

MLC Insurance MLC Insurance (Super) Product Disclosure Statement

Preparation date
3 October 2016

Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465
Issuer of MLC Insurance (Super)

Fund
MLC Super Fund
ABN 70 732 426 024

Insurer
MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Insurance



***Life insurance you can build and
customise to suit you, your family
and your business***

**Life Insurance
Total and Permanent Disability
Critical Illness
Income Protection
Business Expenses**

Important information

MLC Limited and NULIS Nominees (Australia) Limited are the joint issuers of this Product Disclosure Statement (PDS). Each issuer takes full responsibility for the whole of the PDS. MLC Limited issues the insurance cover provided through this product and NULIS Nominees (Australia) Limited issues the superannuation interest available through this product.

The information in this PDS may change from time to time. Where applicable MLC Limited and/or NULIS Nominees (Australia) Limited will let you know of changes that are materially adverse to you. Changes that aren't materially adverse will be updated and made available to you at mlc.com.au or you can call on **132 652** for a free paper copy.

The full legal terms and conditions for the insurance cover issued by MLC Limited are

contained in the respective policy documents prepared by MLC Limited. Copies of the policy document(s) may be obtained free of charge upon request.

In providing this information MLC Limited and NULIS Nominees (Australia) Limited haven't taken account of your objectives, financial situation or needs. Because of this, before acting on this information, you should consider whether the information in this PDS is appropriate having regard to your situation.

NULIS Nominees (Australia) Limited (Trustee) is part of the National Australia Bank Group of Companies (NAB). MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies.

MLC Limited and NULIS Nominees (Australia) Limited are not authorised deposit taking institutions. Neither NAB, nor any of its related

bodies corporate guarantees or accepts liability in respect of MLC Insurance and MLC Insurance (Super). Neither the Nippon Life Insurance Group nor any of its related bodies corporate (other than MLC Limited as the insurer) guarantees or accepts liability in respect of MLC Insurance and MLC Insurance (Super).

An interest in a MLC Insurance (Super) policy held through the Fund doesn't represent a deposit or liability with the NAB or other related bodies corporate of NAB nor is it guaranteed by NAB.

MLC Limited and NULIS Nominees (Australia) are not registered tax agents. If you wish to rely on the general tax information contained in this PDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent.

Application and Expiry Ages

This table shows when you can apply for insurance and when your insurance ends.

For more information on stepped and level premiums, please see page 68.

	Minimum Sum Insured	Maximum Sum Insured	MLC Insurance			MLC Insurance (Super) and MLC Insurance (Wrap or SMSF)		
			Application Ages (next birthday)		Expiry Ages (cover expires on Review Date after age attained)	Application Ages (next birthday)		Expiry Ages (cover expires on Review Date after age attained)
			Level	Stepped	Stepped and Level*	Level	Stepped	Stepped and Level'
Life Cover insurance	\$25,000	No general maximum (special terms may apply for amounts greater than \$15 million)	16–60	11–70	100	16–60	16–65	74**
Terminal Illness Support insurance	N/A	Lesser of \$250,000 and 50% of Life Cover insurance	19–60		65	19–60		65
Business Safeguard Option – Life Cover	N/A	\$10 million (refer to the Insurance glossary on page 84)	19–60		65	19–60		65
Accidental Death insurance	\$25,000	No general maximum (special terms may apply for amounts greater than \$15 million)	16–60	11–70	100	16–60	16–65	74**
Total and Permanent Disability insurance (extension to Life Cover insurance and stand-alone)	\$25,000	\$5 million for certain professional occupations such as surgeons, accountants and solicitors \$3 million for other occupations	16–60		100	16–60 (stand-alone not available)		74**
Total and Permanent Disability insurance (extension to Critical Illness insurance)	\$25,000	\$2 million	19–60		65	19–60		65
Business Safeguard Option – TPD extension and TPD stand-alone	N/A	\$5 million for certain professional occupations such as surgeons, accountants and solicitors \$3 million for other occupations (refer to the Insurance glossary on page 84)	19–60		65	19–60		65
Critical Illness insurance (extension to Life Cover insurance and stand-alone)	\$25,000	\$2 million	19–60		75	N/A		N/A
Business Safeguard Option – Critical Illness extension and Critical Illness (stand-alone)	N/A	\$2 million	19–60		65	19–60		65
Child Critical Illness insurance	\$10,000	\$200,000	3–18		21	N/A		N/A
Occupationally Acquired HIV, Hepatitis B or C Infection insurance	\$25,000	\$1 million	19–60		70	N/A		N/A
Premium Waiver insurance	N/A	N/A	19–55		65	19–55		65
Income Protection insurance	\$1,500	\$60,000 for certain professional occupations such as surgeons, accountants and solicitors \$30,000 for other occupations	19–60 (up to \$40,000) 19–55 (over \$40,000 – \$60,000)		65 for Income Protection (Special Risk) 70 for Income Protection Platinum and Income Protection	19–60 (up to \$40,000) 19–55 (over \$40,000 – \$60,000)		65
Business Expenses insurance	\$1,500	\$60,000	19–60		65	N/A		N/A

In some cases you may not be eligible for the insurance you've asked for or we might offer you insurance on different terms. This may include a change to the terms shown above.

* At the Review Date following age 65, we'll automatically continue your insurance on a stepped premium.

** A conversion option is available to continue as non-super to the Review Date after age 100.

How to read this PDS

Section 1

You're making the right choice with MLC – details of our insurance products.

Section 2

Types of insurance available – an overview of the types of insurance available.

Section 3

Structuring your insurance – information on how to structure your insurance.

Section 4

How it all works – general information on your insurance, including how to apply for and renew your insurance.

Section 5

Insurance glossary and general definitions – information on the features and additional options of the types of insurance available and general definitions.

Where you see words with initial capital letters such as Accident, these words have particular meanings which are explained in this section.

Section 6

Critical Illness and Total and Permanent Disability (TPD) definitions.

You can find information on Interim Accident Insurance on pages 119 and 120.

In this PDS you'll find the following terms:

For MLC Insurance		
MLC/we/us/our	refers to	MLC Limited, the insurer.
you/your	assumes that	you are both the policy owner and the life insured.
Outside super	refers to	insurance which is not governed by super law and outside the super environment.
For MLC Insurance (Super) and MLC Insurance (Wrap or SMSF)		
MLC/we/us/our	refers to	MLC Limited, the insurer.
NULIS Nominees	refers to	NULIS Nominees (Australia) Limited in its capacity as: the Trustee of MLC Super Fund, or the Trustee of the MLC Superannuation Fund if you take out insurance through your MLC super wrap account.
Trustee	refers to	NULIS Nominees (see above) if the insurance is purchased through your super in the MLC Super Fund. NULIS Nominees (see above) if the insurance is purchased through your MLC super wrap account. The trustee of your complying super fund (for example a SMSF trustee).
the Fund (MLC Insurance (Super) only)	refers to	the MLC Super Fund
Inside super	refers to	insurance held within the super environment and which is subject to super laws. This may include insurances which are held by SMSF trustees.
you/your/member	refers to	For MLC Insurance (Super) – a member of the Fund and the life insured. For MLC Insurance (Wrap or SMSF) – a member of the relevant super fund and the life insured.
Eligible MLC Account	refers to	An account held with the National Australia Bank Group of Companies (NAB) from which insurance premiums can be deducted. A list of eligible MLC accounts is available at mlc.com.au/eligiblemlcaccounts These superannuation accounts are issued by NULIS Nominees and not by MLC Limited.
MLC super wrap account	refers to	A type of account held with the National Australia Bank Group of Companies (NAB) from which insurance premiums can be deducted. The list of MLC super wrap accounts which can fund an insurance premium is available at mlc.com.au/eligiblemlcaccounts These superannuation accounts are issued by NULIS Nominees and not by MLC Limited.

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1

**You're making the
right choice with MLC**

Our track record speaks for itself

As a market leader in life insurance, MLC provides long-term, sustainable insurance to our customers.

Year after year, we've won insurance industry awards for being innovative and having the best products.

Our claims philosophy – supporting our customers through their time of need.

We're always there for our customers at claim time.

Our team of claims assessors and support staff assess each claim with integrity and fairness.

Worldwide insurance

Our insurance travels with you, which means you're covered 24 hours a day, anywhere in the world.

Keeping your insurance up to date

We continuously look for ways to improve the features and benefits of our insurance, so you'll receive better protection. Where it won't affect your premiums, we'll add those improvements to your insurance.

We'll inform you of any improvements we make to this insurance.

Where appropriate MLC and/or the Trustee will also inform you of any changes to this insurance.

About the Insurer

MLC Life Insurance and Nippon Life Insurance Group – working together to protect Australians when they need it most.

We've come together to create a dynamic and innovative insurance business that's focused on customers and committed to providing flexible and competitive life insurance solutions.

What you need to know about the risks

There is a risk that the insurance won't meet your needs. Your adviser can thoroughly assess your circumstances and help you choose a type and amount of insurance to suit your needs. They can help you consider your future needs now as you may not qualify for some insurances if your circumstances change.

MLC is committed to working with you and your financial adviser to help you protect your wealth.

Why choose Insurance with MLC?

What would happen to you, your family or business if you became seriously ill, injured or disabled?

Insurance provides financial support in the event of your death, sickness or injury.

Having enough money to make lifestyle changes after a serious illness or disablement is something that we'd all like to have. We can help there too.

No matter what stage of life you're at, insurance is an important part of your financial plan.

Choosing your insurance

We offer a range of insurances you can choose from to meet your personal and business needs.

The flexible design of our products means you can protect your lifestyle, family and business.

We actively look for the most cost-effective and tax-effective ways for our customers to purchase their insurance.

Because of this, we give you two ways to package your insurance:

- Outside super through MLC Insurance
- Inside super through either MLC Insurance (Super) or MLC Insurance (Wrap or SMSF).

See the following pages for more information.

MLC Insurance

This offers a wide range of insurances to meet your needs, packaged within one policy **outside** super.

However you wish to arrange your financial affairs, MLC Insurance can be tailored to your circumstances.

Who is the life insured?

This is the person whose circumstances we assess and accept to be insured and is named in the Schedule.

One person can be insured per policy.

Who is the policy owner?

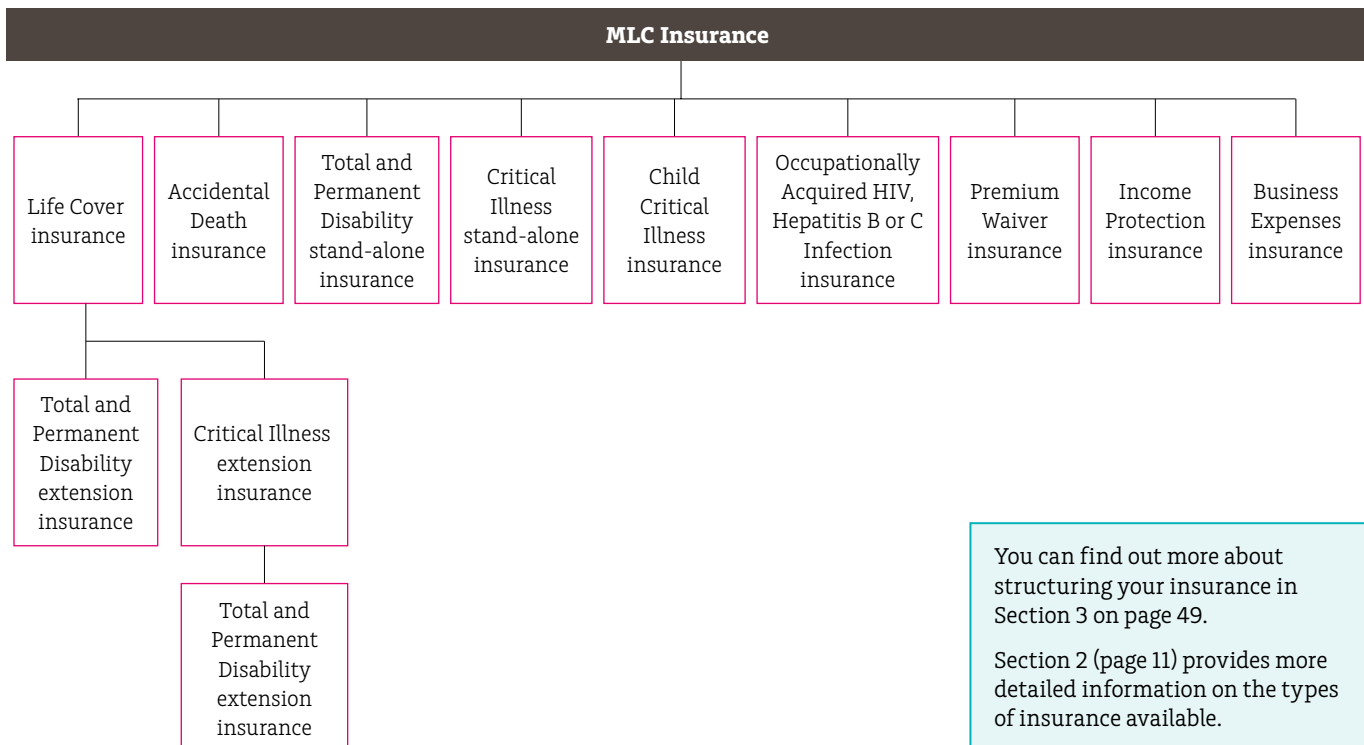
This is the person or entity that applies, and is accepted as the person who is entitled to receive benefits under the policy. The policy owner is named in the Schedule and is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner can be an individual or individuals, a company, partnership or the trustee(s) of a family trust.

