times the monthly amount insured applicable at the time you become entitled to this benefit.</p> <p>The cover must have been in force at the time you became entitled to this benefit.</p> <p>This feature is payable once during the period of the Income Secure Cover.</p>	-	-	✓	✓
Accommodation Benefit	<div data-bbox="363 1254 462 1310" style="background-color: #0070C0; color: white; padding: 2px;">OC</div> <div data-bbox="363 1321 462 1377" style="background-color: #008000; color: white; padding: 2px;">SMSF</div>	<p>If the life insured is totally disabled and a medical practitioner certifies that the life insured must remain confined to bed due to illness or injury and:</p> <ul style="list-style-type: none"> the life insured is more than 100km from their home and an immediate family member is required to travel from their home to be with the life insured; or an immediate family member is required to travel more than 100kms from their home to be with the life insured <p>we will reimburse accommodation costs for an immediate family member of up to \$500 per day for a maximum of 30 days.</p>	-	-	✓	✓

- Living Expense Cover
- Business Expense Cover
- Income Secure Cover
- Extra Care Cover
- Child Cover
- Trauma Cover
- Total and Permanent Disability Cover
- Life Cover

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
Trauma Recovery Benefit	 	<p>If a trauma recovery event occurs during the period of the Income Secure Cover, we will pay the monthly amount insured for a payment period of six months (you may choose to have this paid as a lump sum), regardless of whether the life insured is totally or partially disabled, needs ongoing medical treatment or is working. The specific trauma events covered under this benefit are listed on page 65. This benefit is payable during the waiting period.</p> <p>If the life insured is totally or partially disabled at the end of the payment period due to a trauma recovery event for which we have paid this benefit, we will pay a Total or Partial Disability Benefit (as applicable) from the later of:</p> <ul style="list-style-type: none"> • the end of the payment period for the trauma recovery event • the end of the period of time that the lump sum payment relates to the trauma recovery benefit • the end of the waiting period. <p>If the benefit period is two or six years, the maximum period for which we will pay Total Disability Benefits and/or Partial Disability Benefits is reduced by the number of months for which we have already paid the Trauma Recovery Benefit.</p>	-	-	✓	✓
Immediate Family Member Benefit	 	<p>If from the commencement of the benefit period a medical practitioner certifies that the life insured must be confined to bed due to illness or injury while requiring care and an immediate family member ceases to earn income because the life insured needs the immediate family member to care for them, we will pay up to an additional 50% of the monthly amount insured (payable in arrears) up to a total of \$3,000 per month for a maximum period of three months across all Income Secure Covers for the life insured under all OneCare policies.</p>	-	-	✓	✓
Special Care Benefit	 	<p>We will pay the Special Care Benefit if the life insured:</p> <ul style="list-style-type: none"> • is totally disabled; and • has been paid a Total Disability Benefit for more than 30 consecutive days in respect of the life insured's total disability; and • is confined to bed due to an illness or injury and a medical practitioner certifies that they require the care of a registered nurse or require a housekeeper (who is not an immediate family member). <p>We will reimburse the costs of employing a registered nurse or housekeeper for a maximum of six months, to a maximum monthly amount insured of up to \$5,000 a month.</p> <p>The payment under this benefit will be reduced by any amounts we have paid under the Immediate Family Member benefit in respect of the same illness or injury. This benefit is payable in addition to any amounts we have paid under the Immediate Family Member Benefit in respect of the same illness or injury.</p>	-	-	✓	✓
Nursing Care Benefit	 	<p>If, during the waiting period, the life insured is confined to bed due to illness or injury and a medical practitioner certifies that they need continuous care from a registered nurse for more than 72 hours, we will pay $\frac{1}{30}$ of the monthly amount insured payable for each day nursing care is certified to be required. We will do so until the end of the waiting period, or for 90 consecutive days from the first day of nursing care, whichever comes first.</p>	-	-	✓	✓

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional	Living Expense Cover
Relocation Benefit	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007060; color: white; padding: 5px; text-align: center;">OC</div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center;">SMSF</div> </div>	<p>If the life insured is on claim and becomes totally disabled outside of Australia for at least 30 days and then returns to Australia while disabled, we will pay the lesser of:</p> <ul style="list-style-type: none"> the cost of a single standard economy airfare by the most direct route to the Australian airport that is nearest to the life insured's residence expenses incurred by the life insured in changing previously made air travel arrangements three times the monthly amount insured payable. <p>Any reimbursements which can be paid from another source will be deducted from this benefit.</p> <p>This benefit is payable once per total disability claim.</p>	-	-	✓	✓	Business Expense Cover
Child Care Assistance Benefit	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007060; color: white; padding: 5px; text-align: center;">OC</div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center;">SMSF</div> </div>	<p>If the life insured is totally disabled and as a result the life insured requires additional child care assistance, we will reimburse the monthly costs of child care fees incurred during the benefit period that cannot be recovered from another source, provided you have obtained our approval before the additional child care arrangements commence. We will pay the lesser of 5% of the monthly amount insured or \$400 per month across all Income Secure Covers for the life insured.</p> <p>If existing child care arrangements are in place at the time of claim, the payment will only relate to any additional child care costs associated with the total disability. The benefit is payable (monthly in arrears) for a maximum of three months.</p>	-	-	✓	✓	Income Secure Cover
Emergency Domestic Travel Benefit	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007060; color: white; padding: 5px; text-align: center;">OC</div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center;">SMSF</div> </div>	<p>If the life insured is totally disabled and requires emergency transportation within Australia to a hospital or their home, we will reimburse the expenses incurred for emergency transportation (other than ambulance services) and those of an immediate family member.</p> <p>This benefit is payable once per claim. The amount we will pay is the lesser of the expenses incurred, two times the monthly amount insured payable or \$2,000, across all Income Secure Cover for the life insured.</p>	-	-	-	✓	Extra Care Cover
Commuter Benefit	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007060; color: white; padding: 5px; text-align: center;">OC</div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center;">SMSF</div> </div>	<p>If the life insured incurs expenses for travel to and from work during the waiting period, and subsequently goes on claim at the end of the waiting period, we will reimburse travel expenses approved by us that cannot be reclaimed from another source which are directly incurred as a result of the life insured's illness or injury. We will pay the lesser of expenses actually incurred for the travel, one third of the monthly amount insured or \$500 across all Income Secure Covers for the life insured.</p> <p>We pay this benefit once per total disability claim. It is payable at the end of the waiting period for transportation expenses incurred during the waiting period.</p>	-	-	-	✓	Child Cover
Premium Pause	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007060; color: white; padding: 5px; text-align: center;">OC</div> <div style="background-color: #008000; color: white; padding: 5px; text-align: center;">SMSF</div> </div>	<p>If the life insured becomes unemployed or takes long-term leave from work, you can apply to pause your premium payments for up to 12 consecutive months if:</p> <ul style="list-style-type: none"> you have paid premiums for the previous 24 consecutive months there is no premium amount outstanding at the time of activating the Premium Pause. <p>There is no cover and no benefit payable under this feature in respect of an illness or injury that becomes reasonably apparent while premiums are being paused, or in the first 90 days after each and any subsequent resumption of cover from Premium Pause.</p>	-	-	-	✓	Trauma Cover
							Total and Permanent Disability Cover
							Life Cover

Built-in benefits	Benefit available under the following ownership structure	What are the benefits?	Special Risk	Standard	Comprehensive	Professional
Unemployment Premium Waiver	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #007060; color: white; padding: 5px; margin-bottom: 5px;">OC</div> <div style="background-color: #008000; color: white; padding: 5px;">SMSF</div> </div>	<p>If the life insured becomes involuntarily unemployed for reasons other than illness or injury, we will waive premiums for Income Secure Professional for up to three months from the date of involuntary unemployment. This feature will only apply if cover under this policy has been continually in force for at least six months prior to the date the life insured becomes involuntarily unemployed.</p> <p>The life insured will continue to be covered during this period. You must resume paying premiums at the end of this period.</p> <p>This feature can only be used for three separate periods of involuntary unemployment during the life of the policy.</p> <p>This feature will end if the life insured returns to work, whether in their regular occupation or any other occupation.</p>	-	-	-	✓

Cover Continuation	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #007060; color: white; padding: 5px; margin-bottom: 5px;">OC</div> <div style="background-color: #008000; color: white; padding: 5px;">SMSF</div> </div>	<p>If the life insured was aged 55 or less at the cover start date, and has been working full time for the 12 months immediately before the cover expiry date, we will offer to continue the cover up to the earlier of the:</p> <ul style="list-style-type: none"> • policy anniversary when the life insured is age 70 (if your policy has a benefit period to age 65), or age 65 (if your policy has a benefit period to age 60), or age 60 (if your policy has a benefit period to age 55) • date the life insured ceases full-time work. <p>We will not offer this option if a medical loading (as shown on the Policy Schedule) exists on the cover being continued.</p> <p>If cover continues the following special terms will apply:</p> <ul style="list-style-type: none"> • the waiting period will be the greater of 30 days and the current waiting period when cover would otherwise end • the benefit period will be one year • the maximum monthly amount insured across all Income Secure Covers for the life insured will be the lesser of \$10,000 or the current monthly amount insured when cover would otherwise end; and • the Accident Option or the Premier Accident Option will not apply. 	-	-	-	✓
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Standard product feature

Built-in Feature	PDS Section	Page
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Options available at extra cost

Extra cost options	PDS Section	Page
Increasing Claim Option	What are the extra cost benefit options?	74
Accident Option	What are the extra cost benefit options?	75
Premier Accident Option	What are the extra cost benefit options?	75
Booster Option	What are the extra cost benefit options?	75
Priority Income Option	What are the extra-cost benefit options?	76

Additional information

Trauma Recovery events

The following table shows the Trauma Recovery events under the Trauma Recovery Benefit and Booster Option and should be read in conjunction with the 'Trauma Recovery Benefit' section on page 62 and the Booster Option section on page 75. You can choose to be paid either a lump sum (up to six times the monthly amount) or monthly in advance.

The full Policy Terms definition of these conditions may be found in the Trauma definitions on page 81.

Cancer and tumours	Nervous system disorders	Blood disorders	Other events
Brain tumour (benign) [†]	Encephalitis	Aplastic anaemia	Burns (severe)
Cancer ^{**†}	Meningitis and/or meningococcal disease	HIV (medically acquired)	Coma
Spinal tumour (benign) [†]	Sensory conditions	HIV (occupationally acquired)	Diabetes (severe) ^{**†}
Heart conditions	Blindness (severe)	Body organ conditions	Intensive care
Angioplasty - triple vessel [†]	Deafness (severe)	Kidney failure (chronic)	Loss of speech
Aortic surgery [†]	Mobility conditions	Liver disease (chronic)	Terminal illness [†]
Cardiac arrest (out of hospital) ^{**†}	Loss of independent existence	Lung disease (chronic) [†]	
Cardiomyopathy	Loss or paralysis of limb	Organ transplant	
Coronary Artery By-pass surgery ^{**†}	Motor neurone disease [†]	Pneumonectomy [†]	
Heart attack (major) ^{**†}	Multiple sclerosis [†]	Systemic sclerosis*	
Heart valve surgery [†]	Muscular dystrophy [†]		
Open heart surgery*	Osteoporosis (before age 50) ^{**†}		
Primary pulmonary hypertension	Rheumatoid arthritis (severe) ^{**†}		
Brain conditions			
Alzheimer's disease [†]			
Cognitive loss			
Dementia [†]			
Head trauma (major) [†]			
Parkinson's disease [†]			
Stroke ^{**†}			

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

- the completed application for the relevant Income Secure Cover
- a written request for the reinstatement of the relevant Income Secure Cover
- the completed application for an increase to the relevant Income Secure Cover (in respect of the increase portion only)

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

Specific injury events

The following table shows the specific injury events under the Specific Injury Benefit and their relevant payment periods, and should be read in conjunction with the 'Specific Injury Benefit' section on page 60. You can choose to be paid either a lump sum (up to 12 times the monthly amount) or monthly in advance.