Ownership must be the same for all insurances under the one policy.

Income Protection insurance must generally be owned by the life insured.

Types of insurance available



You can find out more about structuring your insurance in Section 3 on page 49. Section 2 (page 11) provides more detailed information on the types of insurance available.

MLC Insurance (Super)

This offers a broad range of insurances to meet your needs, packaged within one policy **inside** super.

In purchasing your insurance inside super, you may be able to take advantage of a range of tax concessions generally not available when insuring outside super. These concessions can make it more affordable.

This may affect the tax treatment of your premium and benefit payments.

You can find more detailed information on taxation on page 72.

You should discuss with your financial adviser whether this structure is appropriate for you.

Who is the life insured?

The life insured is the person whose circumstances we assess and accept to be insured and is named in the Schedule.

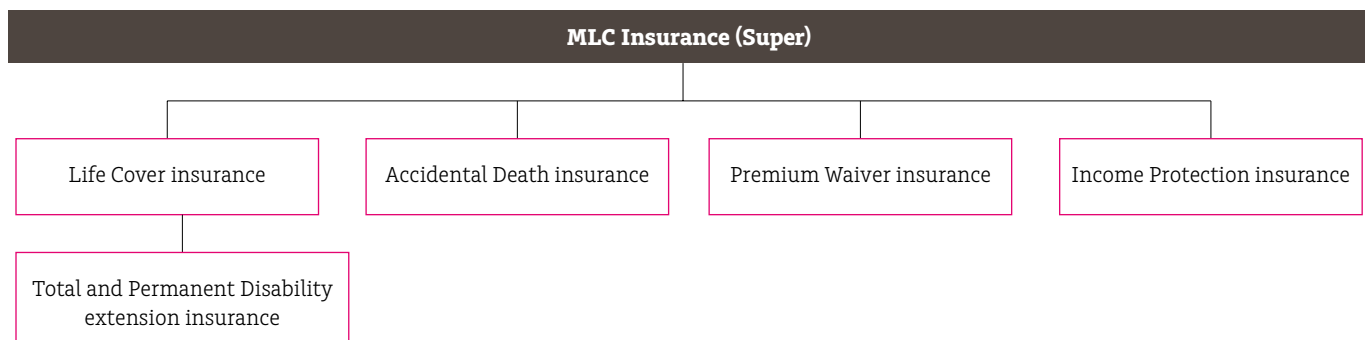
One person can be insured per policy.

Who is the policy owner?

When you take out MLC Insurance (Super), you become a member of the Fund. The Trustee of the Fund takes out insurance on your behalf and becomes the policy owner.

You can find more detailed information on the Fund on page 76.

Types of insurance available



You can find out more about structuring your insurance in Section 3 on page 49.

Section 2 (page 11) provides more detailed information on the types of insurance available.

MLC Insurance (Wrap or SMSF)

This offers a broad range of insurances to meet your needs, packaged within one policy **inside** super.

You can take out insurance through your MLC Wrap Super or MLC Navigator Retirement Plan accounts (MLC super wrap account) or a self-managed super fund (SMSF). Taking out insurance through your account may give you access to a range of tax concessions available to super funds.

To best understand what insurance is available to you when applying through your MLC super wrap account or SMSF, please refer to the information that relates to super.

If you want to take out a type of insurance not available inside super you will need to take out a separate MLC Insurance policy.

Insurance through MLC Wrap Super or MLC Navigator Retirement Plan accounts

Your MLC super wrap account has its own Trustee. That Trustee takes out insurance on your behalf and receives any benefits payable under the policy if you make a claim. Your Trustee then releases those benefits to you.

Who is the life insured?

The life insured is the person whose circumstances we assess and accept to be insured and who is named in the Schedule.

One person can be insured per policy.

Who is the policy owner?

The Trustee for all MLC super wrap accounts is NULIS Nominees. They become the policy owner.

For more information go to page 77.

Insurance through your SMSF

There are two ways you can take out insurance through your SMSF:

1. through an MLC Wrap Investment or MLC Navigator Investment Plan account if your SMSF uses one of these accounts to invest, or
2. directly.

Who is the life insured?

The life insured is the person whose circumstances we assess and accept to be insured and who is named in the Schedule.

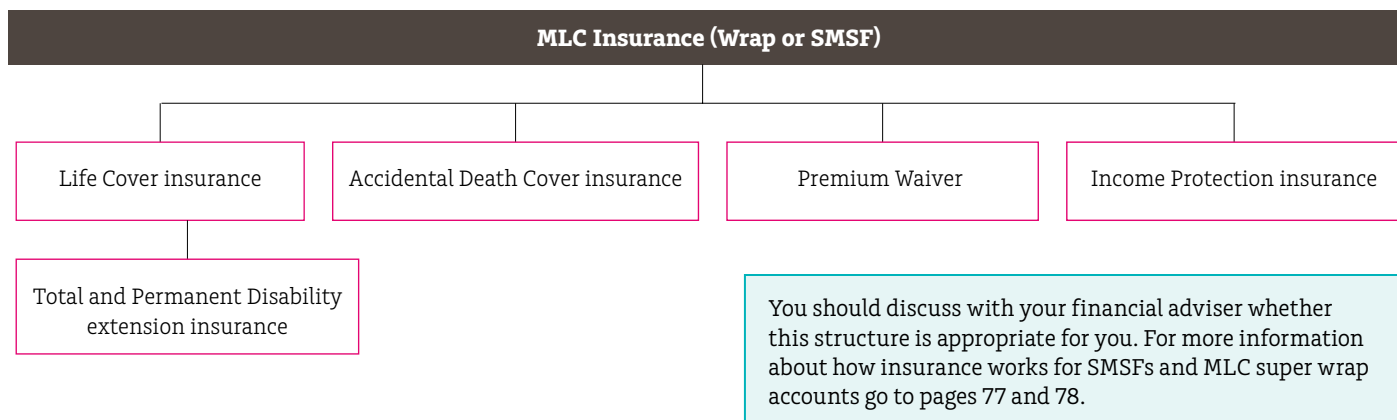
One person can be insured per policy.

Who is the policy owner?

The Trustee of your SMSF takes out insurance on your behalf and becomes the policy owner.

For more information go to page 78.

Types of insurance available



2

**Types of
insurance available**

Life Cover insurance

Helps protect your family should you die.

You can apply for Life Cover insurance as stand-alone insurance, inside or outside super.

You can also apply to add Total and Permanent Disability or Critical Illness insurance extensions to your Life Cover insurance. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if:

- you die, or
- you're diagnosed with a terminal illness.

How much insurance can you apply for?

You can apply for as much Life Cover insurance as meets your needs. Special terms may apply for amounts above \$15 million. Your financial adviser can help you work out the right amount for you.

What are the features?

The table below provides a snapshot of the features included with your Life Cover insurance.

Each benefit is calculated differently and relies on different criteria for payment. To find out how specific benefits are calculated go to the page number listed under each of the benefit names.

Features of Life Cover insurance	
Terminal illness	You'll receive your Life Cover lump sum benefit if you're diagnosed with a terminal illness. You won't have to return this benefit if you survive.
Accidental Injury Benefit (see page 82)	You'll receive a lump sum benefit if you lose the use of your limbs or sight, depending on the nature and severity of your injury.
Increases without further Medical Evidence (see page 96)	When certain events occur, you can apply to increase your Life Cover insurance without further medical evidence.
Advance Death Benefit (outside super only – see page 83)	An advanced lump sum benefit payment of \$20,000 will be made when you die, to help with any urgent costs such as funeral expenses.
Financial Planning Benefit (outside super only – see page 95)	We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.
Economiser (see page 93)	You can request to have your Life Cover insurance stepped premium frozen if you're aged 30 or over. The premium you pay then stays the same, while your benefit will reduce each year.

For Accidental Injury inside super you must also satisfy the definition of Permanently Incapacitated on page 101 or another condition of release under super law. Please see page 82 for more information.

What is a terminal illness?

For insurance outside super, terminal illness means a sickness or injury that, in the opinion of one Specialist approved by us, is likely to lead to your death within 12 months of the date we're notified in writing by the approved Doctor.

For insurance inside super, terminal illness means a sickness or injury that, in the opinion of two Doctors, one of whom is a Specialist approved by us, is likely to lead to death within 12 months of the date the Doctors certify the condition ("the Certification Period"). We must be notified in writing about the terminal illness within the Certification Period.

In addition to this the insured must meet a condition of release under super law.

What are the additional options?

You can also apply for these options at an additional cost.

Life Cover insurance additional options

Business Safeguard Option (see page 84)	When certain events occur, you can apply to increase your original Life Cover insurance up to certain limits for certain business purposes without further medical evidence.
Terminal Illness Support insurance	You'll receive a lump sum benefit if you're diagnosed with a terminal illness and survive 30 days after you've told us. The maximum benefit is \$250,000. The Terminal Illness Support insurance benefit is in addition to any terminal illness benefit paid as part of your Life Cover insurance. You won't have to return this benefit to us if you survive.

When won't a benefit be paid?

For Life Cover insurance:

We won't pay a benefit for death or terminal illness arising from or contributed to by suicide or attempted suicide within 13 months after this insurance:

- started
- was last reinstated, or
- was increased (for the increase in the Life Cover insurance benefit).

For Terminal Illness Support insurance:

We won't pay a benefit for terminal illness arising from or contributed to by an intentional self-inflicted injury or attempted suicide within 13 months after this insurance:

- started
- was last reinstated, or
- was increased (for the increase in the insurance benefit).

When will your insurance end?

Your Life Cover and Terminal Illness Support insurance will end when:

- you cancel your insurance
- we pay an amount equal to your full Life Cover or Terminal Illness Support insurance benefit (as applicable)
- your Life Cover is reduced to nil for any reason, for example if you receive a benefit for any extension insurances linked to your Life Cover (see page 51)
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on page 76.

Accidental Death insurance

Helps protect your family should you die because of an Accident.

You can apply for Accidental Death insurance, inside or outside super. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you die due to an Accident and your death occurs within 180 days of the Accident.

How much insurance can you apply for?

You can apply for Accidental Death insurance of \$25,000 or more. Special terms may apply for amounts above \$15 million. Your financial adviser can help you work out the right amount for you.

What are the features?

The table below provides a snapshot of the feature you'll receive with your Accidental Death insurance along with a page reference where you can find more detailed information in the Insurance glossary.

Feature of Accidental Death insurance	
Financial Planning Benefit (outside super only – see page 95)	We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.

When won't a benefit be paid?

We won't pay a benefit for Accidental Death arising from or contributed to by:

- intentional self-inflicted injury or suicide, or
- any cause other than the Accident.

When will your insurance end?

Your Accidental Death insurance will end when:

- you cancel your insurance
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- we pay an amount equal to your full Accidental Death Insurance benefit
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on page 76.

Total and Permanent Disability (TPD) insurance

Helps protect your financial security if you suffer Total and Permanent Disability.

You can apply for TPD insurance as an extension to Life Cover or Critical Illness insurance. This can be purchased inside or outside super.

You can also apply for TPD stand-alone insurance outside super. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you suffer Total and Permanent Disability (TPD).

How TPD is defined depends on whether you choose to have an Any Occupation or Own Occupation TPD definition. The definition of TPD will change to Loss of Independence following the Review Date after you turn 65.

However, if you hold TPD as an extension to Critical Illness insurance, your TPD insurance ends at your Review Date after you turn 65. This is because Loss of Independence is available as a separate critical condition under Critical Illness insurance.

For more information on the TPD definitions and their requirements, please see Total and Permanent Disability (TPD) definitions on page 116.

How much insurance can you apply for?

You can apply for between \$25,000 and:

- \$5 million for certain professional occupations such as surgeons, accountants and solicitors, or
- \$3 million for other occupations.

Once you reach the review date following your 65th birthday, the definition of Total and Permanent Disability changes. If your benefit is over \$3 million at that date, your maximum benefits will be reduced to \$3 million. For more information see page 118.

Your financial adviser can help you work out which occupation group applies to you.

Own Occupation (available outside super only)

If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account your own occupation. This means you may be eligible for your TPD insurance benefit if you can't work in your own occupation, even if you may be able to work in another occupation.

You'll be charged a higher premium if you choose Own Occupation. Not all occupations are eligible for this definition.

Any Occupation

If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account not only your occupation, but also any occupation which you're reasonably suited to by way of education, training or experience.

For full details of when a TPD insurance benefit may be payable, please see pages 116 to 118. For insurance inside super there may also be tax and super law implications, depending on your choice of definition. Please see pages 72 to 74.

TPD Optimiser

An effective way to structure your Own Occupation cover.

TPD Optimiser allows you to split your 'Own Occupation' cover across two policies. The first part of your insurance sits inside super and complies with the super laws. The second part provides access to the benefits of 'Own Occupation', that are only available outside super.

Your financial adviser can help you decide if this structure is right for you. For more information on how it works go to page 102.

Total and Permanent Disability (TPD) insurance

What are the features?

The table below provides a snapshot of the features included with your TPD insurance.

Each benefit is calculated differently and relies on different criteria for payment. To find out how specific benefits are calculated go to the page number listed under each of the benefit names.

Features of TPD insurance	
12-month Life Cover Buy Back (extension only – see page 80)	Twelve months after receiving your full TPD insurance benefit, you can ask to restore your Life Cover insurance by the same amount as the benefit paid. Your premium will be based on the Life Cover premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Partial Payment Benefit (outside super only – see page 100)	You'll receive a lump sum benefit if you lose the use of one limb or sight in one eye.
Increases without further Medical Evidence (see page 96)	When certain events occur you can apply to increase your TPD insurance without further medical evidence.
Financial Planning Benefit (outside super only – see page 95)	We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.
Economiser (see page 93)	You can request to have your TPD insurance stepped premium frozen if you're aged 30 or over. The premium you pay then stays the same, while your benefit will reduce each year.
Death Benefit (TPD stand-alone only)	If the TPD stand-alone benefit isn't payable because you die within 14 days of becoming TPD, we'll pay a lump sum death benefit of \$5,000.

What are the additional options?

You can also apply for these options at an additional cost.

TPD insurance additional options	
Double TPD (Life Cover Buy Back with Premium Waiver) (see page 92)	Your Life Cover insurance will automatically be restored up to the same amount as the TPD insurance benefit paid, if you live for 14 days after we've paid the TPD insurance benefit. We'll also waive your premiums on this restored Life Cover Insurance up to age 65.
Business Safeguard Option (see page 84)	When certain events occur you can apply to increase your original TPD insurance up to certain limits for certain business purposes without further medical evidence.
14-day Life Cover Buy Back (extension only – see page 80)	Your Life Cover insurance will automatically be restored up to the same amount as the TPD insurance benefit paid, if you live for 14 days after we've paid the full TPD insurance benefit. Your premium will be based on the Life Cover premium rates at the time your Life Cover is restored, taking into account the benefit amount, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When won't a benefit be paid?

You won't receive a benefit for any total and permanent disablement arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us as part of the application or reinstatement process).

For TPD stand-alone, you won't receive the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started or was last reinstated.

When will your insurance end?

Your TPD insurance will end when:

- you cancel your insurance
- you receive an amount equal to your full TPD insurance benefit
- this insurance is reduced to nil by payments of MLC extension insurance benefits (see page 51)
- the Life Cover and/or Critical Illness insurance ends, to which this TPD insurance is an extension
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on page 76.

For TPD insurance inside super, you must also satisfy the definition of Permanent Incapacity on page 101 or another condition of release under super law. Please see page 75 for more information.

Critical Illness insurance

Helps protect your finances if you become critically ill.

You can apply for Critical Illness insurance as an extension to Life Cover insurance or as stand-alone insurance. It can be purchased outside super only. Please see Section 3 for more information

How does it work?

This insurance pays you a lump sum if you suffer a critical condition.

There are two types of insurance available. Your financial adviser can help you work out which is the most appropriate for you.

Insurance types	
Critical Illness Plus	Provides benefits for an extensive range of critical conditions and additional options. You can see the full list of conditions in the table opposite.
Critical Illness Standard	Provides benefits for the most common critical conditions with fewer additional options, at a lower cost.

In the case of stand-alone insurance, you'll receive your full Critical Illness insurance benefit if you survive for 14 days after suffering a critical condition.

How much insurance can you apply for?

You can apply for Critical Illness insurance up to \$2 million.

What is a critical condition?

Each critical condition is defined on pages 106 to 115. An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

Qualifying Periods

Some critical conditions are covered only after a period of time known as a Qualifying Period. This means that you're not covered for those conditions when they first appear, happen or are diagnosed within that period after this insurance started, was last reinstated or increased. Please see page 101 for more detailed information in the Insurance glossary.

Critical conditions

This table sets out the critical conditions covered by Critical Illness Plus and Standard insurance, and their Qualifying Periods.

Critical conditions	Critical Illness Plus	Critical Illness Standard	Qualifying Period	Critical conditions	Critical Illness Plus	Critical Illness Standard	Qualifying Period
Aorta Repair	.		3 months	Loss of Independence	.	.	
Aplastic Anaemia	.			Loss of Speech	.		
Bacterial Meningitis	.			Major Brain Injury	.		
Benign Brain Tumour	.			Major Burns	.		
Blindness	.			Major Organ or Bone Marrow Transplant	.		
Cardiomyopathy	.			Malignant Cancer	.	.	Standard: 6 months Plus: 3 months
Chronic Kidney Failure	.			Meningococcal Septicaemia	.		
Chronic Liver Failure	.			Motor Neurone Disease	.		
Chronic Lung Failure	.			Multiple Sclerosis	.		
Coma	.			Muscular Dystrophy	.		
Coronary Artery Angioplasty*	.		3 months	Open Heart Surgery	.		
Coronary Artery Angioplasty – Triple Vessel	.		3 months	Out of Hospital Cardiac Arrest	.		
Coronary Artery Bypass Surgery	.	.	3 months	Parkinson's Disease	.		
Deafness	.			Paralysis (includes paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia)	.		
Dementia or Alzheimer's Disease	.			Pneumonectomy	.		
Encephalitis	.			Primary Pulmonary Hypertension	.		
Heart Attack	.	.	3 months	Severe Diabetes	.		
Heart Valve Surgery	.		3 months	Severe Osteoporosis	.		
HIV Contracted Through Medical Procedures	.			Severe Rheumatoid Arthritis	.		
HIV Contracted Through Your Work	.			Stroke	.	.	3 months
Intensive Care	.						

* Coronary Artery Angioplasty – This benefit will only apply if your Critical Illness benefit is \$100,000 or more. The benefit payable for Coronary Artery Angioplasty is 10% of your Critical illness benefit up to \$20,000 per event. For more information on this condition, please see Critical illness definitions on page 108.

Critical Illness insurance

What are the features?

The table opposite provides a snapshot of the features included with your Critical Illness insurance.

Each benefit is calculated differently and relies on different criteria for payment. To find out how specific benefits are calculated go to the page number listed under each of the benefit names.

Features of Critical Illness insurance	
Child Support Benefit (Plus only – see page 86)	When you hold Critical Illness insurance of \$100,000 or more, you'll receive a lump sum of \$10,000 if your Child dies, or the first time your Child has a Child Support Benefit Condition.
Increases without further Medical Evidence (Plus only – see page 96)	When certain events occur you can apply to increase your Critical Illness insurance without further medical evidence.
Financial Planning Benefit (see page 95)	We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.
Economiser (see page 93)	You can request to have your Critical Illness insurance stepped premium frozen if you're aged 30 or over. The premium you pay then stays the same while your benefit will reduce each year.
Death Benefit (Critical Illness stand-alone only)	If the Critical Illness stand-alone benefit isn't payable, because you die within 14 days of suffering a critical condition, we'll pay a lump sum benefit of \$5,000.

What are the additional options?

You can also apply for these options at an additional cost.

Critical Illness insurance additional options	
Double Critical Illness (Life Cover Buy Back with Premium Waiver) (Plus Only – see page 91)	Your Life Cover insurance will be automatically restored up to the same amount as the Critical Illness insurance benefit paid if you live for 14 days after you receive your Critical Illness insurance benefit. We'll also waive your premiums on this restored Life Cover insurance up to age 65.
12-month Life Cover Buy Back (extension only – see page 81)	Twelve months after we receive your valid Critical Illness insurance claim form, you can ask us to restore your Life Cover insurance by the same amount as the benefit paid. Your premium will be based on the Life Cover premium rates at the time your Life Cover is restored, taking into account the benefit amount, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Critical Illness Buy Back (Plus only – see page 90)	Twelve months after we've paid your Critical Illness insurance benefit (including partial benefits – see page 22), you can ask us to restore your Critical Illness insurance by the same amount as the benefit paid. Your premium will be based on the Critical Illness premium rates at the time your Life Cover is restored, taking into account the benefit amount, your age, the Premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).
Extra Benefits Option – Partial Benefits (Plus only – see next page)	You'll receive a partial benefit, which is a proportion of the Critical Illness benefit, if you suffer one of the additional critical conditions.
Business Safeguard Option (see page 84)	When certain events occur you can apply to increase your original Critical illness insurance up to certain limits for certain business purposes without further medical evidence.

Critical Illness insurance

Extra Benefits Option – Partial Benefits

This option is only available when you have Critical Illness Plus.

How does it work?

If you suffer one of the additional critical conditions listed in the table opposite, you'll receive a proportion of the Critical Illness insurance benefit.

The partial payment for these conditions is 20% of the Critical Illness insurance benefit subject to the maximum partial benefit payable listed in the table opposite. This benefit is only payable if it's at least \$10,000.

Your Critical Illness insurance will be reduced by the amount of any partial benefit payment made for these additional critical conditions.

You can only claim once for each critical condition.

Additional critical conditions	Maximum partial benefit payable	Qualifying period
Adult Onset Insulin Dependent Diabetes Mellitus	\$100,000	
Advanced Endometriosis		
Carcinoma in Situ of the Breast		3 months
Deafness in One Ear		
Early Stage Chronic Lymphocytic Leukaemia		3 months
Early Stage Prostate Cancer		3 months
Facial Reconstructive Surgery and Skin Grafting		
Serious Accidental Injury		
Loss of One Foot or One Hand	\$200,000	
Loss of Sight in One Eye		
Congenital Abnormalities of a Child	\$50,000	12 months
Inability of a Child to Gain Independence		12 months
Carcinoma in Situ – Female Reproductive Organs	\$20,000	3 months
Early Stage Melanoma		3 months
Orchidectomy (as required to diagnose Carcinoma in Situ of the Testicle)		3 months
Specified Complications of Pregnancy		12 months

The definitions for the above critical conditions are on pages 106 to 115.

Changes to Critical Illness insurance definitions

Critical Illness Plus

If you choose Critical Illness Plus, the critical illness definitions will only change where we improve them in your favour.

Critical Illness Standard

As advances are made in treatment and diagnostic techniques, we may need to change the Critical Illness Standard definitions for both new and existing policies to make sure they remain appropriate.

We don't guarantee to renew your insurance. Following the first three years of your Critical Illness insurance, we may continue your insurance with the same or different critical conditions and definitions.

Where a change is necessary, it will apply to all Critical Illness Standard policies, we won't single you out for a change.

We'll notify you of any change to your Critical Illness insurance terms or definitions on renewal.

You can accept the new conditions by continuing to pay your premiums and, therefore, entering into a new policy contract. You won't need to complete an application for the new policy and we'll continue to rely on the information you provided to us for your existing MLC policy.

You may refuse these changes by not making further premium payments and your policy will lapse.

When won't a benefit be paid?

We won't pay a benefit or partial benefit for any critical condition arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

For Critical Illness stand-alone insurance, you won't receive the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started, or was last reinstated.

When will your insurance end?

Your Critical Illness insurance will end when:

- you cancel your insurance
- you receive an amount equal to your full Critical Illness insurance benefit
- this insurance is reduced to nil by MLC extension insurance benefit payments (see page 51)
- the Life Cover insurance ends, to which this Critical Illness insurance is an extension
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Child Critical Illness insurance

Helps protect your finances if your Child becomes critically ill and you have to cope with additional expenses.

You can apply for Child Critical Illness insurance outside super only. Please see Section 3 for more information. This insurance is only available where the parent or guardian holds one of the following insurances: Life Cover, TPD, Critical Illness, Income Protection or Business Expenses.

How does it work?

This insurance pays you a lump sum if your Child dies, or the first time your Child has a critical condition.

How much insurance can you apply for?

You can apply for Child Critical Illness insurance of \$10,000 up to \$200,000 per Child. The maximum number of Children you can insure is five.

What is a critical condition?

Each critical condition is defined on pages 106 to 115. An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

Qualifying Periods

Some critical conditions are covered only after a period of time known as a qualifying period. This means you're not covered for those conditions when they first appear, happen or are diagnosed within that period after this insurance started, was last reinstated or increased. Please see page 101 for more detailed information in the Insurance glossary.

Critical conditions

This table sets out the critical conditions covered by Child Critical Illness insurance and their Qualifying Periods.

Critical condition	Qualifying Period
Aplastic Anaemia	
Bacterial Meningitis	
Benign Brain Tumour	
Blindness	
Cardiomyopathy	
Chronic Kidney Failure	
Chronic Liver Failure	
Coma	
Deafness	
Encephalitis	
Heart Attack	3 months
Heart Valve Surgery	3 months
HIV Contracted Through Medical Procedures	
Intensive Care	
Loss of Speech	
Major Brain Injury	
Major Burns	
Major Organ or Bone Marrow Transplant	
Malignant Cancer	3 months
Meningococcal Septicaemia	
Open Heart Surgery	
Out of Hospital Cardiac Arrest	
Paralysis	
Pneumonectomy	
Primary Pulmonary Hypertension	
Stroke	3 months

What are the features?

The table below provides a snapshot of the feature included with your Child Critical Illness insurance.

Feature of Child Critical Illness insurance	
Financial Planning Benefit (see page 95)	We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.

Conversion to an adult policy

The Child may elect to convert this insurance to an equivalent adult Life Cover insurance and Critical Illness insurance (extension to Life Cover) for the same insurance amount.

The Child won't need to provide medical evidence if they apply any time after the Review Date following their 18th birthday and before the Review Date preceding their 21st birthday.

The policy issued will be on the then current policy terms and premiums will be calculated at the then current rates.

When won't a benefit be paid?

You won't receive a benefit for any death or critical condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or suicide
- sickness or injury that first appeared, happened or was diagnosed before the insurance started or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process)
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

When will your insurance end?

Your Child Critical Illness insurance will end for a Child when:

- you cancel this insurance
- you receive your full Child Critical Illness insurance benefit for that Child
- the conversion to an adult policy is exercised
- you have no other insurance on the policy
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- the Child dies.

Occupationally Acquired HIV, Hepatitis B or C Infection insurance

Helps medical professionals stay financially protected at work.

You can apply for Occupationally Acquired HIV, Hepatitis B or C Infection insurance outside super only. Please see Section 3 for more information.

How does it work?