Specific injury	Payment period
Paralysis [^]	60 months *
Loss of both feet or both hands or sight in both eyes	24 months
Loss of any combination of two of: <ul style="list-style-type: none"> • A hand • A foot • Sight in one eye[#] 	24 months
Loss of one leg and one arm [#]	12 months
Loss of one foot or one hand or sight in one eye [#]	12 months
Loss of thumb and index finger of the same hand [#]	6 months
Fracture of the thigh or pelvis [§]	3 months
Fracture of the leg (between knee and foot) or knee cap [§]	2 months
Fracture of the upper arm including the elbow and shoulder bone [§]	2 months
Fracture of the skull (except bones of the nose or face) [§]	2 months
Fracture of the lower arm (including the wrist but excluding the elbow, hand and fingers) [§]	1 month
Fracture of the collarbone, jaw or vertebrae [§]	1 month

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

[^]Paralysis means the total and permanent loss of function of two or more limbs.

[#]Loss means the total and permanent:

- loss of the use of the hand from the wrist or foot from the ankle joint
- loss of the use of the arm from the elbow or leg from the knee joint
- complete severance of the thumb and index finger from the first phalangeal joint; or
- irrecoverable total loss of an eye or sight in the eye

[§]Fracture means any fracture that requires a pin, traction, a plaster cast or other immobilising structure.

Blood borne diseases

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

The following is our approach to claims.

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

- The life insured chooses to disclose their condition to their patients which may lead to some of their patients seeking medical treatment elsewhere. It could also be difficult for the life insured to attract new patients.

- The life insured chooses to cease performing 'exposure prone' procedures as defined by the relevant governing body.
- The life insured's governing body advises the life insured to cease performing 'exposure prone' procedures as defined by the relevant governing body.

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

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

When Income Secure Cover ends

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

- policy anniversary when the life insured is age 70
- date the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due
- date we receive written notification from you to cancel the cover
- date of the life insured's death
- if the policy is a OneCare External Master Trust policy, the date the life insured ceases to be a member of the Master Trust
- if the policy is a OneCare Super policy, the date the member ceases to be a member of the OnePath MasterFund
- cover expiry date shown on the Policy Schedule. The maximum expiry ages are:
 - the policy anniversary when the life insured is age 65 for 2 year and 6 year benefit periods
 - the policy anniversary after your age-based benefit period (e.g. 65 for a benefit period to age 65).

If the life insured's occupation category shown on the Policy Schedule is R, Income Secure Cover for that life insured will end and our liability to pay any benefit under Income Secure Cover will cease automatically on the earlier of:

- any event listed above
- the date 12 months after the life insured became **unemployed**, unless the life insured is **unemployed** because they are **on claim**.

For Income Secure Professional, cover may continue subject to the provision of Cover Continuation set out on page 64.

7. Business Expense Cover

You know how much your business needs you.

This cover is especially designed for business owners, sole traders and partnerships.

It pays a monthly benefit to help cover fixed business expenses if the life insured is totally or partially disabled – helping the business stay afloat.

Who can apply?





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

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

Premium type	Entry ages	
	Minimum	Maximum
Stepped	19	60
Level	19	60

Policy ownership types

The below table shows if this cover may be used with each of the policy ownership types available. Throughout the Business Expense section, these symbols will appear where certain information applies to a limited set of policy ownership types.

	Business Expense Cover is available.
	Not available
	Not available
	Not available

Monthly amount insured payable

The amount you are paid in the event of a claim is referred to as the monthly amount insured payable.

The monthly amount insured may be used to determine the monthly amount you will be paid under the benefits provided by this cover while the life insured is **on claim**.

The monthly amount insured payable depends on the benefit payment type (Guaranteed or Indemnity) that you choose.

Choosing the right cover

It's important to choose a type of cover and a level of cover, that's right for you – taking into account the life insured's income and, day-to-day expenses.

The premiums you will pay are based on the type and level of cover, as well as any extra-cost options. Your **financial adviser** can help you make the right choices, and ensure the cover suits your needs.

What are my cover options?	Page 69
What is the Total Disability Benefit?	Page 70
What is the Partial Disability Benefit?	Page 71
What are the ancillary benefits?	Page 72
Monthly benefit – standard features	Page 74
What are the extra-cost benefit options?	Page 74
Benefit limitations	Page 73
When we will not pay	Page 15
When Business Expense Cover ends	Page 74

What are my cover options?

Once you've decided what monthly amount insured is right for you, there are a few more choices for how you would like to shape that cover. It is possible to split the total monthly benefit between benefit payment types and waiting periods.

Cover	Options	More about this choice
Benefit payment type	Guaranteed	<p>Guaranteed benefit payment type</p> <p>The guaranteed benefit payment type is only available if you have Income Secure Cover with the guaranteed benefit payment type under the same policy.</p> <p>If you choose the guaranteed benefit payment type, the monthly amount insured payable will be the amount agreed on at the time of application.</p> <p>The monthly amount insured payable will be the monthly amount insured shown on the Policy Schedule. It may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 73).</p>
	Indemnity	<p>Indemnity benefit payment type</p> <p>If you choose the indemnity benefit payment type, the monthly amount insured payable will be dependent on the life insured's business expenses at the time of claim and the monthly amount insured.</p> <p>The monthly amount insured payable will be the lesser of the:</p> <ul style="list-style-type: none"> monthly amount insured shown in the Policy Schedule life insured's share of business expenses which are incurred while the life insured is disabled. <p>If more than one person is directly responsible for the generation of income in the life insured's business, we distribute the business expenses in the same proportion as their share of business income prior to claim between the life insured and the other person(s), to determine the life insured's share, unless we agree to divide the business expenses on a different basis.</p> <p>We only pay benefits if receipts are provided to us within 90 days after the date the business expenses were incurred.</p> <p>The amount we pay may be reduced if the life insured receives certain other money (refer to 'Benefit reductions' on page 73).</p> <p>Under the indemnity benefit payment type, we require you to provide satisfactory financial evidence for the purpose of determining the life insured's business expenses at the time of claim, as well as the life insured's pre-claim business earnings.</p>
Waiting periods	14 days	The waiting period is the period you must wait before the benefit period commences.
	30 days	The waiting period will affect the premium – the longer the waiting period, the more affordable the premium.
	60 days	The waiting period starts the day the life insured consults a medical practitioner and receives advice confirming disability .
	90 days	Where it can be substantiated that the disability commenced before receiving the advice from a medical practitioner , the start of the waiting period may be backdated up to seven days with written confirmation.
		A separate waiting period applies for each separate illness or injury for which the life insured can claim under this cover, unless it is a recurring claim .

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

Cover	Options	More about this choice
Benefit period	12 months	<p>The benefit period for Business Expense Cover is 12 months. The benefit period is the maximum period of time that you will be paid a benefit for any one illness or injury while the life insured is totally or partially disabled.</p> <p>The benefit period starts at the end of the waiting period and continues until the earliest of the:</p> <ul style="list-style-type: none"> • end of the benefit period • cover expiry date • date the life insured is no longer totally or partially disabled • date of the life insured's death • date the cover ends (refer to 'When Business Expense Cover ends' on page 73). <p>A separate benefit period applies for each separate illness or injury for which the life insured can claim under this cover, unless it is a recurring claim.</p> <p>The benefit period may be extended if at the end of the maximum period of 12 months, the benefits we have paid to you are less than 12 times the monthly amount insured shown in the Policy Schedule. The benefit period may be extended for up to 12 months, provided the life insured is still disabled and the cumulative total of benefits under the Business Expense Cover have not exceeded 12 times the monthly amount insured shown on the Policy Schedule.</p>

What is the Total Disability Benefit?

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

(Applies if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T)

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category H or HH)

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category A, C, D, E, F, I, P and the life insured also has an in force Income Secure Professional policy)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

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

The Total Disability Benefit is payable monthly in arrears.

If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Total Disability Benefit for each day of the period.

What is the Partial Disability Benefit?

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

(Applies if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T)

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder to the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category H or HH)

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – see page 90).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category A, C, D, E, F, I, P and the life insured also has an in force Income Secure Professional policy)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a **recurring claim** – page 90).

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

The Partial Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Partial Disability Benefit for each day of the period.

Calculation of the Partial Disability Benefit

The benefit is based on the proportional loss in income compared with the monthly amount insured otherwise payable if it were a **total disability**.

To calculate this you need to note:






- A. The life insured's share of the average monthly **pre-claim business income**.
- B. The life insured's share of **business income** for the month in which they are **partially disabled**. If the life insured is **partially disabled** and is not working to their capability as a result of causes other than **illness** or **injury** and this situation continues for at least three months, then 'B' will be the life insured's share of **business income** that could reasonably be expected to earn if they were working to the extent of their capability. In determining what the life insured could reasonably be expected to earn if they were working to the extent of their capability, we will take into account available medical evidence (including the opinion of the life insured's **medical practitioner**) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured). If we are making monthly payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place. 'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.
- C. The monthly amount insured payable (if you were claiming for **total disability**).

The calculation is then $[(A-B) / A] \times C =$ the Partial Disability Benefit payable.

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

What are the ancillary benefits?

Several other expenses may emerge should the life insured become ill or injured. Business Expense Cover includes a range of events other than disability where a feature or benefit is available.

Built-in benefits	What is it?
Waiver of Premium 	You do not have to pay premiums for Business Expense Cover while the life insured is on claim for Business Expense Cover or is disabled beyond the end of the waiting period and otherwise eligible for the payment of a benefit under this cover before the benefit reductions are applicable.
Death Benefit 	If the life insured dies or is diagnosed with a terminal illness , we will pay a once only lump sum equal to three times the monthly amount insured, up to a total of \$60,000 across all Business Expense Cover for a life insured under your policy. The life insured does not need to be on claim to receive this benefit. We pay this benefit for terminal illness in addition to any other benefits payable while the life insured is on claim under this cover.
No Claim Benefit 	If the Business Expense Cover has been continuously in force for three years and the life insured has not been on claim and you have not been eligible to make a claim for the life insured under this cover, we will double the Death Benefit payable. The doubling of the Death Benefit only applies to a claim which arises from an event occurring after the third policy anniversary of the cover start date.
Increasing Expenses 	If the life insured's average monthly business expenses increase, this feature allows you to increase the monthly amount insured without medical underwriting by 15% of the monthly amount insured after the indexation increases apply. Each year on the policy anniversary, you may increase the monthly amount insured in addition to any indexation increase. This feature is only available if the life insured is under age 50 at the cover start date, and to increase cover under this feature the life insured must be aged under 55, and the monthly amount insured payable across all Business Expense Cover for the life insured, including this increase, does not exceed \$60,000. This benefit is not available for cover that has been issued with a medical loading greater than 50%.
Premium Break 	If the life insured sells or ceases to own or operate a business for which the business expense cover was insuring and: <ul style="list-style-type: none"> • you have paid premiums for the previous consecutive 24 months; and • there is no premiums amount outstanding at the time of activating the Premium Break. You can apply to pause your premium payment for up to 12 consecutive months with the option to recommence cover at the end of the 12 month period. There is no cover and no benefit payable under this feature in respect of an illness or injury that becomes reasonably apparent while premiums are being paused, or in the first 90 days after each and any subsequent resumption of cover from Premium Break.

Standard product feature

Built in feature	PDS Section	Page
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Options available at extra cost

Extra cost options	PDS Section	Page
Accident Option	Monthly benefit – Extra cost options	75
Premier Accident Option	Monthly benefit – Extra cost options	75

Benefit limitations

One benefit payable

We pay one monthly amount insured payable at a time, even if the life insured suffers more than one **illness** or **injury** giving rise to a **total disability** or **partial disability**. A separate waiting period applies for each separate **illness** or **injury** for which you are entitled to make a claim under the cover.