This insurance pays a lump sum if you unintentionally acquire Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C as a result of performing your normal duties in the health industry.

This insurance is only available for certain medical occupations such as Doctors, surgeons, dentists, nurses and ambulance officers. Your financial adviser can help you work out if your occupation is eligible.

You can find more detailed information about the claim requirements for this insurance in the Insurance glossary on page 100.

How much insurance can you apply for?

You can apply for Occupationally Acquired HIV, Hepatitis B or C Infection insurance of \$25,000 up to \$1 million.

What are the features?

The table below provides a snapshot of the feature included with your Occupationally Acquired HIV, Hepatitis B or C Infection insurance along with a page reference where you can find more detailed information in the Insurance glossary.

Feature of Occupationally Acquired HIV, Hepatitis B or C Infection insurance

Financial Planning Benefit (see page 95)

We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan up to a specific amount if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000.

When won't a benefit be paid?

For Hepatitis B

You won't receive a benefit for any infection starting within six months after this insurance started or was last reinstated.

For HIV, Hepatitis B or C

We won't pay for any infection:

- arising from intentionally self-inflicted infection
- being first identified after you die
- after the appropriate Government body has recommended a preventative vaccine for use in your occupation, but you haven't taken it
- after the appropriate Government body has approved a treatment which makes infection inactive and non-infectious, or
- occurring, or sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

When will your insurance end?

Your Occupationally Acquired HIV, Hepatitis B or C Infection insurance will end when:

- you cancel your insurance
- you receive your full Occupationally Acquired HIV, Hepatitis B or C Infection insurance benefit
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Premium Waiver insurance

Helps you keep your insurance if you're disabled or retrenched.

You can apply for Premium Waiver insurance with Life Cover, Accidental Death, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

Please note, Income Protection has its own Premium Waiver feature (see page 36).

When will we waive your premium?

We'll waive your premiums for the insurances indicated in the box to the left if you're:

- suffering Total and Permanent Disability. Premiums will be waived for the period of disability up to age 65.

or

- retrenched. If you're retrenched we'll waive your premiums for 12 months, as long as you've had this insurance and been with the same employer, on a full-time basis, for at least a year. We'll waive your premiums due to retrenchment only once in any five-year period. We will also waive any Income Protection insurance premiums on your policy.

or

- suffering Total Disability and you have Income Protection on your policy. If you purchase Premium Waiver insurance on a policy where Income Protection insurance also applies, we'll waive the premiums for your other insurances on the policy if you remain Totally Disabled for more than three months and you're receiving Income Protection benefits. Premiums will be waived after these three months while you are disabled up to age 65.

What is Totally Disabled?

Please refer to the definition of Total Disability in the Income Protection section on page 31.

When are you Totally and Permanently Disabled?

You are Totally and Permanently Disabled as per the Any Occupation definition on page 117.

When are you retrenched?

When your employer terminates your full-time employment because your position is no longer needed.

Premium Waiver insurance

When won't we waive your premium?

Due to disability or retrenchment arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us, as part of the application or reinstatement process), or
- war or warlike operations.

Due to retrenchment if you're:

- self-employed
- an independent contractor
- employed by a member of your Family, a family company or family trust
- a partner in a partnership
- retrenched more than once from the same employment, or
- retrenched more than once in any five year period.

For any insurance increase you obtain in the 12 months before retrenchment, we'll only waive the premium which applied before the increase.

This insurance doesn't apply to any premium payable for insurance you add after you're retrenched or disabled, except where premiums are increased under Inflation Proofing (see page 58). We'll only waive the premium that applied before the addition.

When will your insurance end?

Your Premium Waiver insurance will end when:

- you cancel your insurance
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premium isn't paid (except while you're claiming under this insurance)
- a fraudulent claim is made, or
- you die.

Income Protection insurance

Helps replace your Earnings if you can't work due to sickness or injury so you can concentrate on getting better.

You can apply for Income Protection insurance inside or outside super. Please see Section 3 for more information.

How does it work?

You'll receive a monthly benefit for each month you're:

- Totally Disabled, or
- Partially Disabled.

We offer three types of insurance. Your financial adviser will help you work out which is the most appropriate for you.

Insurance types	
Income Protection Platinum	Provides a comprehensive range of benefits and additional options for people in most occupations.
Income Protection	Provides a wide range of benefits and additional options for people in most occupations.
Income Protection (Special Risk)	Provides a range of benefits and additional options for people who work in certain occupations which are hazardous, or present special assessment difficulties such as armed security guards. After the first three years, we'll review your Income Protection insurance each year and may offer, but don't guarantee, its renewal.

How much insurance can you apply for?

A monthly benefit up to \$30,000 is available for all occupations. A monthly benefit up to \$60,000 is available for some professional occupations such as surgeons, accountants and solicitors.

The maximum monthly benefit you can apply for is based on your Earnings as follows:

Maximum monthly benefit limits			
Your Earnings (per annum)	Your Earnings (per month)	Percentage of your Earnings	Maximum monthly benefit
first \$320,000	\$26,666	75%	\$20,000
from \$320,001 to \$560,000	\$26,667 to \$46,666	50%	\$20,001 to \$30,000
from \$560,001 to \$2,360,000*	\$46,667 to \$196,666	20%	\$30,001 to \$60,000
over \$2,360,000	over \$196,666	Nil	\$60,000

* benefits over \$30,000 can only be applied for by certain professional occupations such as surgeons, accountants and solicitors. Your financial adviser can help you work out whether your occupation is eligible.

This maximum applies to the combination of all your income protection insurance policies from all sources.

Income Protection insurance

Conditions for monthly benefits over \$30,000

Insurance above \$30,000 monthly benefit is only available if your insurance below that amount is with us.

The Waiting Periods available are 30, 90 or 365 days and the maximum benefit period is two years.

Style of benefit

You can choose from two styles of benefits.

Subject to the terms and conditions of your insurance and provided your application is accurate, complete and acceptable to us when you apply, if your Earnings decrease after your insurance is issued, and you have:

Agreed Value cover

Your monthly benefit won't be reduced because of a change in your Earnings.

After the Review Date following your 65th birthday your benefit will be assessed as an indemnity benefit (see below).

Indemnity cover

Your monthly benefit may be reduced if your Earnings Before Disability decrease (see page 93). Choosing this style of benefit may help lower your premiums.

The benefit payable will be the lesser of the benefit shown on your Schedule and the maximum insurable amount as calculated in the 'Maximum monthly benefit' table under 'How much insurance can you apply for?' on page 29.

Where you apply for Agreed Value cover and:

- you provide satisfactory and accurate financial information when you apply,
- the information supports your Total Disability Benefit under your Income Protection insurance, and
- you fulfil your Duty of Disclosure,

we won't ask you to provide this information again to justify your benefit amount if you make a Total Disability claim.

Financial information may still be required if you make a claim. This information will be used to help with the claim assessment, determine your eligibility for other benefits under the policy and/or to meet superannuation and legislative requirements.

Lump Sum Benefit Option

(For Income Protection Platinum outside super only)

If you select this option when your insurance starts, you may choose to receive the monthly benefits as a lump sum when you're Totally and Permanently Disabled as defined on page 116.

This option can only be selected with benefit periods to age 65.

There is no additional cost for this option. For more detailed information about the Lump Sum Benefit Option, please see the Insurance glossary on page 98.

What is Total Disability and Totally Disabled?

The following table compares the definition and payment terms between Income Protection Platinum, Income Protection and Income Protection (Special Risk).

Income Protection Platinum	Income Protection	Income Protection (Special Risk)
Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday (or your 70th birthday if your benefit period is to age 70), and solely due to sickness or injury, you're:	Totally Disabled and Total Disability means that, prior to the Review Date following your 65th birthday and solely due to sickness or injury, you're:	Totally Disabled and Total Disability means that solely due to sickness or injury, you're:
<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit, 	<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit, 	<ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and not working for Earnings, payment or profit,
or		
<ul style="list-style-type: none"> unable to perform the duties of your occupation necessary to produce your Earnings for more than 10 hours per week with the result that your Earnings After Disability are reduced to 20% or less, of your Earnings Before Disability, 		
and	and	and
<ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.
If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Totally Disabled and Total Disability means that, solely due to sickness or injury, you're:		
<ul style="list-style-type: none"> unable to perform any occupation for which you're reasonably suited by education, training or experience, and not capable of working for Earnings, payment or profit, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 		

Income Protection insurance

What is Total Disability and Totally Disabled? continued

Income Protection Platinum	Income Protection	Income Protection (Special Risk)
<p>After the Review Date following your 65th birthday (unless you have a benefit period to age 70) Total Disability means that solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and not working for Earnings, payment or profit, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>After the Review Date following your 65th birthday, Total Disability means that solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and not working for Earnings, payment or profit, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	
<p>Total Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> the Termination Date (for all benefit periods), or the Review Date following your 65th birthday (unless you have a benefit period to age 70) <p>will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>	<p>Total Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> the Termination Date (for all benefit periods), or the Review Date following your 65th birthday <p>will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>	<p>Total Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Totally Disabled for a maximum of 12 months.</p>

For Income Protection and Income Protection (Special Risk), if you're working for Earnings, payment or profit but do not meet the requirements of Totally Disabled as described above, you may be eligible for Partial Disability benefits (see page 33).

Benefits are not concurrently payable for both Total and Partial Disability for the same period of disability.

For Income Protection Platinum, Income Protection and Income Protection (Special Risk) insurance inside super that commenced after 30 June 2014, you must also satisfy a period of Temporary Incapacity as defined on page 101.

What is Partial Disability and Partially Disabled?

The following table compares the definition and payment terms between Income Protection Platinum, Income Protection and Income Protection (Special Risk).

Income Protection Platinum	Income Protection	Income Protection (Special Risk)
<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> • unable to fully perform the duties of your occupation, and • working in a reduced capacity in either your occupation or another occupation, and • not Totally Disabled, and • being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and • as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability. 	<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> • unable to fully perform the duties of your occupation, and • working in a reduced capacity in either your occupation or another occupation, and • not Totally Disabled, and • being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and • as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability. 	<p>Partially Disabled and Partial Disability means solely due to sickness or injury you're:</p> <ul style="list-style-type: none"> • unable to fully perform the duties of your occupation, and • working in a reduced capacity in either your occupation or another occupation, and • not Totally Disabled, and • being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and • as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.
<p>If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Partially Disabled and Partial Disability means that, solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> • unable to fully perform any occupation for which you're reasonably suited by education, training or experience, and • capable of working in a reduced capacity in either your occupation or another occupation for which you're reasonably suited by education, training or experience or, after your disability first began, you've returned to work and are working in a reduced capacity in either your occupation or another occupation, and • not Totally Disabled, and • being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and • as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability. 		

Income Protection insurance

What is Partial Disability and Partially Disabled? continued

Income Protection Platinum	Income Protection	Income Protection (Special Risk)
	<p>The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your Waiting Period, whichever is later.</p> <p>For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for certain benefits:</p> <ul style="list-style-type: none"> • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease. <p>The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser.</p> <p>These specified conditions are defined in the Critical Illness definitions on pages 106 to 115.</p>	<p>The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your Waiting Period, whichever is later.</p> <p>For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for certain benefits:</p> <ul style="list-style-type: none"> • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease. <p>The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser. These specified conditions are defined in the Critical Illness definitions on pages 106 to 115.</p>
<p>Partial Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> • the Termination Date (for all benefit periods), or • the Review Date following your 65th birthday (unless you have a benefit period to age 70) <p>will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>	<p>Partial Disability benefits that start within 12 months before:</p> <ul style="list-style-type: none"> • the Termination Date (for all benefit periods), or • the Review Date following your 65th birthday <p>will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>	<p>Partial Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Partially Disabled for a maximum of 12 months.</p>

For Income Protection Platinum, Income Protection and Income Protection (Special Risk) insurance inside super that commenced after 30 June 2014, you must also satisfy a period of Temporary Incapacity as defined on page 101.

How does partial disability work?

If, when your disability begins, you're Gainfully Employed or have been Gainfully Employed during the previous 12 months, and you return to work in a reduced capacity, your Partial Disability benefit will be calculated in proportion to your reduction in Earnings.

If you're:

- Partially Disabled,
- not working to the extent of your capability as a result of causes other than sickness or injury, and
- this situation continues for at least two months,

then Earnings after Disability will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability.

In calculating what you could reasonably be expected to earn if you were working to the extent of your capability, we will take into account:

- available medical evidence (including the opinion of your Doctor), and
- any other relevant considerations directly related to your medical condition (including information provided by you).

Income Protection Platinum

If, when your disability begins, you're not Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, your Partial Disability benefit will be calculated differently. The calculation will be in proportion to

the reduction in the amount of Earnings you could reasonably be expected to generate if you were working to your pre-disability capacity. This will take into account available medical evidence (including the opinion of your Doctor), relevant occupational assessments and other considerations directly related to your medical condition (including information provided by you).

If you're receiving Total Disability benefits, you won't be eligible for Partial Disability benefits.

What if you can claim for loss of income from other sources?

When you receive benefits from other sources such as Workers Compensation or other legislated payments for loss of income, your benefits will be adjusted.

We won't make any adjustments for social security payments, benefits at common law, compensation paid for pain or suffering or superannuation payments.

If you choose Agreed Value cover

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits for loss of income from all other sources doesn't exceed:

- 75% of your Earnings Before Disability for Total Disability, or
- 100% of your Earnings Before Disability for Partial Disability.

We won't reduce your benefits if the total benefits you receive from this insurance and benefits for loss of income from all other sources, are less than your monthly benefit (as shown in your Schedule).

If you choose Indemnity cover

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits from all other sources will be the lesser of:

- the benefit shown on your Schedule, and
- your maximum insurable amount calculated as described in the Maximum monthly benefit limits table (see page 29).

Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though it is paid in equal monthly instalments for eight years and use that amount, to calculate the reduction in your benefit.

For Income Protection Platinum (Agreed Value and Indemnity)

For some professional occupations such as surgeons, accountants and solicitors, we won't adjust your benefit. Your financial adviser will help you work out if your occupation is eligible.

For Income Protection (Special Risk) (Agreed Value and Indemnity)

If you have selected Non Occupational Cover (see page 38) and you receive income benefits from Workers Compensation or a similar compensation scheme regulated by legislation, no benefit will be payable.

Income Protection insurance

What are the features?

The table below provides a snapshot of the features included with your Income Protection insurance.

Each benefit is calculated differently and relies on different criteria for payment. To find out how specific benefits are calculated go to the page number listed under each of the benefit names.

Features of all Income Protection insurance	
Choice of Waiting Period	<p>This is the initial period of disability where you won't receive benefits. You pay a lower premium the longer the Waiting Period. You can choose a Waiting Period of:</p> <p>Income Protection Platinum and Income Protection: 14, 30, 90 days or one or two years.</p> <p>Special Risk: 30 or 90 days.</p>
Choice of Benefit Period	<p>You'll receive a monthly benefit while you're disabled, up to the maximum benefit period you choose.</p> <p>You pay a lower premium the shorter the benefit period you select. You can choose a maximum benefit period of:</p> <ul style="list-style-type: none"> • Income Protection Platinum: two or five years, up to age 65 or up to age 70. For the benefit period up to age 70, special terms apply to claims that start after age 65, see page 83 for more details • Income Protection: two or five years, or up to age 65. • Special Risk: two or five years.
Child Support Income Benefit (outside super only – see page 88)	<p>You'll receive three times the monthly benefit as a lump sum the first time your Child has a Child Support Income Benefit Condition, or if your Child dies. The maximum benefit is \$25,000.</p>
Rehabilitation Expenses (outside super only)	<p>You'll receive an amount for rehabilitation services approved by us to help you return to work. This amount could be up to 12 times your monthly benefit and could include the cost of a rehabilitation course or special equipment.</p> <p>This amount is in addition to any other Total or Partial Disability benefits.</p>
Rehabilitation Bonus (outside super only)	<p>You'll receive increased benefits while undergoing rehabilitation approved by us – your Total or Partial Disability benefit will be increased by 50% for up to 12 months.</p>
Premium Waiver	<p>Your Income Protection premiums will be waived while you're receiving benefits.</p> <p>Any premiums paid while you're disabled and receiving benefits, including during the waiting period, will be refunded.</p> <p>Premiums for other types of insurances will still be due.</p>
Return to work during the Waiting Period	<p>You can return to work during the Waiting Period. The days you work don't have to be consecutive, but the Waiting Period will be extended by the number of days you work.</p> <p>When your Waiting Period is 14 days or 30 days, and you return to work for more than five consecutive days, your Waiting Period will restart.</p> <p>If your Waiting Period is more than 30 days, and you return to work for more than 10 consecutive days, your Waiting Period will restart.</p> <p>For Income Protection Platinum, return to work means that you've returned to work at full capacity.</p>

Features of all Income Protection insurance	
Recurring Disability Benefit	<p>If your disability recurs while this insurance is in force, we'll consider it a continuation of your previous disability if you returned to work after your previous disability for no more than:</p> <ul style="list-style-type: none"> • six months, if your benefit period is five years or less, or • six months, if the disability recurs after the Review Date following your 65th birthday, or • 12 months, if your benefit period is more than five years and the disability recurs before the Review Date following your 65th birthday. <p>If this is the case, you can continue your claim as soon as the disability recurs, with no new Waiting Period.</p> <p>The cause of the disability must be the same as, or related to, the previous disability for which you received a benefit.</p> <p>The combined benefit period for both the previous disability and the recurring disability cannot exceed the total benefit period shown in your Schedule. If the disability recurs after this time we'll treat it as a new claim.</p>
Elective Surgery Benefit	<p>You may be eligible for a monthly benefit if you're unable to work because you have undergone:</p> <ul style="list-style-type: none"> • elective surgery performed on the advice of an appropriately qualified Doctor • an operation to improve your appearance as a result of a sickness or injury, or • surgery to donate a body organ or bone marrow to another person. <p>The surgery must take place more than six months after this insurance started, was last reinstated or increased. If you undergo elective or cosmetic surgery within six months of an increase to your monthly benefit, we'll only pay the monthly benefit that applied before the increase.</p> <p>In all cases the surgery must be performed by an appropriately qualified Doctor.</p>
Death Benefit	<p>Your estate will receive six months' benefit as a lump sum if you die while the policy is in force. The maximum benefit is \$60,000.</p>
Increases without further Medical Evidence (Income Protection Platinum and Income Protection only – see page 95)	<p>Once during any three year period, you can apply to increase your Income Protection insurance by up to 20% without further medical evidence when certain personal events happen.</p>
Extended Cover Renewable to age 70 (Income Protection Platinum and Income Protection – see page 94 for details including the special terms that apply to claims that start after age 65)	<p>Following the Review Date after you turn 65, you can continue to renew this insurance (on special terms) until the date you retire or cease full-time Gainful Employment, or until you turn 70, whichever happens first.</p>
Waiting Period Conversion (Income Protection Platinum and Income Protection see page 103)	<p>You can apply to reduce your Waiting Period from two years to 90 days without further medical evidence if:</p> <ul style="list-style-type: none"> • you have a two-year Waiting Period in conjunction with an eligible group salary continuance scheme, and • you leave your employer and the related group salary continuance scheme, and • you don't exercise a continuation option from that scheme.

Income Protection insurance

What are the additional options?

You can also apply for these options at an additional cost.

Income Protection insurance additional options	
Extra Benefits Option (outside super only – see page 39)	You can purchase a package of extra benefits. These are: <ul style="list-style-type: none"> • Nursing Care Benefit (payable during the Waiting Period) • Accommodation Benefit • Transportation Benefit • Home Assistance • Critical Illness Benefit, and • Advance Payment Benefit.
Indexed Claim Benefits	To make sure benefits keep pace with inflation, your benefits and Earnings Before Disability will be increased annually after benefits have been paid continuously for a full year. The increase will be equal to the most recent annual CPI increase available at the date we calculate the increase.
Short Waiting Period for Accidental Injury Option (outside super only, 14 or 30 day Waiting Periods apply)	This option allows you to receive benefits while you're Totally Disabled during the Waiting Period. You're eligible to receive benefits from the fourth consecutive day of your Total Disability during the Waiting Period. If you're already eligible for the Nursing Care Benefit under the Extra Benefits Option, you won't be eligible for this feature. Your Total Disability must be caused by an Accident and begin within 30 days of the Accident.

Reduce the cost of your insurance

Here are some options that will help you reduce the cost of your insurance.

Option	
Premium Saver Option	You can choose to exclude any disability, condition or loss arising from or contributed to by: <ul style="list-style-type: none"> • chronic fatigue syndrome or fibromyalgia • Mental Disorder and/or alcohol, drug or chemical abuse or dependency except where you are confined indoors and, under the direction of an appropriately qualified Doctor, are receiving full-time nursing care or continuous supervision (not provided by a member of your Family) to protect yourself or other people.
Non-Occupational Cover Option (Income Protection (Special Risk) only)	You can choose to exclude disabilities: <ul style="list-style-type: none"> • which happen at work or as a result of work, or • for which you can claim benefits under Workers Compensation or a similar compensation scheme regulated by legislation.

Extra Benefits Option

(outside super only)

As an additional option to your Income Protection insurance you can purchase this package of extra benefits:

Nursing Care Benefit (payable during the Waiting Period)

You'll receive a proportion of your monthly benefit (1/30th each day) if you're confined to bed under a Doctor's direction, and receive full-time registered nursing care (not provided by a member of your Family).

The benefit applies if you're confined to bed for at least 72 consecutive hours. You will receive this benefit for each day of care during the Waiting Period for up to 180 consecutive days.

Accommodation Benefit

You'll receive an additional \$500 every day if a Family member needs hotel or motel accommodation to be near you.

This applies if you're Totally Disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction and you are more than 100 kilometres from your usual place of residence. The benefit applies from the fourth day of your confinement to bed for a maximum of 30 days in any 12-month period.

Transportation Benefit

If you become Totally Disabled for at least one month while you are:

- outside Australia, we'll reimburse the cost of transportation back to Australia
- inside Australia, more than 100 kilometres from home, we'll reimburse the cost of transportation back to your home.

We'll only pay this benefit once in any 12-month period, after deducting any reimbursements you're entitled to receive from other sources. You can receive a maximum benefit equivalent to three times your monthly Income Protection benefit.

Home Assistance

While you receive a Total Disability benefit, if you're at home, confined to bed or the house and dependent on home assistance or nursing care, you'll receive a further benefit to help you cover this cost.

- If you hire a private registered nurse (who isn't a member of your Family), you'll receive \$150 per day, for up to six months, or
- If your Spouse stops working at a full-time job solely to care for you at home (unless your Spouse worked for you or your employer before your disability), you'll receive the lesser of your monthly benefit, and \$4,500 per month, for up to six months.

Income Protection insurance

Critical Illness Benefit

You'll receive a lump sum equal to six times your monthly benefit if you suffer any of the following conditions as defined in the Critical Illness definitions on pages 106 to 115, even if you're not Totally Disabled or Partially Disabled.

The specified condition must satisfy the definition terms, be diagnosed by an appropriate Specialist, and confirmed by our medical adviser.

Critical conditions	Qualifying period
Aorta Repair	3 months
Aplastic Anaemia	
Benign Brain Tumour	
Cardiomyopathy	
Chronic Kidney Failure	
Chronic Liver Failure	
Chronic Lung Failure	
Coma	
Coronary Artery Bypass Surgery	3 months
Deafness	
Dementia or Alzheimer's Disease	
Encephalitis	
Heart Attack	3 months
Heart Valve Surgery	3 months
HIV Contracted Through Medical Procedures	
HIV Contracted Through Your Work	
Major Brain Injury	
Major Burns	
Major Organ or Bone Marrow Transplant	
Malignant Cancer	3 months
Motor Neurone Disease	
Multiple Sclerosis	
Muscular Dystrophy	
Open Heart Surgery	
Parkinson's Disease	
Pneumonectomy	
Primary Pulmonary Hypertension	
Stroke	3 months

Qualifying Periods

Some critical conditions are covered only after a period of time known as a Qualifying Period. This means you're not covered for those conditions when they first appear, happen or are diagnosed within the Qualifying Period after your insurance started, was last reinstated or increased. Please see page 101 for more detailed information in the Insurance glossary.

Conditions for the Critical Illness Benefit

The Critical Illness Benefit is:

- payable instead of the first 180 days of any Total or Partial Disability benefit or the Nursing Care Benefit
- not payable if you're receiving the Advance Payment Benefit, and
- not payable if it is less than \$10,000.

You can only claim this benefit once for each critical condition.

If, at the end of six months, you're still Totally or Partially Disabled, you may receive a Total or Partial Disability Benefit. The payment period for the Critical Illness Benefit will count towards the Waiting Period.

Advance Payment Benefit

You'll receive a lump sum for the periods shown in the tables below, for certain injuries.

If one injury causes more than one of the losses or fractures shown in the tables below, you'll only receive a benefit for the loss with the largest benefit.

If, within 181 days of the injury, you completely and permanently lose the use of:	The Advance Payment Benefit period is:
Two or more limbs caused by damage to the nervous system (Paralysis)	The lesser of 5 years or your benefit period.
Both hands or both feet, or the sight in both eyes	2 years
A hand and a foot	2 years
A hand or foot and the sight in one eye	2 years
An arm or a leg	1.5 years
A hand or foot or the sight in one eye	1 year
Thumb and index finger on the same hand	180 days
If you completely fracture these bones (so that they need a pin, traction, plaster cast, or other immobilising structure, diagnosed within 30 days of the injury that caused the fracture).	The Advance Payment Benefit period is:
Thigh (shaft)	90 days
Pelvis (except the coccyx)	90 days
Kneecap	60 days
Lower leg (shaft, including the ankle but excluding the foot and toes)	60 days
Shoulder blade	60 days
Skull (except the face or nose bones)	60 days
Upper arm (shaft, including the elbow and shoulder)	60 days
Collarbone	45 days
Forearm (shaft, including the wrist but excluding the elbow)	45 days
Jaw	45 days

Income Protection Benefits after the Advance Payment Benefit Period

If, at the end of the Advance Payment Benefit Period, you're still Totally or Partially Disabled you may receive a Total or Partial Disability Benefit.

The Advance Payment Benefit Period will count towards the Waiting Period.

Income Protection insurance

For insurance inside super, you must also satisfy the definition of Temporary Incapacity on page 101 or another condition of release under super law.

For more information, please see page 75.

What is sabbatical leave?

This means leave taken for study or travel as a normal part of your occupation.

One benefit paid at a time

You'll only receive one benefit at a time. However, you'll also receive the following benefits at the same time as your Total or Partial Disability benefits:

- Rehabilitation Expense Benefit
- Rehabilitation Bonus, and
- where you have selected the Extra Benefits Option:
 - Home Assistance Benefit
 - Transportation Benefit
 - Accommodation Benefit.

When do benefits end?

We'll continue to pay benefits until:

- you stop being Totally or Partially Disabled
- you reach your maximum benefit period
- you unreasonably refuse to undergo or comply with recommended medical treatment or rehabilitation to reduce your disability, or
- your Income Protection insurance ends.