Unemployment

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

Blood borne diseases

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

The following is our approach to claims.

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

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

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

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

Benefit reductions

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

When Business Expense Cover ends

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

- policy anniversary when the life insured is age 65
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you to cancel the cover
- date we cancel and/or avoid the cover in accordance with our legal rights, or because you have not paid the premiums when due
- date of the life insured's death.

We will not pay any benefits under this cover if at the time of **illness** or **injury** giving rise to the **disability**, you cease to own or operate a business.

Monthly benefit – Standard features

Cover Option	What is it?	Income Secure Special Risk Cover	Income Secure Standard Cover	Income Secure Comprehensive Cover	Income Secure Professional Cover	Business Expense Cover*
Indexation	The monthly amount will automatically increase by Indexation factor each year. You may choose to decline the increase in any year.	✓	✓	✓	✓	✓
OC	As the monthly amount insured increases due to indexation, the premium will also increase.					
OCS	This feature does not apply if:					
OCEMT	<ul style="list-style-type: none"> if the life insured is totally disabled or on claim under Business Expense, Income Secure or Living Expense Cover (unless the increasing claim option applies); or Premium Pause or Premium Break is activated in respect of the life insured's cover. 					
SMSF						

* Business Expense not available under Superannuation

Monthly benefit – Extra cost options

Consider which of the following options are important to you and which of the Cover types that they are available with. These options will increase your premium.

Cover Option	What is it?	Income Secure Special Risk Cover	Income Secure Standard Cover	Income Secure Comprehensive Cover	Income Secure Professional Cover	Business Expense Cover*
Increasing Claim Option	If you choose this option, the monthly amount will increase every three months while the life insured is on claim by a quarter of the indexation factor .	✓	✓	✓	✓	-
OC	When the life insured stops being on claim , the monthly amount insured will be the same as it was on the policy anniversary prior to the end of the claim.					
OCS						
OCEMT						
SMSF						

* Business Expense not available under Superannuation

Cover Option	What is it?	Income Secure Special Risk Cover	Income Secure Standard Cover	Income Secure Comprehensive Cover	Income Secure Professional Cover	Business Expense Cover*
Accident Option OC OCS OCEMT SMSF	<p>If you choose this option, we will pay the monthly amount insured payable from the start of the waiting period if the life insured is diagnosed by a medical practitioner as being totally disabled within 30 days of an injury, and they are totally disabled for at least 14 consecutive days.</p> <p>We will pay you 1/30 of the monthly amount for each day.</p> <p>This option is available if you choose either the 14 or 30 day waiting period.</p> <p>If we pay the Accident Option, we will not pay any other benefit for that injury during the waiting period other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit or the Commuter Benefit if they apply.</p>	-	✓	✓	✓	✓
Premier Accident Option OC OCS OCEMT SMSF	<p>If you choose this option, we will pay the monthly amount insured payable from the start of the waiting period if the life insured is diagnosed by a medical practitioner as being totally disabled within 30 days of an injury, and they are totally disabled for three consecutive days.</p> <p>We will pay you 1/30 of the monthly amount for each day.</p> <p>This option is available if you choose either the 14 or 30 day waiting.</p> <p>If we pay the Premier Accident Option, we will not pay any other benefit for that injury during the waiting period other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit or the Commuter Benefit if they apply.</p>	-	✓	✓	✓	✓
Booster Option OC SMSF	<p>If you have chosen this option with Income Secure Standard and Special Risk, and a Trauma Recovery event (see page 65) occurs during the period of the Income Secure Cover resulting in you receiving a total or partial disability benefit, we will pay an additional 1/3 of the monthly amount insured payable (for up to 24 months) as long as the life insured continues to be totally disabled or partially disabled.</p> <p>If you have chosen this option with Income Secure Comprehensive and Professional, and a Trauma Recovery event occurs during the period of the Income Secure Cover, we will pay an additional 1/3 of the Trauma Recovery Benefit payable for six months, regardless of whether the life insured is totally disabled or partially disabled.</p> <p>If the life insured is totally disabled or partially disabled at the end of the payment period of six months due to the Trauma Recovery event for which we have paid the Trauma Recovery Benefit, we will pay an additional 1/3 of the Total or Partial Disability Benefit (as applicable) from the later of the:</p> <ul style="list-style-type: none"> • end of the payment period for the Trauma Recovery event; or • end of the waiting period <p>for up to a further 18 months as long as the life insured continues to be totally disabled or partially disabled.</p> <p>The Booster option will only apply to the first \$30,000 of the monthly amount insured, and excludes cover amounts under the Priority Income Option.</p>	✓	✓	✓	✓	-

* Business Expense not available under Superannuation

Living Expense Cover
Business Expense Cover
Income Secure Cover
Extra Care Cover
Child Cover
Trauma Cover
Total and Permanent Disability Cover
Life Cover

Cover Option	What is it?	Income Secure Special Risk Cover	Income Secure Standard Cover	Income Secure Comprehensive Cover	Income Secure Professional Cover	Business Expense Cover*
Priority Income Option	You can insure up to 80% of the life insured's monthly earnings if you select either Mortgage Maintenance or Superannuation Maintenance.	-	✓	✓	✓	-
OC	The benefits available under the Priority Income Option include:					
OCS	Mortgage Maintenance – increase cover by 5% of the lesser of the life insured's monthly earnings at the time of application and their pre-claim earnings . Available if the life insured is contributing at least 5% of their monthly earnings towards paying a mortgage on their principal residence at the time of application. Benefits under the Mortgage Maintenance option will be paid to the policy owner in the event of a claim					
OCEMT	Superannuation Maintenance – increase cover by 5% of the lesser of the life insured's monthly earnings at the time of application and their pre-claim earnings . Available if the life insured or their employer is contributing at least 5% of the insured's monthly earnings towards superannuation at the time of application. Benefits under the Superannuation Maintenance option will be paid to the superannuation fund nominated by you for the life insured's benefit. You may request for OnePath Life to contribute more of the benefit payable to the nominated superannuation fund while on claim , however, if this occurs, it must represent a minimum of 5% of the life insured's monthly earnings .					
SMSF	Superannuation Maintenance is not available for OneCare Super and OneCare External Master Trust. If we reduce the monthly amount payable due to other payments, the Mortgage Maintenance or Superannuation Maintenance amount payable (as applicable) will be reduced by the same proportion.					

* Business Expense not available under Superannuation

8. Living Expense Cover

Living Expense Cover is designed for people who are not eligible for Income Secure Cover – usually because they don't have an income (e.g. home-makers and retirees), or because they work on a casual or part-time basis.

We pay an agreed monthly benefit if the life insured is **significantly disabled**. This money may be useful for meeting financial obligations, home adjustments and maintaining lifestyle.

Over 200,000 Australians were estimated to have dementia in 2010, with the number projected to more than double over the next 20 years.

Source: Access Online Magazine, Institute of Health and Welfare, Issue no. 28, October 2010

Who can apply?

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

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

Policy ownership types

The table below shows if this cover is available under each of the policy ownership types.

OC	Living Expense Cover is available.
OCS	Not available
OCEMT	Not available
SMSF	Not available

Choosing the right cover

It's important to choose a cover that's right for you – taking into account the options available to you, your day-to-day expenses, and your lifestyle goals for the future.

The premiums you will pay are based on the type and level of cover. Your **financial adviser** can help you make the right choices, and ensure the cover suits your needs.

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Monthly amount insured payable	Page 78
What is the Living Expense Benefit?	Page 78
What are the ancillary benefits?	Page 79
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What are my cover options?

Once you've decided what monthly amount insured is right for you, there are a few more choices for how you would like to shape that cover. This is something your **financial adviser** can help you with.

Cover	Options	More about this choice
Waiting period	30 days	The waiting period is the period the life insured must wait before the benefit period commences.
	90 days	
	1 year	The waiting period starts the day the life insured consults a medical practitioner , and receives advice confirming significant disability . A separate waiting period applies for each separate illness or injury for which you can claim in respect of a life insured under this cover, unless it is a recurring claim
	2 years	
Benefit period	2 years	The benefit period is the maximum period of time that you will be paid for a benefit for any one illness or injury while the life insured is significantly disabled .
	To age 65	
	To age 80	

Monthly amount insured payable

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

One benefit payable

You are only entitled to one monthly Living Expense Benefit for a life insured at any one time, even if the life insured suffers more than one **illness** or **injury** giving rise to a **significant disability**. A separate waiting period applies for each separate **illness** or **injury** for which you are entitled to make a claim under the cover.

What is the Living Expense Benefit?

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





- during the waiting period; and
- since the end of the waiting period; (unless claiming as a **recurring claim** – see page 90).

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

The Living Expense Benefit will be the monthly amount insured payable.

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

What are the ancillary benefits?

Built in benefits	What is the benefit?
Waiver of Premium 	You do not have to pay premiums for Living Expense Cover while the life insured is on claim for Living Expense Cover or disabled beyond the end of the waiting period and otherwise eligible for the payment of a benefit under this cover before the benefit reductions are applied.
Death Benefit 	If the life insured dies or is diagnosed with a terminal illness , we will pay a once only lump sum equal to three times the monthly amount insured. The life insured does not need to be on claim for this benefit to be payable. We pay this benefit for terminal illness in addition to any other benefits payable while the life insured is on claim under this cover.
Specific Injury Benefit 	We will pay you the monthly amount insured payable if the life insured sustains one of the listed specific injuries prior to age 65. This benefit is payable regardless of whether they are significantly disabled , need ongoing medical treatment or is working. It is also payable during the waiting period, if applicable. You can choose to be paid either a lump sum or monthly in advance. Below is a list of Specific Injuries and the relevant payment periods: <ul style="list-style-type: none"> • Paralysis* – six months • Loss of limbs[^] – three months • Loss of sight[#] – three months * Paralysis means the total and permanent loss of function of two or more limbs. [^] Loss of limbs means the total and permanent loss of use of the whole of both hands or the whole of both feet or a combination of a whole hand and whole foot. [#] Loss of sight means the irrecoverable total loss of sight in both eyes.
Indexation 	The cover will automatically increase by the Indexation factor each year. You may choose to decline the increase in any year. As the monthly amount insured increases due to indexation, the premium will also increase. If the life insured is on claim under Living Expense Cover, indexation will not apply.

Living Expense Cover

Business Expense Cover

Income Secure Cover

Extra Care Cover

Child Cover

Trauma Cover

Total and Permanent Disability Cover

Life Cover

Benefit reductions

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

'Other payments' include:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or application for an increase in benefits were not disclosed to us or that were disclosed to us but were to be replaced by this policy; and
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income

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

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

'Other payments' do not include:

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

When Living Expense Cover ends

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

- policy anniversary when the life insured is age 80
- cover expiry date shown on the policy schedule
- date we receive written notification from you to cancel the cover
- date we cancel and/or avoid the cover in accordance with our legal rights, or because you have not paid your premiums when due
- date of the life insured's death.

Trauma definitions

Full payment conditions

Cancer and tumours

Brain tumour (benign) means the diagnosis of a benign (non-malignant) tumour in the brain which results in the life insured or the insured child*:

- suffering at least 25% permanent impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; or
- being permanently unable to perform at least one of the **activities of daily living** without the physical assistance of another adult person; or
- undergoing surgery to remove the tumour.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

* In the event a claim is for an infant, impairment will be based on the Functional Independence Measure for Children (WeeFIM) and /or the Paediatric Evaluation of Disability Inventory (PEDI).

Cancer means the presence of one or more malignant tumours including leukaemia, lymphoma and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Melanomas are covered if they:

- have evidence of ulceration; or
- are at least Clark Level 3 depth of invasion; or
- are at least 1.0mm Breslow thickness,

as determined by histological examination.

Prostatic cancer is covered if it is:

- a TNM classification of at least T1c; or
- a Gleason score of at least 6; or
- required to have 'major interventionist treatment' to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

Carcinoma in situ* of the breast is covered if:

- treatment requires the removal of the entire breast; or
- treatment requires surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy)

Carcinoma in situ* of the testicle is covered if treatment requires the removal of the testicle.