When won't a benefit be paid?

You won't receive a benefit for any disability, condition or loss arising from, or contributed to, by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (doesn't apply to any benefit payable on your death).

Regular medical treatment

Income Protection benefits will only be paid while you are being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Regular treatment includes following the reasonable advice of your Doctor such as taking prescribed medication or complying with the recommended treatment regime.

When will your insurance end?

Your Income Protection insurance (including Platinum and Special Risk insurance) will end when:

Income Protection Platinum	Income Protection	Income Protection (Special Risk)
<ul style="list-style-type: none"> • you cancel your insurance • you retire or stop work and don't intend to work any more for reasons other than disability • the Termination Date for this insurance is reached, as shown on your Schedule • your premiums aren't paid • a fraudulent claim is made • you die • you have a two-year, five-year or to age 65 benefit period and you are entitled to receive a benefit at the Review Date following your 65th birthday • after the Review Date following your 65th birthday you haven't done full-time paid work for six months, except when this is a direct result of Total Disability, or • if the lump sum benefit is paid. 	<ul style="list-style-type: none"> • you cancel your insurance • you retire or stop work and don't intend to work any more for reasons other than disability • the Termination Date for this insurance is reached, as shown on your Schedule • your premiums aren't paid • a fraudulent claim is made • you die • you have a two-year, five-year or to age 65 benefit period and you are entitled to receive a benefit at the Review Date following your 65th birthday • after the Review Date following your 65th birthday you haven't done full-time paid work for six months, except when this is a direct result of Total Disability, or • you haven't done paid work for 12 months (or 24 months if you're on maternity or sabbatical leave from a professional or clerical occupation), except when this is a direct result of disability, or if we have agreed in writing that this insurance will continue for longer. 	<ul style="list-style-type: none"> • you cancel your insurance • you retire or stop work and don't intend to work any more for reasons other than disability • the Termination Date for this insurance is reached, as shown on your Schedule • your premiums aren't paid • a fraudulent claim is made • you die • you haven't done paid work for 12 months (or 24 months if you're on maternity or sabbatical leave from a professional or clerical occupation), except when this is a direct result of disability, or if we have agreed in writing that this insurance will continue for longer, or • we do not offer to continue this insurance.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on page 76.

Business Expenses insurance

Helps keep your business going by reimbursing your fixed expenses if you're unable to work due to sickness or injury.

You can apply for Business Expenses insurance outside super only.

How does it work?

If you're self-employed, or operate a small business, you'll be reimbursed for certain business expenses incurred while you're Totally Disabled, up to your monthly benefit amount for up to 12 months.

If there's more than one owner of the business, you'll receive your share of the covered business expenses.

If you're paid less than the full benefit over a year, we'll extend the benefit period while you continue to be disabled for the lesser of another 12 months or until you've been reimbursed an amount equal to the full 12 months' benefit.

If you change businesses, the policy is portable. You have the flexibility to apply this insurance to your new business.

This insurance isn't available if you work in a special risk occupation.

How much insurance can you apply for?

You can apply for Business Expenses insurance up to \$60,000 per month.

What is a business expense?

The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property levies, rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating business income
- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums, and
- net cost of a locum.

You'll receive a proportion of your monthly benefit (1/30th each day) if you're disabled for part of a month.

Expenses which are paid for, or relate to a period of two or more months, will be allocated proportionally for the purpose of calculating the monthly benefit.

What is a locum?

A locum is a person engaged to work in your business from an external source as a direct replacement for you.

Net cost of a locum means the cost incurred in engaging a locum less the gross sales, earnings or billings generated by the locum.

What are the features?

The table below provides a snapshot of the features included with your Business Expenses insurance.

Each benefit is calculated differently and relies on different criteria for payment.

Features of Business Expenses insurance	
Choice of Waiting Period	This is the initial period when you won't receive benefits. You can choose a Waiting Period of 14 or 30 days. You pay a lower premium the longer the Waiting Period.
Premium Refund	Your Business Expenses insurance premiums, including premiums paid during the Waiting Period, will be refunded to you while you're disabled and you're receiving benefits. Premiums for other types of insurances will still be due.
Recurring Disability Benefit	If your disability recurs after you returned to work, while this insurance is in force, and within six months of your return to full-time work, we'll consider it a continuation of your previous disability. If this is the case, you can continue your claim as soon as the disability recurs, with no new Waiting Period. The cause of the disability must be the same as, or related to, the previous disability for which you have received a benefit. If the disability recurs after six months, we'll treat it as a new claim.
Return to work during the Waiting Period	You can return to work during the Waiting Period. The days you work don't have to be consecutive, but the Waiting Period will be extended by the number of days you work. When your Waiting Period is 14 days or 30 days, and you return to work for more than five consecutive days, your Waiting Period will restart. For Business Expenses insurance with Platinum Option, return to work means that you've returned to work at full capacity.
Death Benefit	This insurance pays three months' benefit as a lump sum if you die while the policy is in force. The maximum benefit is \$30,000.

What is the additional option?

You can also apply for the option below at an additional cost.

Business Expenses insurance additional option	
Platinum Option	You'll receive a proportion of the covered expenses (up to a maximum of your monthly benefit) if you become Partially Disabled. The amount you receive will be calculated to reflect the difference between the Business Earnings Before Disability and the Business Earnings After Disability. A different definition of Totally Disabled will also apply.

Business Expenses insurance

You'll receive Total Disability or Partial Disability benefits for up to 12 months while you're Totally or Partially Disabled, if payment of those benefits starts within 12 months of the Termination Date.

We won't pay benefits for both Total Disability and Partial Disability for the same period of disability.

What is Total Disability and Totally Disabled?

This definition differs depending on whether you have selected Business Expenses insurance or Business Expenses insurance with Platinum Option.

Business Expenses insurance	Business Expenses insurance with Platinum Option
<p>Totally Disabled and Total Disability means that solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and not working for Earnings, payment or profit, 	<p>Totally Disabled and Total Disability means that, solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and not working for Earnings, payment or profit,
	<p>or</p> <ul style="list-style-type: none"> unable to perform the duties of your occupation necessary to produce your Business Earnings for more than 10 hours per week (with the result that your Business Earnings After Disability are reduced to 20% or less of your Business Earnings Before Disability),
<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor. 	<p>and</p> <ul style="list-style-type: none"> being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

What is Partial Disability and Partially Disabled?

This definition is only available if you have selected the Platinum Option.

Business Expenses insurance	Business Expenses insurance with Platinum Option
	<p>Partially Disabled and Partial Disability means that solely due to sickness or injury, you're:</p> <ul style="list-style-type: none"> unable to fully perform the duties of your occupation, and working in a reduced capacity in the business, and not Totally Disabled, and being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

What if you can claim from other sources?

We won't reimburse you for any covered expenses you are entitled to recover under other insurances or from other sources.

When do benefits end?

We'll continue to pay your benefits until:

- you stop being disabled
- you reach your maximum benefit period
- your Business Expenses insurance ends, or
- you die.

When won't a benefit be paid?

We won't reimburse you for expenses incurred for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (this exclusion doesn't apply to any benefit payable on your death).

We won't reimburse you for expenses such as:

- expenses you could claim from elsewhere
- payment or other benefits of any kind to you
- any expense not normally paid before the disability
- repayment of the principal of a loan or mortgage that started less than a year before the disability, or
- the cost of equipment or merchandise for your business.

When will your insurance end?

Your Business Expenses insurance will end when:

- you cancel your insurance
- you retire or stop work and don't intend to work anymore, for reasons other than disability
- you haven't done paid work for 12 months except when this is a direct result of disability, or if we agreed in writing that this insurance will continue for longer
- the Termination Date for this insurance is reached, as shown on your Schedule
- your premiums aren't paid
- a fraudulent claim is made, or
- you die.



3

**Structuring
your insurance**

Structuring your insurance

You can structure your insurance as:

- stand-alone
- an extension to Life Cover and Critical Illness insurance:
 - on the same policy, or
 - as a connected benefit on a separate policy.

Your financial adviser can help you work out which structure is most appropriate for you.

What is stand-alone insurance?

This is insurance that can be purchased on its own and is independent of all other insurances you purchase. If a claim is paid on one of your insurances, your other insurances won't be reduced.

The insurances you can purchase as stand-alone are listed below.

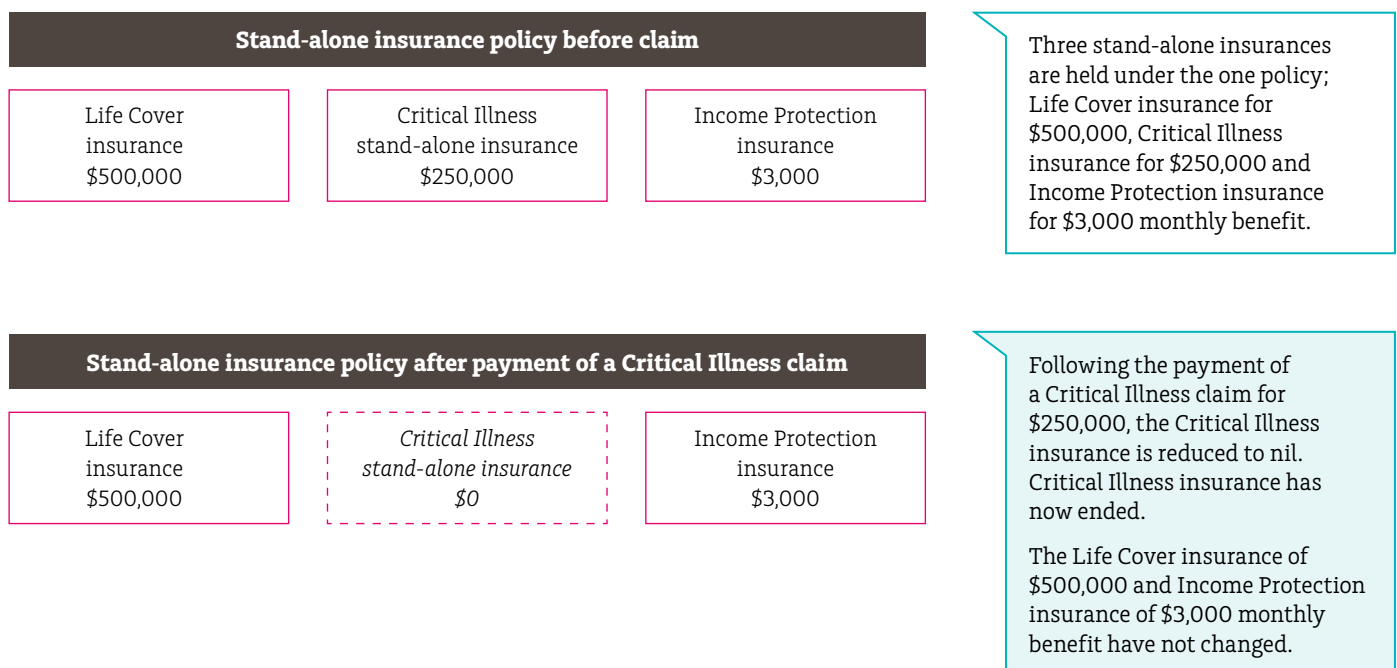
Outside and inside super:

- Life Cover
- Accidental Death, and
- Income Protection.

Outside super only:

- Total and Permanent Disability (TPD)
- Critical Illness
- Occupationally Acquired HIV, Hepatitis B and C Infection, and
- Business Expenses.

Example 1



What is extension insurance?

Extension insurance allows one insurance type to be attached to another insurance type.

You'll pay less for this structure than stand-alone insurance because a claim payment will reduce the insurance to which it's attached.

The insurances you can purchase as extensions are:

- Total and Permanent Disability insurance (TPD), and
- Critical Illness insurance.

You can also attach TPD as an extension to your Critical Illness extension insurance. If your Critical Illness insurance ends, you may be able to continue your TPD insurance as either an extension to Life Cover or stand-alone insurance. Your premiums will change accordingly.

The combined amount of any insurances you choose as extensions can't exceed the insurance benefit to which they're attached.

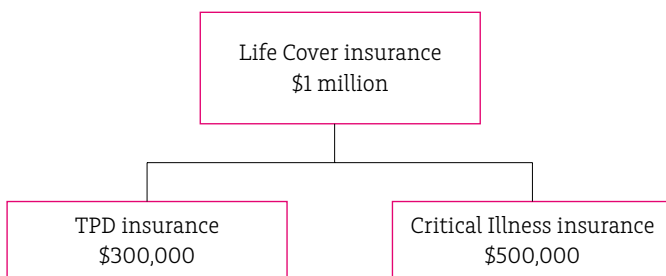
You can also choose to connect your extension insurances both inside and outside super to maximise the cost-effectiveness of your insurance. This can be on different policies and with different policy owners. This is known as 'connected benefits'. Please see Example 4 on page 53.

Your financial adviser can help you work out which structure is most appropriate for you.

Here are some examples of how extension insurance can be structured.

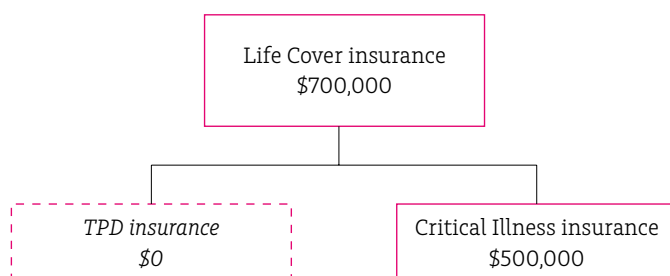
Example 2

Life Cover insurance with TPD and Critical Illness extensions before claim



One insurance policy is held by one owner. TPD and Critical Illness insurance are attached as extensions to Life Cover insurance.