*Carcinoma in situ is covered where the procedures are required to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment.

The following cancers are not covered:

- all hyperkeratoses or basal cell carcinomas of the skin
- all other melanomas
- all other prostatic cancers
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- chronic lymphocytic leukaemia less than Rai Stage 1
- all other tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

Spinal tumour (benign) means the diagnosis of a benign (non-malignant) tumour in the spinal cord which results in the life insured or the insured child*:

- suffering at least 25% permanent impairment as defined in the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th Edition, or an equivalent guide to impairment approved by us; or
- being permanently unable to perform at least one of the activities of daily living without the physical assistance of another adult person; or
- undergoing surgery to remove the tumour.

* In the event a claim is for an infant, impairment will be based on the Functional Independence Measure for Children (WeeFIM) and/or the Paediatric Evaluation of Disability Inventory (PEDI).

Heart conditions

Angioplasty - triple vessel means the undergoing of angioplasty (with or without insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure, or two procedures no more than two months apart, that is considered necessary on the basis of angiography evidence to correct the narrowing or blockage of three or more coronary arteries.

Aortic surgery means the undergoing of surgery or endovascular repair that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

The insertion and/or removal of intra-arterial balloon pumps into and/or out of the aorta are not covered.

Cardiac arrest (out of hospital) means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital or any other medical facility, and is:

- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia.

Cardiomyopathy means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Coronary artery by-pass surgery means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Heart attack (major) means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes; and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L (2000.0 ng/L) or Troponin T greater than 0.6µg/L (600ng/L).

If the above is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves; or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

Heart valve surgery means the undergoing of open heart surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities.

Open heart surgery means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Primary pulmonary hypertension means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Brain conditions

Alzheimer's disease means the unequivocal diagnosis of Alzheimer's disease made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

Brain damage (applicable to Child Cover only) means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

Dementia means the unequivocal diagnosis of dementia, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Head trauma (major) means cerebral injury resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 5th edition, or an equivalent guide to impairment approved by us; or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Stroke means an infarction of the central nervous system tissue, as evidenced by:

- neuro imaging; or
- the unequivocal diagnosis by two specialist consultant neurologists.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Nervous system disorders

Encephalitis means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Meningitis and/or meningococcal disease means meningitis or meningococcal septicaemia causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Sensory conditions

Blindness (severe) means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness or injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Deafness (severe) means the total and permanent loss of hearing in both ears. Deafness (severe) does not cover the situation where a life insured or an insured child is able to hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).

Mobility conditions

Loss of independent existence means a condition whereby the life insured is totally and permanently unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Loss or paralysis of limb means the total and permanent loss of use of a whole hand or a whole foot as a result of **illness or injury**, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

Motor neurone disease means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a **medical practitioner** who is a consultant neurologist.

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis made by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation.

Osteoporosis means prior to the age of 50 the life insured is unequivocally diagnosed with osteoporosis and suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis.

Rheumatoid arthritis (severe) means the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. To fulfil the criteria for severe rheumatoid arthritis there must be:

- diagnosis of Rheumatoid Arthritis as specified by the '2010 Rheumatoid Arthritis Classification Criteria'*; and
- symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four large joints (ankles, knees, hips, elbows, shoulders); and

- have failed at least six months of intensive treatment with two conventional disease-modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non-steroidal anti-inflammatories; and
- the disease must be progressive and non-responsive to all conventional therapy[^].

*American College of Rheumatology and European League Against Rheumatism.

[^] Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.

Blood disorders

Aplastic anaemia means the acquired bone marrow failure that:

- results in anaemia, neutropenia and thrombocytopenia; and
- requires treatment with one or more of the following:
 - marrow stimulating agents
 - bone marrow transplantation
 - peripheral blood stem cell transplantation
 - blood product transfusions; or
 - immunosuppressive agents.

HIV (medically acquired) means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or a dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection acquired by any other means, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

HIV (occupationally acquired) means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident; and
- be reported to us with proof of the accident within 30 days of the accident; and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

Body organ conditions

Kidney failure (chronic) means end stage renal disease which requires permanent dialysis or renal transplantation.

Liver disease (chronic) means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Lung disease (chronic) means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist **medical practitioner**.

Organ transplant means the life insured undergoes, or has been placed on an Australian waiting list approved by us for, an organ transplant from a human donor to the life insured for one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- the transplant of bone marrow.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a specialist physician.

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Systemic sclerosis means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Other events

Burns (severe) means tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart;
- 50% or more of both hands, requiring surgical debridement and/or grafting;
- 50% or more of both feet, requiring surgical debridement and/or grafting;
- 50% or more of the face, requiring surgical debridement and/or grafting; or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

Diabetes (severe) means that a **medical practitioner** who is a specialise physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure
- neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea; or
 - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Intensive care means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Loss of speech means the total and permanent loss of the ability to produce intelligent speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

Terminal illness means an **illness** that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Partial payment conditions

Cancer and tumours

Brain surgery means the diagnosis of a benign (non-malignant) tumour of the pituitary gland requiring surgical intervention through a craniotomy.

Carcinoma in situ means the life insured is confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast including, but not limited to, pre cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

Chronic lymphocytic leukaemia means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

Diagnosed benign tumour means either:

- the diagnosis of a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; or
- the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.

Melanoma (early stage) means the presence of one or more malignant melanomas as determined by histological examination.

The melanoma:

- must have no evidence of ulceration; and
- be less than 1.0mm Breslow thickness; and
- be less than Clark Level 3 depth of invasion.

The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Heart Conditions

Angioplasty means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Heart attack (minor) means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes; and
- diagnostic elevation of either Troponin I between 500ng/L and 2000ng/L or Troponin T between 25ng/L and 600ng/L.

If the above tests are inconclusive, OnePath may consider at our discretion any other appropriate medical evidence in support of a diagnosis.

Myocardial infarctions arising from elective percutaneous coronary interventions or coronary artery bypass grafting that do not satisfy the requirements of the ESC/ACCCF/AHA/WHF 'Universal Definition of Myocardial Infarction' are excluded.

Heart surgery (minor) means the undergoing of a catheter based endovascular valve repair or valve implantation as a consequence of heart valve defects or abnormalities.

Brain Disorder conditions

Hydrocephalus means excessive cerebrospinal fluid within the brain resulting from injury, infection or tumour, which causes increased intra-cranial pressure. There must be a requirement of surgical intervention to treat the condition.

Body organ conditions

Colostomy and/or ileostomy means the creation of a permanent and irreversible surgical opening, linking the colon and/or ileum to the surface of the body.

Endometriosis (severe) means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

Sensory conditions

Blindness (partial) means the life insured has suffered the permanent partial loss of sight, whether aided or unaided, such that:

- visual acuity is reduced to 6/60 or less in one eye, or the visual field of one eye is reduced to 20 degrees or less of arc; or
- visual acuity is reduced to 6/24 or less in both eyes.

Deafness (partial) means the total and permanent loss of hearing in one ear. Deafness (partial) does not cover the situation where a life insured is able to hear in that ear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).

Other events

Burns of limited extent means tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to either :

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface area of both feet combined, requiring surgical debridement and/or grafting; or
- burns requiring escharotomy surgery.

Critical care means an **illness** or **injury** has resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for at least 72 hours in an authorised intensive care unit of an acute care hospital.

Diabetes mellitus - adult, insulin dependent means the diagnosis of insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

Systemic lupus erythematosus (SLE) with lupus nephritis means the unequivocal diagnosis of SLE according to internationally accepted criteria. This includes the 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, with lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Baby care option

Absence of hand or foot means a complete congenital absence of one hand from the wrist, or one foot from the ankle.

Cleft lip and/or palate means a congenital fissure of the palate or lip, which requires surgery to correct.

Congenital blindness means a congenital, permanent loss of sight in both eyes whether aided or unaided.

Congenital deafness means a congenital, total and permanent loss of hearing in both ears whether aided or unaided.

Developmental dysplasia of the hip means a deformity requiring an open reduction or pelvic osteotomy to correct the dysplasia.

Down's Syndrome means a specific genetic impairment caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

Disseminated intravascular coagulation means due to pregnancy, an over-activation of the coagulation and fibrinolytic system occurs, resulting in thrombosis, consumption of platelets and coagulation factors causing life threatening haemorrhage from multiple sites.

Eclampsia means the occurrence of grand mal seizures during pregnancy for which no other recognised cause can be identified and the foetus is delivered regardless of the gestational age

Ectopic pregnancy means a fertilised ovum has implanted outside the uterine cavity resulting in the rupturing or haemorrhaging of a fallopian tube, which results in a laparotomy or laparoscopic surgery removing the involved fallopian tube.

Hydatidiform mole means the development of multiple fluid filled cysts in the uterus after the degeneration of the placenta which results in the death of the embryo as confirmed by a **medical practitioner**.

Infant death means the death of a live born infant between the ages of 30 days and two years and 30 days, who is the life insured's natural, adopted or step-child, where the life insured is the primary care giver of the child.

Infantile hydrocephalus means a condition characterised by an enlargement of the cerebrospinal fluid (CSF) spaces, which requires surgery to correct the condition.

Neonatal death means the life insured gives birth to a child of at least 20 weeks gestation that does not survive 30 days of life.

Oesophageal atresia means a condition which affects the gastrointestinal tract characterised by the oesophagus ending in a blind pouch. This must be confirmed by a **medical practitioner**.

Spina bifida myelomeningocele means a defective closure of the spinal column resulting in a neural tube deficit with a resultant meningocele or meningocele and associated neurological deficit confirmed by a medical practitioner. Spina bifida occulta is excluded.

Stillbirth means the foetal death in utero after at least 20 weeks gestation and confirmed by a death certificate. Elective pregnancy termination is excluded.

Tetralogy of fallot means an anatomical defect with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

Trache-oesophageal fistula means a condition characterised by an abnormal joining of the trachea and oesophagus confirmed by a **medical practitioner**.

Transposition of great vessels means a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be based on an echocardiogram, and invasive surgery must be performed to correct the condition.

General terms and phrases

Accidental death means a visible and external event, which was unexpected and unintended, and which caused the **injury** and death of the person insured.

Exclusions – events which are not accidents

For the purposes of this policy, the following situations are not accidents, and any claims arising from these situations are excluded where:

- one of the contributing causes of **injury** and death was any of the following conditions:
 - sickness
 - disease
 - allergy
 - any gradual onset of a physical or mental infirmity
- the **injury** and death, which was unintended and unexpected, was the result of an intentional act or omission
- the life insured was injured and died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended **injury** or death.

Accredited mortgage provider means an Authorised Deposit-taking Institution (as defined in the Banking Act 1959) or other reputable financial services business, program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australia.

Activity/Activities of daily living are:

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

Business means the life insured's business, profession, or occupation at application.

Business expenses means the normal day-to-day running expenses of the life insured's **business**. These include but are not limited to:

- accounting and audit fees
- bank fees and charges
- office cleaning costs
- electricity, gas, water and property rates
- equipment hire and motor vehicle leases
- business related insurance premiums (not including premiums for this Business Expense Cover)

- minimum monthly loan repayments, as per the relevant loan agreement, on:
 - business loans (short term and long term bank debt that relates to the operations and capitalisation of the **business**) including mortgage repayments on the business premises
 - finance lease payments relating to plant and equipment loans that commenced prior to the date of disability
- office rent or leasing fees
- salaries and superannuation contributions for employees not directly involved in the generation of revenue
- payroll tax for the above salaries
- regular advertising costs
- telephone costs
- subscriptions/fees/dues to professional associations
- net cost of a locum (a person from outside the life insured's business who is a direct replacement for the life insured in their **business**), less any business earnings generated by the locum
- any other expenses agreed to by us.