Life Cover insurance with TPD and Critical Illness extensions after payment of a TPD claim



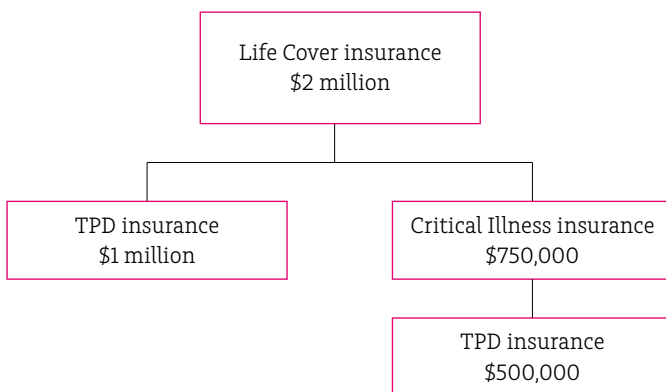
Following payment of a TPD insurance claim for \$300,000, the TPD insurance is reduced to nil. TPD insurance has now ended.

As TPD insurance was attached to Life Cover insurance as an extension, Life Cover insurance is reduced by the amount of the claim paid – \$300,000 in this example.

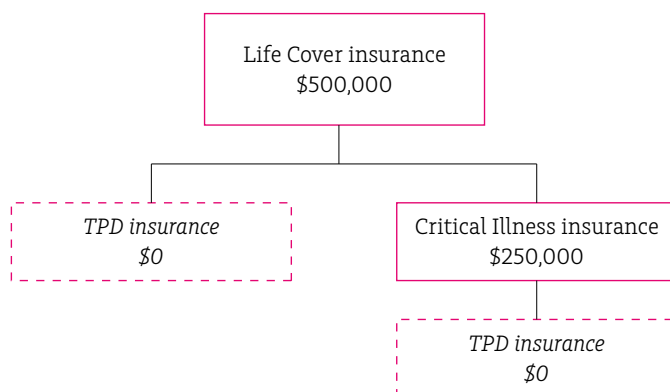
Structuring your insurance

Example 3

Life Cover insurance with TPD and Critical Illness extensions before claim



Life Cover insurance with TPD and Critical Illness extensions after payment of a TPD claim



One insurance policy is held by one owner. TPD and Critical Illness insurance are attached to Life Cover insurance. TPD insurance is also attached to Critical Illness insurance.

The combined amount of TPD and Critical Illness insurance attached to Life Cover insurance can't exceed the amount of the Life Cover insurance.

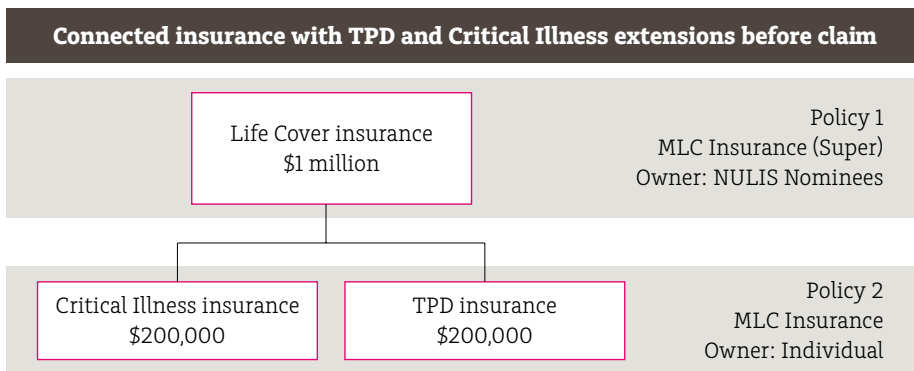
TPD insurance as attached to Critical Illness insurance can't exceed the amount of the Critical Illness insurance extension.

Following the payment of a TPD claim for \$1.5 million, the TPD insurance is reduced to nil where it is attached to both Life Cover and Critical Illness insurance. TPD insurance has now ended.

As TPD insurance was an extension to both Life Cover and Critical Illness insurance, both insurances are reduced by the amount of the claim paid – Critical Illness insurance is reduced by \$500,000 in this example.

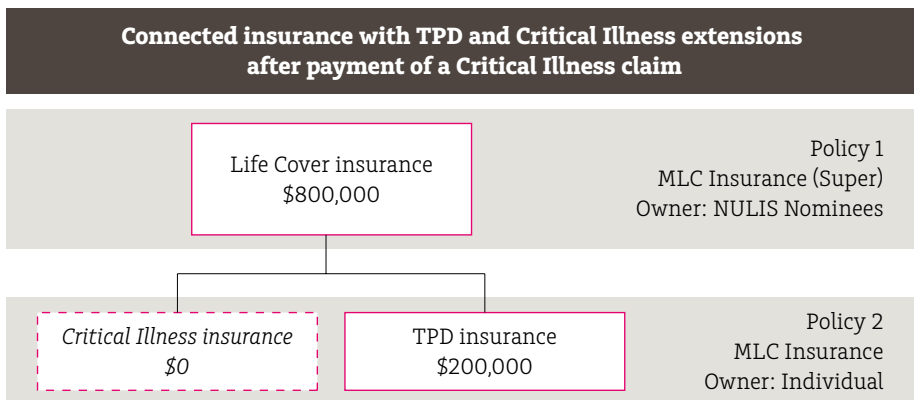
Life Cover insurance is also reduced by the full claim amount as both TPD and Critical Illness insurance were attached to Life Cover insurance.

Example 4



Two insurance policies are held, but are connected. The Life Cover insurance is held inside super and owned by NULIS Nominees.

Critical Illness and TPD insurance are an extension to Life Cover insurance, but held outside super and owned by an individual.



Following payment of a Critical Illness claim for \$200,000, Critical Illness insurance is reduced to nil. Critical Illness insurance has now ended.

Life Cover insurance is reduced by the amount of the claim paid – \$200,000 in this example.

Connected benefits can also be used to structure your insurance for business and personal purposes within MLC Insurance. In this case the policy could also be owned by a company or Trustees of a trust or self-managed super fund. Your financial adviser can help you with this.

Structuring your insurance

What are Double Benefits?

They are an extension insurance that restores the Life Cover if you survive 14 days after a TPD or Critical Illness benefit is paid.

Double Benefits also include a premium waiver for the restored Life Cover premiums until age 65.

The insurances you can purchase as Double Benefits are:

- TPD (extension to Life Cover),
- TPD (extension to Critical illness), and
- Critical Illness Plus insurance (extension to Life Cover).

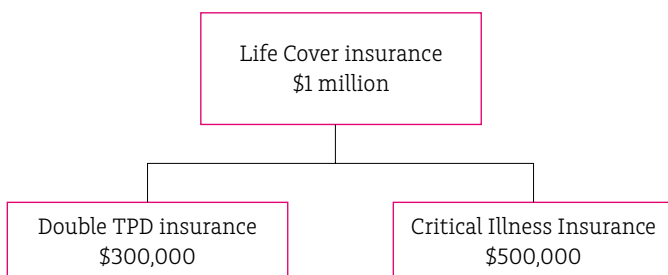
You can also choose to connect your Double Benefits insurance, both inside and outside super, on different policies and with different policy owners.

Your financial adviser can help you work out which structure is most appropriate for you.

Here is an example of how Double Benefits can be structured.

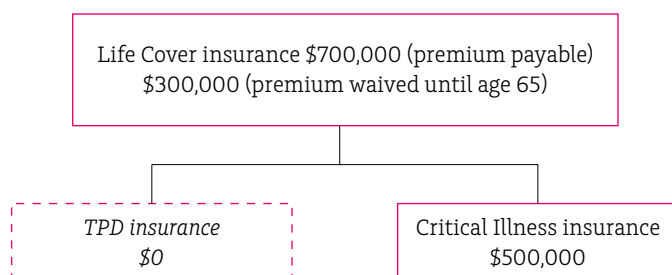
Example 5

Life Cover insurance with Double TPD and Critical Illness extensions before a claim



One insurance policy is held by one owner. Double TPD and Critical Illness extension are attached to Life Cover insurance.

Life Cover insurance with Double TPD and Critical Illness extension after payment of a TPD claim (where the life insured survives for more than 14 days)

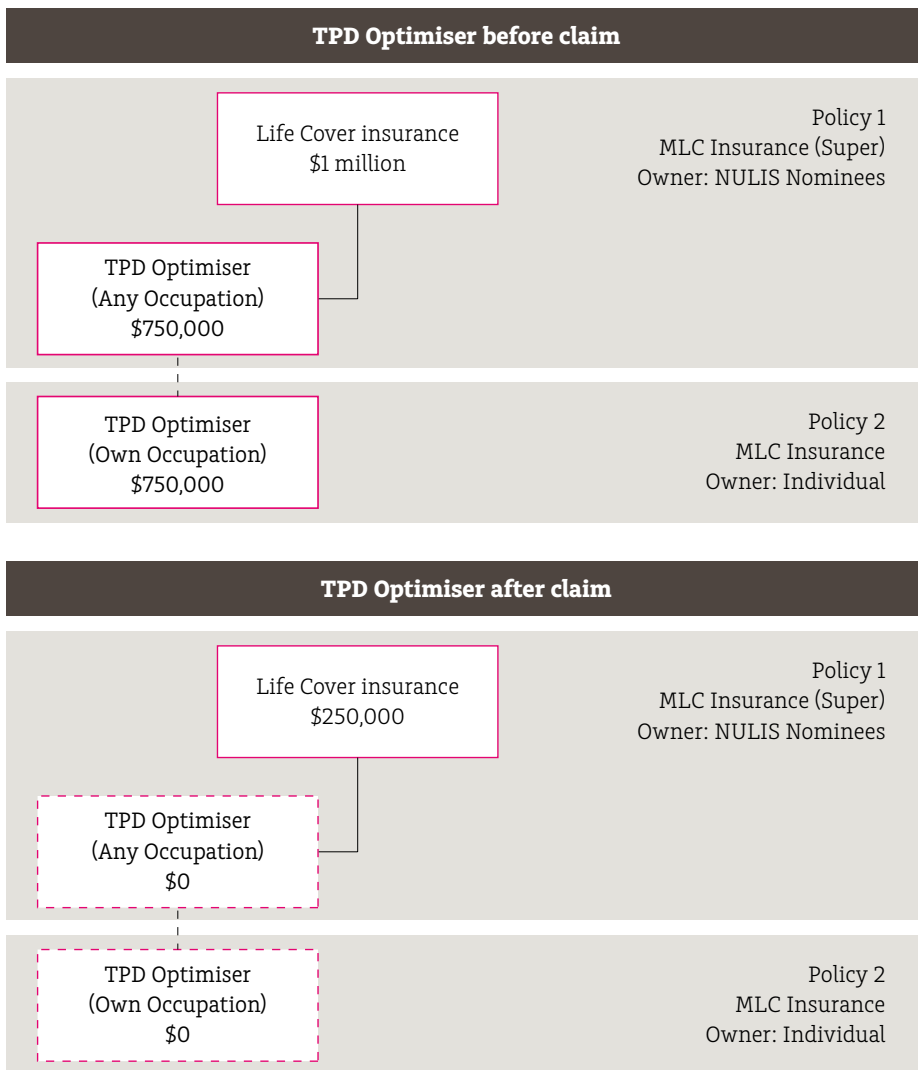


Following payment of a Double TPD insurance claim for \$300,000, this TPD insurance is reduced to nil and has now ended. As this TPD insurance was a Double Benefit, the Life Cover insurance remains at \$1 million. The premium for \$300,000 of the Life Cover (equal to the amount of the TPD benefit paid) is waived until age 65.

What is TPD Optimiser?

You can now choose to have your TPD cover inside and outside super. Here's an example of how TPD Optimiser works.

Example 6



Two insurance policies are held, but are connected. The Life Cover insurance and TPD Optimiser (Any Occupation) are held inside super and owned by NULIS Nominees.

TPD Optimiser (Own Occupation) is held outside super and owned by an individual. It is an extension to the insurance held inside super.

Following a TPD event, the claim is assessed on TPD Optimiser (Any Occupation).

If a benefit does not meet the 'Any Occupation' definition, it is assessed on the TPD Optimiser 'Own Occupation' definition outside super.

When the TPD benefit of \$750,000 is paid under either of the Optimiser insurances, both are reduced to zero.

TPD insurance has now ended.

Life Cover insurance is also reduced by the amount of TPD benefit paid.

4

How it all works

Setting up your insurance

How to apply

To apply for your insurance, please complete the Application Form.

If you're applying for insurance inside super, the Trustee will apply for insurance on your behalf using your completed Application Form.

What you need to tell us

It's important you disclose every matter you know, or could reasonably be expected to know, that could be relevant to our decision to accept your application.

You also need to let us know if any of the information in your application changes before your insurance is issued. For example, if you become ill or have an Accident. If you don't let us know, your insurance may not be valid. This also applies when you apply to extend, vary or reinstate your insurance.

Your duty of disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as a failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (transfer application), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

How is your application assessed?

We'll assess your application, taking into account your occupation, lifestyle, leisure activities and medical history, to decide whether (and on what terms and conditions) insurance can be offered to you.

In some cases you may not be eligible for the insurance you ask for, or we might offer you insurance at a higher premium, or with an exclusion (for example, if you take part in a hazardous sport or have an existing health problem).