The following business expenses cannot be included:

- the life insured's personal remuneration, salary, fees or drawings
- payments to related entities or businesses also owned or controlled by the life insured or an immediate family member
- cost of goods or merchandise, cost of implements to the life insured's profession
- premiums payable on this Business Expense Cover
- salaries and superannuation contributions for employees directly involved in the generation of income
- depreciation and the purchase cost of any assets, tools or other capital items.

Business income is the gross income generated by the business before expenses and tax.

Cognitive loss means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months, and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

Dependant child(ren) means any natural, step or adopted child of the life insured that is under 18 years of age or any dependent on the life insured due to disability.

Disabled/Disability means **totally disabled** or **partially disabled**, except in the context of the Premium Waiver Disability Option (see page 46), where disabled means that, as a result of **illness** or **injury**, the life insured:

- has been unable to engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was engaged in paid employment prior to disablement); or
- has been under the care of a **medical practitioner** and has been unable to perform **normal domestic duties**, leave their **home** unaided, or engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not engaged in paid employment prior to disablement).

Financial adviser means authorised representative of an Australian Financial Services Licensee.

Following the advice of a medical practitioner means the life insured is following the regular advice of the treating **medical practitioner** on an ongoing basis, including recommended courses of treatment and rehabilitation.

Fracture means any fracture that requires a pin, traction, plaster cast or other immobilising structure.

Gainfully employed means the life insured is employed or self-employed for salary, reward or profit in any business, profession or occupation and working more than 30 hours per week, or 20 hours per week if applying for Income Secure Professional.

This definition does not apply to OneCare Super for the purposes of making contributions or meeting a condition of release.

Home means the life insured's principal place of residence.

Illness means an illness or disease which first manifests itself during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Immediate family member means a:

- spouse
- son, daughter, father, mother, brother, sister, father-in-law or mother-in-law
- person in a bona fide domestic living arrangement and is financially interdependent. You must provide us with satisfactory evidence that there is an established and ongoing interdependency.

Indexation factor is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. The indexation factor will be applied from 1 May in the following year.

If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next indexation factor.

If the CPI is not published, we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.

Injury means a bodily injury which occurs during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Involuntarily unemployed/Involuntary unemployment means that the life insured becomes unemployed from their current job through no fault of their own. This may mean their work place is restructuring and they are made redundant and while the life insured is willing to work, the role is no longer available.

Loss of independent existence means a condition whereby the life insured is totally and permanently unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the life insured or the policy owner, or the spouse, business partner or other immediate family member of the life insured or the policy owner.

Monthly earnings means:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income; or
- if the life insured is independently employed, their monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration calculated on a monthly basis.

Normal domestic duties mean the tasks performed by a life insured whose sole occupation is to maintain their family home.

These tasks are unassisted:

- cleaning of the home
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food
- taking care of dependant children (where applicable).

Normal domestic duties do not include duties performed outside the life insured's home for salary, reward or profit.

Hepatitis B or C (occupationally acquired) means infection with Hepatitis B or C where the infection is acquired as a result of:

- an accident arising out of the life insured's normal occupation; or
- a malicious act of another person or persons arising out of the life insured's normal occupation; and
- proof of new Hepatitis B or C infection within six months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the incident; and
- be reported to us with proof of the incident within 30 days of the incident; and
- be supported by a negative Hepatitis B or C test taken within seven days of the incident.

There will be no cover and no benefit payable if a medical 'cure' is found for Hepatitis B or Hepatitis C (as applicable) or a medical treatment is developed and approved which makes these viruses inactive and non-infectious. 'Cure' means any Australian Government approved treatment, which renders Hepatitis B or Hepatitis C (as applicable) inactive and non-infectious.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

HIV (occupationally acquired) means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident; and
- be reported to us with proof of the accident within 30 days of the accident; and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

On claim means the dates for which you are eligible to receive a benefit with respect to a life insured under the policy.

Partially disabled/Partial disability (for Business Expense Cover)

For all occupation categories, **partially disabled** means that due to **illness** or **injury** the life insured is:

- working in their regular occupation or any gainful occupation for more than 10 hours* per week;

or

- working for 10 hours* or less per week and is not **totally disabled**;

or

- not working and they are not **totally disabled**;

and

- solely due to **illness** or **injury** their **business income** is less than their **pre-claim business income**;

and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

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

Partially disabled/partial disability (for Income Secure Cover)

If the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L, T, H or HH partially disabled means that due to **illness** or **injury** the life insured is:

- working in their regular occupation or any gainful occupation for more than 10 hours* per week;

or

- working in their **regular occupation** or any gainful occupation and is able to produce **monthly earnings** greater than 20% of their **pre-claim earnings**;

or

- working for 10 hours* or less per week and is not **totally disabled**;

or

- not working and is not **totally disabled**; and

- solely due to **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**; and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

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

If the life insured's occupation category shown on the Policy Schedule is R, partially disabled means that due to **illness** or **injury** the life insured:

during the first three years from the date of that disability is either:

- unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**;

or

- able to perform each and every duty necessary to produce income from their **regular occupation**, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**;

- and after three years from the date of that disability is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has monthly earnings less than their **pre-claim earnings**;

or

- able to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but are not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**; and
- and is **following the advice of a medical practitioner** in relation to the **illness or injury** for which they are claiming

Pre-application income is the life insured's **monthly earnings** for 12 months immediately prior to the application for Income Secure Cover or as otherwise prescribed by us. The income amount is subject to verification by us after the provision of supporting financial evidence.

Pre-claim business income means:

- for guaranteed benefit payments, the highest average of the monthly **business income** for any period of 12 consecutive months between immediately prior to the life insured becoming **totally disabled** and two years prior to the cover start date
- for indemnity benefit payments, the highest average of the monthly **business income** for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled**.

Pre-claim earnings means:

- for guaranteed benefit payments, the highest average of the **monthly earnings** for any period of 12 consecutive months between two years before the cover commencement date and the start of the waiting period
- for indemnity benefit payments, the highest average of the **monthly earnings** for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled** (or either **totally disabled** or **partially disabled** for Income Secure Professional). If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the pre-claim earnings will be the highest average of the **monthly earnings** for any period of 12 consecutive months in the two years immediately before the leave commenced.

Pre-claim earnings will be increased by the **indexation factor** after each 12 month period the life insured remains **on claim**.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Recurring claim

If you lodge another claim which arises from the same or a related cause as a previous claim, we will treat this subsequent claim as a continuation of the first claim and we will waive the waiting period with the following conditions:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expense Cover
 - if the **illness or injury** recurs within six months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.
- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Special Risk
 - if the **illness or injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim.
- For benefit periods for age-based terms (e.g. to age 55, to age 60, to age 65, to age 70)
 - if the **illness or injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

Living Expense Cover

If the **illness or injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

New claims are considered to be:

Income Secure Cover and Business Expense Cover

- For benefit periods for fixed terms (e.g. two years, six years) for Income Secure Standard, Comprehensive and Professional and Business Expense Cover
 - if a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least six continuous months in order for us to consider the claim as a separate claim.
- For Income Secure Special Risk
 - if a claims recurs after six months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least 12 continuous months in order for us to consider the claim as a separate claim.

- For benefit periods for age-based terms (e.g. to age 55, to age 60, to age 65, to age 70)
 - if such a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Living Expense Cover

If **illness** or **injury** recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

Regular occupation means the primary occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury**. If the life insured's occupation is limited to a recognised specialty within the scope of their degree or licence, the life insured's specialty is their occupation

For periods of **total disability** or **partial disability** which occur while the life insured is unemployed, or on maternity, paternity or sabbatical leave, their **regular occupation** means the last occupation the life insured performed before **unemployment**, maternity leave, paternity leave or sabbatical leave.

After 12 months of **unemployment**, the life insured's **regular occupation** means any other occupation that they are reasonably capable of performing with regard to their education, training or experience.

Significantly disabled/Significant disability means that as a result of **illness** or **injury** the life insured:

- is totally unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:
 - bathing and/or showering
 - dressing and undressing
 - eating and drinking
 - using a toilet to maintain personal hygiene
 - getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair, or with assistance of a walking aid

or

- is suffering from a total deterioration or loss of intellectual capacity that requires the life insured to be under continuous care and supervision by another adult person.

Certification by a **medical practitioner** approved by us is required.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement, irrespective of their gender, where one or each of them provides the other with financial support, domestic support and personal care.

Terminal illness/Terminally ill means for:

- Extra Care Cover: the life insured must survive without life support for eight days after an appropriate **medical practitioner** approved by us diagnoses that the **illness** is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us
- all other covers: an **illness** that, in the opinion of an appropriate **medical practitioner** approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

Totally disabled/Total disability (for Business Expense Cover)

For all occupation categories, **totally disabled** means that due to **illness** or **injury** the life insured is:

- not working in any gainful occupation;
- and
- is unable to perform one or more of the duties necessary to produce income from their **regular occupation**;

and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming;

or

- working in their **regular occupation** or any gainful occupation;

and

- is not working for more than 10 hours* per week;

and

- is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week;

and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

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

Totally disabled/Total disability (for Income Secure Cover)

If the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, **totally disabled** means that the life insured is **following the advice of a medical practitioner** in relation to the **illness** or **injury** and due to that **illness** or **injury**:

- is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation**;

or

- is working in their **regular occupation** or any gainful occupation and is not working more than 10 hours* per week and is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week;

or

- is working in their **regular occupation** or any gainful occupation and solely due to the **illness or injury** is unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.

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

If the life insured's occupation category shown on the Policy Schedule is H or HH, **totally disabled** means that the life insured is **following the advice of a medical practitioner** in relation to an **illness or injury** and due to that **illness or injury**:

- During the first three years from the date of that disability:
 - is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation**;

or

- is working in their **regular occupation** or any gainful occupation and is not working more than 10 hours* per week and is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week;

or

- is working in their **regular occupation** or any gainful occupation and solely due to the **illness or injury** is unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.
- After three years from the date of that disability:
 - is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience;

or

- is unable to perform the duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience for more than 10 hours* per week and are not working more than 10 hours* per week.

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

If the life insured's occupation category shown on the Policy Schedule is R, **totally disabled** means that due to **illness or injury** the life insured is **following the advice of a medical practitioner** in relation to the **illness or injury** for which they are claiming and:

- during the first three years from the date of that disability, is unable to perform each and every duty necessary to produce income from their **regular occupation** as confirmed by a **medical practitioner**;
- after three years from the date of that disability, is unable to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation they are reasonably capable of performing having regard to their education, training or experience as confirmed by a **medical practitioner**; and
- is not engaged in their **regular occupation** nor any other gainful occupation.

Uncomplicated pregnancy means conditions commonly associated with pregnancy such as: morning sickness, backache, varicose veins, ankle swelling, bladder problems, post-natal depression, multiple pregnancy, threatened miscarriage, participation in an IVF or similar program.

Unemployed/Unemployment means that the life insured is not engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

What is OneCare Super?

OnePath Custodians Pty Limited (OnePath Custodians) is the issuer of this PDS and is responsible for the contents of this PDS.

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

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

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

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

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

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

MasterFund

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

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

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

How to pay the premiums through the OnePath MasterFund

Option 1 – Eligibility to contribute to the MasterFund

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

Option 2 – Internal rollover from a OnePath superannuation product

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

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

Members will be required to complete a rollover authority which directs the Trustee of the OnePath MasterFund to rollover money from the nominated account as and when due. This direction will be a standing order and will apply to the first and all subsequent rollovers, until such time as the member withdraws it in writing (and nominates some other method of payment or cancels the policy).

Option 3 – External Rollover from an eligible Superannuation product (or from OnePath MasterFund products not listed under Internal Rollover above)

External rollovers may be allowed from an eligible superannuation fund to pay for your OneCare Super insurance premium. The rollover amount must equal the yearly premium due. Members will be required to complete a Rollover Request form each year which directs the Trustee of the external fund to rollover money from your nominated external superannuation fund to the OnePath MasterFund.

Who can make contributions to the OnePath MasterFund

If you are under age 65:

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

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

- you, your spouse, employer or a third party may make contributions for your benefit so long as you have been 'gainfully employed' for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made

- your employer may make compulsory employer contributions, e.g. Superannuation Guarantee (SG) or Award at any time.

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

- you and your employer may make contributions for your benefit so long as you are 'gainfully employed' for at least 40 hours during any consecutive 30 day period in the financial year the contribution is made. Personal and employer contributions may be accepted on or before the 28th day of the month following that in which you turn 75
- your employer may make compulsory contributions at any time.

If you are at least age 75:

- your employer may make compulsory contributions at any time.

'**Gainfully employed**' means employed or self-employed for 'gain or reward' in any business, trade, profession, vocation, calling, occupation or employment.

Government co-contribution

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

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

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

Salary sacrifice (concessional contribution)

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

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

Salary sacrifice contributions to super are included in the definition of income for certain government payments. Your employer may be required to report salary sacrifice contributions to the ATO as reportable employer superannuation contributions.

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

Spouse contributions

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

Death Benefit

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

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

- a dependant and/or
- your estate (we call this your 'legal personal representative'). Your nomination will only apply to the Death Benefit payable under OneCare Super. If you have another OnePath Custodians superannuation interest issued through the MasterFund, you must complete a separate nomination form in relation to amounts payable under that product.

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

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

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

Who can be a dependant

A dependant includes:

- your **spouse** (including a person same or different sex who although not legally married to you, lives with you in a genuine domestic basis as a couple. It generally does not include a person who lives separately and apart from you on a permanent basis)
- your children (including an adopted child, a step-child, child of your **spouse** or an ex-nuptial child)
- a person who is financially dependent on you at the time of your death; and
- a person with whom you have an 'interdependency relationship'.

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

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

- one or each of them provides the other with domestic support and personal care.

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

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

Nominating a beneficiary

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

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

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

1. Binding nomination

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

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

Defective binding nominations

Your nomination will be defective if, for example:

- it is unclear to the Trustee (e.g. because it is illegible or because the nominated proportions do not total 100%)
- you or the witness did not sign or date the beneficiary nomination form
- the nomination has not been confirmed or amended within three years after the day it was first signed, last confirmed or amended by you.

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

2. Non-binding nomination

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

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

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

Defective non-binding nominations

Your nomination will be defective if, for example,;

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

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

3. No nomination, defective nomination or cancelled nomination

(Applicable to binding and non binding nomination)

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

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

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

Death benefits paid as an income stream

Death benefits paid from the MasterFund are generally paid as a lump sum. However, there may be circumstances where the payment of benefits as an income stream may be more advantageous for beneficiaries. In such circumstances the Trustee may pay benefits as an income stream to dependants.

In some circumstances an income stream may be paid to a minor. The rules around when income streams can be paid to a child, including when a child must cash out an income stream into a lump sum, are complex and you should speak to your **financial adviser**.

When your benefits can be paid to you

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

- reaching your preservation age and you have permanently retired
- reaching age 60 and subsequently ceasing a 'gainful employment' relationship (including self-employment)
- reaching age 65 whether you have retired or not
- reaching your preservation age (payment restricted to a 'transition to retirement' income stream)
- 'permanent incapacity'
- severe financial hardship (limits may apply)
- specified compassionate grounds (limits may apply)
- if you are considered to have a 'terminal medical condition'
- 'temporary incapacity'
- permanent departure from Australia for certain temporary residents.

'Gainfully employed/Gainful employment' means employed or self-employed for 'gain or reward' in any business, trade, profession, vocation, calling, occupation or employment.

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

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

'Terminal medical condition' means that the following circumstances exist:

- a. Two registered medical practitioners have certified, jointly or separately that the person suffers from an illness, or has incurred an injury that is likely to result in the death of the person within a certification period that ends not more than 12 months after the date of the certification.

- b. At least one of the registered medical practitioners is a specialist practising in an area related to the illness or injury suffered by the person.
- c. For each of the certificates, the certification period has not ended.

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

If you have not met a condition of release and you choose to cancel your membership, money you have paid cannot be paid directly to you. In accordance with superannuation laws, this money, less any eligible adjustments, can be transferred to an eligible superannuation fund of your choosing. If we do not receive advice from you, the Trustee will rollover any refund of premium into an Eligible Rollover Fund (ERF) nominated by the Trustee. The Trustee's nominated ERF is:

Australian Eligible Rollover Fund
Locked Bag 5429
Parramatta NSW 2124

Tax File Number (TFN)

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

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

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

- We will not pass the member's TFN to any other fund if they tell us in writing that they do not want us to pass it on.
- The member's TFN will be treated as confidential. They are not required to provide their TFN. Declining to quote their TFN is not an offence.

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

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

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

What else do I need to know?

What are the costs?

Stepped or level premiums

The amount you pay for your policy is called the 'premium'. With OneCare, you can choose the way your premiums are structured.

The options are:

Stepped premiums – your premium each year is based on the life insured's age and a number of other factors such as the amount of cover, and it's likely it will increase as the life insured gets older.

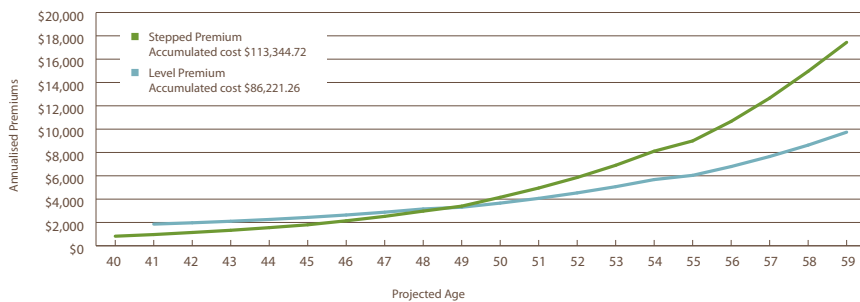
Level premiums – your premiums are 'averaged out' over the policy duration, which means you will generally have higher premiums relative to stepped during the initial years, but lower premiums in later years. The level premium option is not available for Child Cover or Extra Care Cover.

Example – how stepped and level premiums work

The following premium projections are for a male non-smoker with \$500,000 Life Cover and \$200,000 linked Trauma Cover.

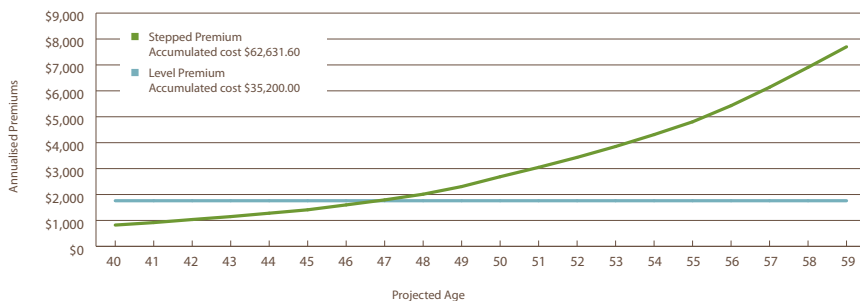
Stepped vs. Level (with indexation)

The level premium (dotted line) starts off more expensive. Because the level of cover is increasing each year to keep up with inflation, the premiums for both cover types increase with each policy anniversary. However, the level premium is increasing at a slower rate.



Stepped vs. Level (without indexation)

In this example, the amount of cover is not increasing each year with inflation. Again, the level premiums start off more expensive, but they remain steady while the stepped premiums are increasing each year.



Your premium includes a Policy Fee for each life insured under the policy. The Policy Fee increases each year by the **indexation factor**, regardless of whether you've chosen stepped or level premiums. This fee will be quoted with the premium when you apply.

Note: If you are paying level premiums, the cover will automatically convert to stepped premium at age 65.

Please note, the above diagrams are for illustrative purposes only.

What are the costs?

Funding your policy

For non-superannuation policies, the Policy Owner pays the premiums for the Policy. There may be more than one policy owner.

For OneCare Super, OneCare External Master Trust and OneCare policies that are issued to an SMSF, the premiums for the policy are paid by the Trustee of your superannuation fund.

OneCare Super premiums may also be from existing contributions from OnePath Custodians via OneAnswer or OptiMix accounts or by external rollover from an eligible superannuation fund or new contributions made by the member.

Premiums

The amount you pay for your policy is called the premium.

Premium factors

The premium is affected by the product choices you make and a range of other factors. These factors include (but are not limited to) age, gender, smoking status, health and occupation.

Premium rates are not guaranteed for either stepped or level premium types. We will not increase premium rates for an individual policy within a defined risk group unless, on actuarial advice, all premium rates for all policies in that defined risk group are increased.

If we change premium rates we will provide you with at least 30 days notice, and the premium for your policy will only change from your next policy anniversary. However, if you alter your policy during the year, we will recalculate your premium based on the rates applicable at the time you request the alteration.

Your cover may increase each year by the indexation factor. This increase will apply on the anniversary date on or after 1 May each year. Your premium will be calculated based on the

increased cover, and payment of the premium indicates acceptance of the increase in cover due to indexation.

The minimum annual premium is \$300 across all covers for each life insured, inclusive of the Policy Fee. For increases (except for indexation increases), the minimum annual premium is \$150 for each life insured.

Where premiums are paid by monthly instalments and you cancel the policy, we will not refund any instalment paid. We will pay a pro rata refund where premiums are paid by annual or half yearly instalments and you cancel the policy before the next annual or half yearly instalment is due.

Policy Fee

The premium includes a Policy Fee for each life insured on the policy. The Policy Fee applies across all covers for each life insured covered under each policy. The Policy Fee will be adjusted at 1 May each year by the indexation factor. The Policy Fee is \$81.15 per year at the date this PDS was prepared.

There is no Policy Fee for any insured child under Child Cover.

Premium discounts

You may be entitled to a discount on the premium for your policy depending on:

- the combination of covers for each life insured
- the number of lives insured under a policy or a number of linked OneCare policies if they form part of an allowable group
- the amount insured.

An allowable group for discount purposes is where there is a clear family group relationship and/or business partner arrangement.

Payment of premiums

The following table shows the methods you may use to pay your premiums and any additional charges (the Frequency Loading) that may apply.

Payment Frequency	Payment method					
	Cheque	Credit Card	Direct Debit	Internal Rollover*	External Rollover*	Frequency Loading
Yearly	Yes	Yes	Yes	Yes	Yes	–
Half yearly	Yes	Yes	Yes	Yes	No	3%
Monthly	No	Yes	Yes	Yes	No	6%

* Available for OneCare Super only.

To keep the policy in force, you must pay the premium (and any fees, duties and charges which may apply) by the premium due date. If it is not paid, we will cancel the policy, and cover will cease after we give the policy owner 30 days written notice.

If you wish to pay your premiums by direct debit, please refer to 'Direct Debit Request Service Agreement' on page 101.

Government charges

Stamp duty, tax, excise or other government charges may apply to the policy. We reserve the right to recoup these charges through the premium for the policy, and increase the premium to cover any increase in these charges.

Any transfer of ownership of this policy by assignment may be subject to stamp duty, in which case we may charge a fee to cover the amount of the duty.

Your policy is input taxed for GST purposes, which means that no GST is payable on policy premiums.

Financial adviser commission

If you purchase your policy through a **financial adviser**, we may pay your financial adviser a commission for selling you this product. This payment is already incorporated into your premium.

Please note, your **financial adviser** may also charge a fee for service directly to you.

In addition to any payment for selling your policy, we may make payments to financial services dealer groups based on commercial arrangements. These payments are made by us.

The OnePath entities through ANZ Wealth Australia Limited maintain an Alternative Form of Remuneration Register (Register) in accordance with IFSA Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry. The Register outlines the alternative forms of remuneration which are paid and received from givers and receivers of such remuneration. If you would like to view the Register please contact Customer Services on 133 667.

Statutory funds

The premium will be placed in our Statutory Fund No.1 and any claims will be paid from this fund.

The only exception to this is if the policy is written through OneCare Super, in which case the premiums will be placed in our Statutory Fund No. 3 and any claims will be paid from that fund.

As there is no investment component in OneCare, your policy does not have any surrender value.

Processing your application

While we are considering your application, any monies you pay us by cheque, credit card or direct debit are required to be held in a trust account until we can accept your application or otherwise. Any policy payments or deductions required by law are similarly processed using a holding account.

We will retain any interest that is payable by our bank on these accounts to meet our administrative costs, bank fees and bank administrative costs incurred in operating these accounts.

If you add to your cover at a later stage, we may be required to hold any additional money in this account.

Confirming transactions

When we process your transactions we will generally confirm them by issuing you with a letter of confirmation or a Policy Schedule.

You can request confirmation of your transactions and any other additional information about your policy in the following ways:

- Call us on 133 667 between 8.30am and 6.00pm (Sydney time), weekdays, and have your query answered over the phone.
- Call us and ask for a written confirmation of the transactions you have made to be sent to you.
- Email us at customer.risk@onepath.com.au

When the policy ends

Your policy will end on the earlier of the:

- date we receive written notification from you to cancel the policy
- date we cancel the policy in accordance with our legal rights
- date we cancel the policy because you have not paid the premium when due
- ending of all covers for all lives insured under the policy (the circumstances in which each cover will end are set out in each cover section in this PDS)
- date of the death of the last life insured under the policy
- (if the policy is a OneCare Super policy) the date you are no longer eligible to have superannuation contributions made or rollovers (as prescribed under superannuation law) to the OnePath MasterFund. However, we may accept an application from you, without underwriting, for your cover to continue on the same terms under a non-superannuation policy
- (if the policy is a OneCare External Master Trust policy) you ceasing to be a member of the Master Trust. However, we may accept an application from you, without underwriting, for your cover to continue on the same terms under a non-superannuation policy.

What do I need to know about taxation?

The information contained on our website will assist you in understanding the tax treatment of OneCare.

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

For general information as to the possible taxation consequences of various events in relation to the covers available under OneCare, please refer to the OneCare and OneCare Super Customer Tax Guide (for OneCare and OneCare Super) or the External Master Trust Customer Tax Guide (for OneCare External Master Trust).

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

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

The OneCare and OneCare Super Customer Tax Guide and the OneCare External Master Trust Customer Tax Guide are publicly available on our website at onepath.com.au Select Forms & Brochures and search for Customer Tax Guide. Alternatively, a copy may be obtained free of charge by contacting Customer Services on 133 667.

Direct Debit Request Service Agreement

This applies if you are paying the premiums by Direct Debit

Our commitment to the bank account holder

We will:

- arrange for funds to be debited from the nominated account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request
- keep information relating to your Direct Debit Request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

Your commitment to us

It is your responsibility to:

- ensure the nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with the financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in the nominated account, the account may be charged a fee by the financial institution. We will not charge a fee.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us. Such notice should be received at least 14 days before the next debit is due.

When you consider that a debit has been initiated incorrectly, you should contact OnePath directly. We will then investigate your query.

If we find that the account has been incorrectly debited, we will arrange for the financial institution to adjust the account (including interest and charges) accordingly. We will also notify you in writing of the amount by which the account has been adjusted.

If we find the account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding.

If we cannot resolve this matter, you can still refer it to the financial institution, which may lodge a claim on your behalf.

How do I apply?

Before you apply, we recommend you seek advice from a **financial adviser**. They will help you complete the application and will give you a personalised Product Illustration (quotation) showing the covers and the premiums payable for the insurance you choose.

When we receive your application, we will assess it for risks and the terms under which we can provide the insurance. Our decision to issue insurance is based on the information you provide to us. If we accept your application and your policy premium has been paid, we will provide you with written confirmation that you have cover and send you a Policy Schedule, Policy Terms and a welcome kit. After we issue your policy you have a cooling-off period where you may change your mind.

Cooling-off period

The policy or individual covers under the policy may be cancelled within 28 days from the date we issue the Policy Schedule, confirming our acceptance of your application.

This is known as the 'cooling-off period'. You may cancel your policy or individual covers under the policy during the cooling-off period by notifying us in writing and returning the Policy Schedule. If you do this, we will cancel the policy or the individual covers and refund any money you have paid (except any amounts of taxation or government charges which we are unable to recover).

You cannot exercise your right to cancel the policy at any time after you have made a claim for benefits under the policy.

Premium payment under OneCare Super

For OneCare Super, if you choose to cancel your cover, money you have paid cannot be paid directly to you. In accordance with superannuation laws, this money, less any eligible adjustments, can be transferred to an eligible superannuation fund of your choosing. If we do not receive advice from you, the Trustee will rollover any refund of premium into an Eligible Rollover Fund (ERF) nominated by the Trustee. The Trustee's nominated ERF is:

Australian Eligible Rollover Fund
Locked Bay 5429
Parramatta NSW 2124

What are the risks?

There are a number of insurance risks you should be aware of:

- The insurance cover you select under OneCare may not provide the appropriate cover for your needs. Your **financial adviser** can help you decide on the insurance that is most appropriate for your specific needs and circumstances.
- The maximum amount of the insurance cover you select may not be sufficient to provide adequate insurance cover for the life insured in the event of **illness or injury**.
- Applications for cover and future increases may not be available to the life insured due to health reasons. Existing policies should not be cancelled or allowed to lapse until the new cover is accepted and current.
- If we do not receive the premiums within 30 days of the due date, we may cancel or terminate the policy by writing to you (if your policy is OneCare or OneCare Super) or to the Trustee (if your policy is OneCare External Master Trust) in accordance with our legal rights, and we may not assess any claim which arises after the due date.
- If you do not comply with your duty of disclosure, we may cancel your policy and/or cover and not pay any claim. The duty of disclosure is explained below.
- For OneCare External Master Trust and OneCare policies issued to the Trustee of an SMSF, any benefits payable under your policy are paid to the Trustee of your Master Trust or SMSF as applicable. The release of these benefits by the Trustee to you will be subject to the Trust Deed of the Master Trust or SMSF and any relevant superannuation laws. For information on whether and when benefits can be released to you, please consult your Trustee or your **financial adviser**.
- You will need to satisfy a condition of release to access a benefit through OneCare Super. Please refer to 'When your benefits can be paid to you' on page 96 for conditions of release.

Repayment of benefits

If, for any reason, it is determined that a benefit paid to you was not actually payable under the terms of the policy, that benefit must be repaid to us.

When completing your application, please ensure that you fully understand and comply with your duty of disclosure as set out below.

Your duty of disclosure

Before you enter into a Contract of Life Insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a Contract of Life Insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the Contract on any terms if the failure had not occurred, the insurer may avoid the Contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the Contract at any time.

An insurer who is entitled to avoid a Contract of Life Insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your duty of disclosure continues until the Contract of Life Insurance has been accepted by the insurer and confirmation is issued in writing.

About the application

By completing the application, you:

- i. confirm that:
 - each life insured and policy owner has received, read and understood the Product Disclosure Statement dated 14 September 2013
 - each life insured and policy owner has read and understood the questions in the application
 - your **financial adviser**, as applicable, is acting as agent for you and the life insured in completing and submitting the application, whether electronically or by any other method acceptable to OnePath Life.
- ii. acknowledge that:
 - the duty of disclosure to OnePath Life Limited (OnePath Life) ABN 33 009 657 176 and the obligation on the policy owner and life insured to disclose and not misrepresent any matter material to the decision of OnePath Life whether to issue a policy and/or cover and what terms and conditions to offer

and that this duty of disclosure continues until OnePath Life has issued the policy. If OnePath Life agrees to backdate the risk commencement date for the policy/covers and the written contract of insurance or relevant Policy Schedule is in fact issued at a date which is after the risk commencement date, the duty of disclosure obligations and the requirement not to misrepresent any matter continues until the written contract of insurance or relevant Policy Schedule is issued by OnePath Life

- if a written contract of insurance or relevant Policy Schedule is issued by OnePath Life and the policy owner and/or life insured provides any further information which would have been relevant to the original assessment made based on the information provided in the application, OnePath Life reserves its right to provide amended contract terms or cancel and/or avoid any relevant cover or the whole contract of insurance
- each statement in relation to this policy is true and complete, including statements made to OnePath Life, to any other person in relation to this policy and in the application (even if part or all of the application has been completed by someone other than you or the life insured)
- OnePath Life will rely on statements made in the application, to other persons in relation to this insurance and the life insured's Personal Statement in deciding whether to issue a policy and what terms and premium to offer.

iii. authorise:

- any **medical practitioner** or other professional to disclose any information that they may possess about the life insured to OnePath Life in relation to this insurance or any claim made under it
- OnePath Life to approach any person named in the application to verify any aspect of it, to disclose to OnePath Life any information that they may possess about the policy owner or the life insured.

OneCare Super – additional acknowledgments

By completing an application for OneCare Super, you confirm to OnePath Custodians, the Trustee of the OnePath MasterFund (MasterFund), that:

- you are applying to join the MasterFund
- you agree to be bound by the rules of the MasterFund
- you understand that payments to and from the MasterFund may only be made in accordance with the rules governing the MasterFund and are subject to superannuation law
- you acknowledge that the application and any statement made by you will be relied upon by OnePath Life and the Trustee of the MasterFund and declare that you have not withheld any material information in connection with the application
- understand that the Trustee will be free from all liability until the application has been accepted and the Policy Schedule is issued.

Interim Cover

OnePath Life Limited (OnePath Life) ABN 33 009 657 176 can provide you with Interim Cover at no cost. It is subject to:

- the terms and conditions which apply to the cover(s) being applied for as set out in the OneCare, OneCare Super and OneCare External Master Trust Policy Terms
- the description in this Product Disclosure Statement (PDS)
- the additional terms and conditions for Interim Cover as follows.

Terms used for Interim Cover

'Application Form' means either a current OneCare paper application form, a OneCare Express electronic application form or any other method which is acceptable to OnePath Life which is completed in respect of a policy as described in this PDS.

'Life insured' means the person(s) nominated in the application as the life to be insured.

'Policy owner(s)' means the person(s) nominated in the application as the policy owner(s).

Interim Cover for OneCare Super applications

If the application is for a OneCare Super policy, which is issued to the Trustee of the OnePath MasterFund, we provide the Interim Cover to the life insured while we assess the application for insurance and the application for membership of the MasterFund. Any benefits payable under this Interim Cover do not form part of the life insured's superannuation entitlements held in the MasterFund.

Eligibility for Interim Cover

Interim Cover is only available if the life insured is:

- for Life Cover – aged between 15 and 75 years
- for TPD Cover – aged between 15 and 60 years
- for Trauma Cover – aged between 15 and 65 years
- for Income Secure Cover or Business Expense Cover – aged between 19 and 60 years, and **gainfully employed** or self-employed, performing his/her normal duties and in receipt of salary, reward or profit (at work)
- for Living Expense Cover – aged between 19 and 60 years
- for Child Cover – aged between 2 and 15 years
- for Extra Care Cover (Extra Care Accidental Death Benefit only) – aged between 15 and 60 years.

Interim Cover does not apply if the cover applied for in the Application Form:

- is to replace existing insurance which is still in force, whether with OnePath Life or another insurer; or
- would normally be declined or deferred under OnePath Life's current underwriting rules.

Commencement of Interim Cover

Interim Cover will only commence when OnePath Life or an authorised adviser receives a fully completed, signed and dated OneCare application. Or if applying using OneCare's electronic application, the application is either 'submitted' or 'pending submission'.

The OneCare application must include either:

- a cheque, a valid Direct Debit Authority, Credit Card Authorisation or Internal Rollover Authority for the payment of the first premium; or
- notification of intention to pay premiums via External Rollover (for OneCare Super only).

OnePath Life must receive the application including the above payment option (as applicable) within 14 days from the signed date for the Interim Cover to continue.

Interim Cover Benefit

Life Cover

If you have applied for Life Cover for a life insured, and that life insured dies during the term of this Interim Cover, we will pay the Interim Cover Benefit for Life Cover.

TPD Cover

If you have applied for TPD Cover for a life insured, and that life insured becomes totally and permanently disabled during the term of the Interim Cover and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for TPD Cover.

The definition of TPD will be that applied for in the application and as outlined in this PDS, except for the Own Occupation and Business TPD definition where the Any Occupation definition will apply.

If the life insured does not meet the survival period conditions set out in the PDS and has applied for:

- Life Cover with optional TPD Cover, we will pay the Death Benefit under Life Cover
- stand alone TPD Cover or Trauma Cover with optional TPD Cover, we will pay a Limited Death Benefit of \$10,000.

Trauma Cover

If you have applied for Trauma Comprehensive or Trauma Premier for a life insured, and that life insured suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover and satisfies the survival period conditions set out in the PDS, we will pay the Interim Cover Benefit for Trauma Cover.

The trauma conditions are:

- **blindness (severe)**
- **burns (severe)**
- **coma**
- **deafness (severe)**

- **head trauma (major)**
- **intensive care**
- **loss or paralysis of limb.**

If the life insured does not meet the survival period conditions set out in the PDS and has applied for:

- Trauma Cover as an option to Life Cover, we will pay the Death Benefit under Life Cover
- stand alone Trauma Cover or Trauma Cover with optional TPD Cover, we will pay the Limited Death Benefit of \$10,000.

The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by OnePath Life's medical adviser.

Income Secure Cover, Business Expense Cover and Living Expense Cover

If you have applied for these covers for a life insured, and that life insured is **totally disabled** (or in the case of Living Expense Cover **significantly disabled**) we will pay a monthly Interim Cover Benefit from the end of the waiting period applied for in the application, for the lesser of:

- the period of **total disability** or **significant disability** (as applicable)
- six months.

The definition of **totally disabled** for Income Secure Cover and Business Expense Cover, and **significantly disabled** for Living Expense Cover, and the terms which apply to the benefits we pay are as outlined in the OneCare Product Disclosure Statement.

We will not pay any other built-in benefits, built-in features or extra cost options under Interim Cover.

Child Cover

If you have applied for Child Cover for an insured child, and that insured child dies or suffers one of the following trauma conditions as a result of an **injury** during the term of the Interim Cover we will pay the Interim Cover Benefit for Child Cover.

The trauma conditions are:

- **blindness (severe)**
- **burns (severe)**
- **brain damage**
- **deafness (severe)**
- **head trauma (major)**
- **loss or paralysis of limb.**

The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by OnePath Life's medical adviser.

Extra Care Cover

If you have applied for Extra Care Cover for a life insured, and that life insured suffers an **accidental death** during the term of this Interim Cover, we will pay the Interim Cover Benefit for Extra Care Cover. Extra Care Terminal Illness Benefit and Extra Care Extended Needle Stick Benefit are not provided under Interim Cover.

Interim Cover Maximum limits

For each type of cover, the Interim Cover Benefit we will pay will be the lesser of:

- the amount insured applied for
- the maximum amount payable under Interim Cover for each type of cover as specified below:
 - Life Cover – \$1 million*
 - TPD and Trauma Cover – \$500,000*
 - Income Secure and Business Expense Cover – \$5,000 per month[†]
 - Living Expense Cover – \$2,000 per month
 - Child Cover – \$200,000
 - Extra Care Cover – Accidental Death Benefit only – \$500,000*
- the difference between the benefit amount applied for and any existing insurance with OnePath Life which is to be replaced
- the reduced amount insured that would be offered where under its current underwriting rules, OnePath Life would offer a lower sum insured to that applied for in the Application Form
- the reduced amount insured the loaded premium would purchase when compared to the standard premium, where under its current underwriting rules OnePath Life would apply or has offered to accept the application with a premium loading.

* We pay this amount or the equivalent instalment amount calculated by OnePath Life based on the nominated term of the instalment

[†] A maximum of \$30,000 will be payable in total benefits for Income Secure Cover and Business Expense Cover.

Where under its current underwriting rules OnePath Life would offer cover subject to special terms and conditions, such special terms and conditions will apply to the Interim Cover.

If cover was applied for a life insured across multiple policies and we pay less than the amount insured applied for, the amount we will pay each policy owner is a share of the total amount paid in proportion to the amounts applied for.

Interim Cover claims

If you claim before an underwriting decision has been made on the life insured, our claims assessment will not proceed until an underwriting assessment is complete.

If the underwriting decision appropriate for the calendar day preceding the **injury or illness** for which the Interim Claim is made, would have been to deny or exclude that **injury or illness**, then the claim will be denied.

Exclusions on Interim Cover

No benefit will be payable in respect of Interim Cover if the Interim Cover event results directly or indirectly from:

- anything happening to the life insured in war (this exclusion does not apply to Life Cover or the Extra Care Accidental Death Benefit)
- an intentional self-inflicted act
- the life insured engaging in any sport, pastime or occupation which would not normally be covered under OnePath Life's current underwriting rules or accepted only with a loading
- any condition that the life insured knew about before the commencement of the Interim Cover
- any condition for which the life insured consulted a qualified **medical practitioner** before the date of the Application Form
- for Income Secure Cover, Business Expense Cover and Living Expense Cover only – the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months totally disabled from the date the pregnancy ends and continues to be disabled, we will pay benefits from the end of that three month period, or the end of the waiting period if greater
- if you claim before the underwriting decision has been made for a life insured, and the underwriting decision appropriate for the calendar day preceding the **injury or illness** for which the Interim Claim is made, would have been denied or excluded that **injury or illness** then the claim will be denied.

Duration of Interim Cover

Interim Cover, in respect of the cover applied for, will automatically cease on the earlier of:

- the date OnePath Life accepts, declines or defers the application in respect of the life insured
- the date the policy owner(s) withdraws the application
- the date OnePath Life cancels this Interim Cover at its complete discretion by written notice to the policy owner
- 21 days from the date OnePath Life offers varied terms of acceptance of the application, such as a premium loading or exclusion, requiring acceptance by the policy owner
- the date the life insured ceased to be at work for Income Secure Cover and Business Expense Cover
- the life insured attaining the cover expiry age specified below:
 - Child Cover – 15 years
 - TPD/Income Secure/Business Expense/Living Expense and Extra Care Covers – 60 years
 - Life Cover – 75 years.

How to...

How to advise us of a claim

We understand that when you need to make a claim it can be a very difficult and emotional time. It may not always be straight forward and we would like to help make things easier.

If you are unsure whether you are eligible to make a claim, or need assistance at any time during the claims process, please phone our Claims Helpline on 1300 555 250.

Contact your **financial adviser** or call our Claims Helpline on 1300 555 250 as soon as possible to advise of any event which may lead to a claim. If we do not receive notice within a reasonable time, we may reduce or refuse to pay the benefit to the extent our assessment of the claim is prejudiced.

Within 24 hours of receiving your call we will send you the appropriate claim form, a covering letter detailing our specific requirements and a brochure which will guide you through the claims process and answer some of your questions.

If your claim is accepted we will pay any benefits in Australian dollars.

For Policy Types under superannuation, claim benefits are managed by the Trustee of your Fund. You will need to satisfy a condition of release under superannuation laws to access these preserved funds.

If your policy is a OneCare External Master Trust, you should also contact your Master Trust as soon as possible to advise of any event that may lead to a claim. The Trustee of your Master Trust will manage your claim by providing you with the claims requirements and collating that information for assessment by OnePath Life.

Claim payments

All amounts payable under your policy shall be paid in Australian currency in Australia.

We may delay or withhold paying a benefit under OneCare where doing so may breach any laws or regulations in Australia including any sanctions regulations. You must provide all information to OnePath Life which OnePath Life reasonably requires in order to manage its money-laundering, terrorism-financing or economic and trade sanctions regulations.

How to nominate and update beneficiary details

When applying for OneCare or OneCare Super, you may nominate beneficiaries to receive death benefits.

OneCare

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

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

Any nominations will be cancelled if the ownership of the policy is transferred to a new policy owner.

OneCare Super

This option differs for policies owned through superannuation. If you choose OneCare Super, please refer to page 95 for details of how to nominate beneficiaries in relation to benefits in the OnePath MasterFund.

You can update your beneficiary information at any time by completing the relevant nomination of beneficiary form for your Policy Type. These are available from our website onepath.com.au or by contacting our service team on 133 667.

For OneCare External SMSF, you will need to maintain your beneficiary information directly with your Fund.

How to change the policy owner

For non-superannuation policies, you may transfer the ownership of the policy to another person, subject to relevant law, by completing a Memorandum of Transfer and registering the transfer with us.

If there is more than one policy owner on a policy, we will regard them as joint owners or joint tenants.

If you choose OneCare Super, the Trustee of the MasterFund as owner of the policy will not transfer ownership to another person, superannuation fund or entity.

Should you wish to continue your OneCare External Master Trust insurance cover but under a different policy ownership, we may offer to cancel your policy and replace it with a new policy. The new cover will be on a like for like basis with the existing policy and subject to the cover options and premium rates applicable at the time.

Note, changing the policy owner is not available if you are **on claim** or eligible to claim at the time of request.

How to make a complaint

We aim to resolve all complaints quickly and fairly. If you have a complaint, please contact Customer Services on 133 667, or write to us at:

Complaints Resolution Officer

OnePath Life
GPO Box 5306
Sydney NSW 2001

Having followed our dispute resolution process, if you are not satisfied with our response, you can contact either the Financial Ombudsman Service (FOS) or Superannuation Complaints Tribunal (SCT) for OneCare Super:

Superannuation Complaints Tribunal

Locked Bag 3060
GPO Melbourne VIC 3001
Phone 1300 884 114
Fax 03 8635 5588
www.sct.gov.au

The SCT is a statutory body that deals with complaints about the decisions and conducts of superannuation providers, including trustees of superannuation funds, relating to members, but not in relation to their decisions and conduct relating to the management of the fund as a whole.

If your complaint is outside the jurisdiction of the SCT, you may have the right to take your complaint to the Financial Ombudsman Service (FOS):

Financial Ombudsman Service

GPO Box 3
Melbourne VIC 3001
Phone 1300 780 808
Fax 03 9631 6399
www.fos.org.au

The FOS is an external dispute resolution scheme that was established to provide free advice and assistance to consumers to help them in resolving complaints relating to members of the financial services industry, including life insurance companies, superannuation providers, financial planners, investment managers, general insurance companies and their agents.

Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life, OnePath Custodians and other members of the ANZ Group. We are committed to ensuring the confidentiality, security and privacy of your personal information. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members within the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems
- authorised financial institutions organisations providing services such as mailing, printing or data verification
- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are a life insured who is not the policy owner).

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers, reinsurers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

If you have cover under a TPD SuperLink arrangement, we will exchange and provide your personal information to the policy owner of the other linked policy in order to manage and administer your cover.

We may also disclose your personal information in circumstances where we are required to do so by law.

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 133 667.

You may access the personal information OnePath holds about you, subject to permitted exceptions and subject to OnePath still holding that information, by contacting OnePath at:

Privacy Officer – OnePath

GPO Box 75 Sydney NSW 2001
Phone 02 9234 8111

Fax 02 9234 8095

Email privacy@onepath.com.au

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services.

More information can be found in OnePath's Privacy Policy which can be obtained from its website at onepath.com.au

Customer Services

133 667
customer.risk@onepath.com.au

Risk Adviser Services

For use by financial advisers only
1800 222 066
risk.adviser@onepath.com.au

Postal address

OnePath Life
GPO Box 4148
Sydney NSW 2001

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