Depending on the insurance you apply for, we may need additional financial and medical information. We may also ask you to undergo a medical examination or test.

We'll pay for any medical information asked for during the application process,

Setting up your insurance

unless we tell you otherwise. We may also need to write to your Doctor seeking additional information (authorised by you).

If your application isn't accepted, we'll let you know.

Inflation Proofing

Each year, on your Review Date, we'll automatically increase your insured benefits to take inflation into account.

Your benefits will increase in line with the Consumer Price Index (CPI) as follows:

- for Life Cover, TPD and Critical Illness insurance benefits, the minimum increase to any benefit at any one Review Date will be the greater of the increase in CPI or 5%
- for Income Protection and Business Expenses insurance benefits, the increase to any benefit at any one Review Date will be the increase in CPI.

Your premium will increase to reflect this change. We'll let you know about the increase one month before your Review Date. Your premium will vary depending on the increased benefit and your age.

If you don't want the CPI increase (in part or in full) for a particular year, please contact us within two months either side of your Review Date.

Inflation Proofing isn't available for Terminal Illness Support, Child Critical Illness, or Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

For Income Protection insurance, if inflation proofing increases your Indemnity Cover sum insured above the maximum limits (see Maximum Monthly Benefit Limits Table on page 29) we will calculate the increase in the maximum benefit limits as follows:

- for Income Protection Platinum and Income Protection (see page 29), your maximum benefit will be increased by 20% of your Earnings (at the time of your claim) in excess of \$2,360,000 a year.
- for Income Protection (Special Risk) (see page 29), your maximum benefit will be increased by 50% of your Earnings (at the time of your claim) in excess of \$560,000 a year.

Replacing your existing insurance

If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies. This way you can make sure your replacement insurance is suitable for you.

Before you cancel any existing policies, please make sure your replacement insurance is in place.

You must cancel your existing insurance within 14 days after your insurance with us starts. If you don't, any amount payable under your replacement insurance will be reduced by any similar amount that you, your estate or nominated beneficiary, would be entitled to receive under the insurance that was to be replaced.

Interim Accident Insurance Certificate

While we assess your application, you'll have Interim Accident Insurance. For more detailed information about this insurance, please see pages 119 and 120.

Guarantee of upgrade

Whenever we improve the terms of a type of insurance you've chosen, and those improvements don't increase your premiums, we'll upgrade the terms of your policy.

Each new improvement only applies from its effective date – ie the date when the new definition or feature starts. So the improvement only applies to claims, health conditions and events which start or take place after the effective date.

The improvements won't apply to past or existing claims, or claims resulting from health conditions or events which started or took place before the effective date.

Where appropriate, MLC and/or the Trustee will inform you of the effective date of any improvements to your policy. You may choose to have a claim assessed under the pre-improvement wording if you prefer.

When does your insurance start?

All the terms and conditions of your insurance are effective from the start date shown in the Schedule.

Need help?

Please speak with your financial adviser or call us on [132 652](tel:132652).

What happens if you change your mind?

If you change your mind you can contact us to cancel some or all of your insurance. If you do this within 14 days of the policy being issued and receiving the first Schedule, we'll refund the premiums (other than Government fees and charges) you paid during that time as applicable.

For insurance inside super, the refund will be paid to the Trustee. They will then refund the money to you subject to super preservation requirements.

However, if you make an alteration or claim on your insurance during these 14 days, this will confirm your acceptance of your insurance and we won't refund any premiums paid.

Appointing an authorised representative

You can appoint an authorised representative to access information about your insurance on your behalf. To arrange this, just send us a written request.

An appointed authorised representative can only access information about your insurance and isn't authorised to perform any other actions such as making policy changes. The appointment is valid until changed or cancelled by you in writing.

It's also a good idea to review your appointed authorised representative regularly as you may want to change the appointment if your circumstances change.

What payment will your financial adviser receive?

We have an agreement with your financial adviser to pay commission which is based on the premium paid.

This commission isn't an additional cost to you. If you don't have a financial adviser, your premium won't be less.

The actual remuneration your financial adviser receives, including any commission, will depend on your financial arrangement with them. This will be set out in the Statement of Advice they must provide to you.

Additional payments to third parties

MLC may also pay third parties for the distribution, promotion or marketing of MLC's insurance products.

These third parties may include licensees (with whom your financial adviser is an authorised representative) and related bodies corporate of NAB.

Any such payment made by MLC to a third party is not an additional cost to you.

If applicable, any additional payments will be disclosed to you in the relevant Financial Services Guide provided by the third party.

Resolving complaints

Usually, your complaint can be resolved straight away. Please call **132 652** or international callers **+61 3 9613 7366** (charges apply) to discuss your concerns and we'll work towards a resolution of the complaint as soon as possible.

If you are dissatisfied with the resolution of your complaint, you can ask for your complaint to be reviewed by the MLC Life Insurance Resolve team. MLC Life Insurance Resolve will ensure a review of your complaint is undertaken on behalf of the Insurer and/or the Trustee and provide you with the final outcome of your complaint in writing, including the reasons for the decision.

You can request a review of your complaint over the telephone or write to us at:

The Complaints Manager
MLC Life Insurance Resolve
PO Box 200
North Sydney NSW 2059

For superannuation services complaints, the Trustee is allowed up to 90 days to respond to your complaint. For complaints about other products and services, MLC is allowed up to 45 days to respond. If the complaint will take longer to resolve than the time allowed, MLC or the Trustee will let you know and tell you the reasons for any delay. MLC or the Trustee will also keep you updated on the progress of your complaint.

If you are dissatisfied with the final outcome of your complaint, if MLC or the Trustee is unable to provide you with a final outcome in the time allowed, or if you believe that MLC or the Trustee has not provided you with the reasons for the decision, you have the right to lodge a dispute with an external dispute resolution body.

For superannuation services disputes:

Superannuation Complaints Tribunal
Locked Bag 3060
Melbourne VIC 3001
Ph: **1300 884 114** (cost of a local call)
Fax: 03 8635 5588
Email: info@sct.gov.au
Website: sct.gov.au

For disputes about any other products and services:

Financial Ombudsman Service Australia (FOS)
GPO Box 3
Melbourne VIC 3001
Ph: **1800 367 287** (free call) or international callers **+61 3 9613 7366** (charges apply)
Fax: 03 9613 6399
Email: info@fos.org.au
Website: fos.org.au

Privacy notification

This privacy notification covers MLC and the Trustee, who are collectively referred to as 'we, us and our' in this section of the PDS. The Trustee is part of the National Australia Bank (NAB) Group of Companies. MLC is no longer part of the NAB Group of Companies. The Trustee is governed by the NAB's privacy policy, which covers entities within the NAB Group of Companies. MLC is governed by its own privacy policy. These privacy policies are available as follows:

MLC: mlc.com.au/mlcinsuranceprivacypolicy or by phoning **13 22 65**;
Trustee: nab.com.au/privacy or by phoning **13 22 65**. We encourage you to review the privacy policies of both entities for further information.

This notification tells you how we collect your personal information, what we use it for and who we share it with. By providing your personal information to us, you consent to the collection, use and disclosure of your personal information in accordance with this Privacy Notification.

How we collect your personal information

We'll collect your personal information from you directly in many cases. This may include when you complete a form, call us, or use the websites (which may use cookies) on which we make our products and services available. As insurer, MLC may collect information directly from you or from the Trustee when you complete an application for insurance, make a claim or request a change to your insurance cover. Sometimes we collect your personal information from third parties and other sources including:

- medical practitioners or medical facilities;
- our representatives and distributors, insurance brokers, other insurers and reinsurers;
- your relatives, representatives and legal advisers;
- your employer;
- related bodies corporate of both NAB and MLC (see further details below);
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- credit reporting agencies or information providers;

- social media platforms (e.g. if you log in for our services using your social media profile);
- devices (including wearable devices) in relation to which you agree to provide personal information to us; and
- external dispute resolution bodies, and public sources, including statutory or government organisations, and public registers.

See our privacy policies for further details of the information we collect online and how we handle it.

When the law authorises or requires us to collect information

We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax law, which require us to collect personal information. For example, we require personal information to verify your identity under Commonwealth Anti-Money Laundering law.

Sensitive information

Sometimes we need to collect and hold sensitive information about you, for example when you are applying for an insurance product. This will generally include information about your health, activities that may impact your health, your health history, fitness and physical activities. We may also give you the ability to provide your voiceprint to identify yourself to our call centres.

We only collect and hold sensitive information with your consent or in other limited situations which the law allows.

How we use your personal information

We use your personal information to:

- provide you with the products and services you've asked for or under which you may receive cover or benefits;
- considering whether you are eligible for a product or service, including identifying or verifying you or your authority to act on behalf of another person;
- process and underwrite your application (including deciding whether or not to provide cover), determine your eligibility under insurance policies and provide you with products and services;
- administer products and services which includes answering your requests and complaints, managing claims and making payments, varying products and services, conducting market research, and managing our relevant product portfolios;
- develop and improve our products and services;
- assist us in running our business including performing administrative and operational tasks (such as training and managing staff, risk management, planning, research and statistical analysis, and systems development and testing);
- prevent or investigate any fraud or crime, or any suspected fraud or crime;
- telling you about other products or services that may be of interest to you, or running competitions and other promotions (this can be via email, telephone, SMS, iM, mail, or any other electronic means including via social networking forums), unless you tell us not to;
- identifying opportunities to improve our service to you and improving our service to you;
- determining whether a beneficiary will be paid a benefit; and
- assisting in arrangements with other organisations (such as loyalty program partners) in relation to a product or service we make available to you.

We may also collect, hold, use and disclose your personal information:

- as required by legislation or codes that are binding on us;
- for any purpose for which you have given your consent; and
- to combine the information that we hold about you with information about you collected from or held by external sources to enable the development of consumer insights about you so that we can better serve you. We may also use external parties to undertake the process of creating these insights.

Disclosing your personal information to entities within the NAB Group, MLC and Nippon Life Insurance Company

Your personal information may be disclosed to NAB Group companies and to related bodies corporate of MLC, including its parent entity, Nippon Life Insurance Company. Although MLC is no longer part of the NAB Group of Companies, NAB acts as a distributor of MLC's life insurance products. Information may need to be shared between NAB and MLC in order to manage and administer your life insurance products that are issued by MLC.

This includes sharing information to ensure:

- your insurance premium is calculated correctly;
- insurance claims and benefits are paid;
- both NAB and MLC can tell you about their respective marketing and product offers (including ensuring customers who hold MLC products are excluded from NAB Group campaigns marketing MLC's products)
- a smooth customer experience when you contact either NAB or MLC, including being transferred to the correct service centre; and
- where appropriate, the Trustee and MLC can co-operate in order to handle your complaint.

Some of the information exchanged will be stored and visible within NAB Group customer databases, with some of these databases being accessible to MLC for a transition period. All information stored in these databases is subject to the privacy policies of MLC and NAB, as well as security procedures and controls.

Unless you opt out, we may, to the extent provided by law, use your personal information to tell you about products and services that may be of interest to you, running competitions and other promotions (this can be via email, telephone, Instant Messaging, mail or any other means, including targeted advertisements through our websites). You can let us know at any time if you no longer wish to receive direct marketing materials from us. We will process your request as soon as practicable.

What happens if you don't provide your personal information to us?

If you don't provide your personal information to us, we may not be able to:

- provide you with the product or service you want;
- manage or administer your product or service, for example assess a claim or pay a benefit under a policy or product;
- personalise your experience with us;
- verify your identity or protect against fraud; or
- let you know about other products or services that may better meet your needs.

Disclosing your personal information

We may disclose your personal information with other organisations for any purposes for which we use your information. This includes disclosing your personal information to other third parties including:

- MLC's parent company, Nippon Life Insurance Company and its related bodies corporate;
- to NAB and its related bodies corporate;
- those involved in providing, managing or administering any aspect of your product or service or any product under which you receive or may receive benefits;
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- authorised representatives of MLC or the NAB Group or other parties who sell our products or services;

- superannuation and managed funds organisations, and their advisers and service providers;
- to entities (and their representatives or service providers) involved in issuing, maintaining and providing administration support relating to your insurance product held within superannuation;
- medical professionals, medical facilities or health authorities who verify any health information you may provide;
- reinsurers, claim assessors and investigators;
- brokers or referrers who refer your application or business to us;
- organisations we sponsor and loyalty program partners, including organisations we have an arrangement with to jointly offer products or have an alliance with to share information for marketing purposes;
- police and other enforcement bodies and government agencies where we are required or authorised by law to help detect and prevent illegal activities;
- other government or regulatory bodies (including the Australian Securities and Investment Commission and the Australian Tax Office) as requested or as required or authorised by law (in some instances these bodies may share it with relevant foreign authorities);
- media or social networking sites that provide us with opportunities to place messages in front of you;
- service providers that maintain, review and develop our business systems, procedures and technology infrastructure, including testing or upgrading our computer systems;
- joint venture partners that conduct business with us;
- organisations that assist with our product planning, analytics, research and development;
- mailing houses and telemarketing agencies and media organisations who assist us to communicate with you;
- other organisations involved in our normal business practices, including our agents and contractors, as well as our accountants, auditors or lawyers and other external advisers; and

Privacy notification

- credit reporting bodies or other approved third parties who are authorised to assess the validity of identification information;
- fraud reporting agencies (including organisations that assist with fraud investigations and organisations established to identify, investigate and/or prevent any fraud, suspected fraud, crime, suspected crime, or misconduct of a serious nature);
- organisations we sponsor and loyalty program partners, including organisations the NAB Group has an arrangement with to jointly offer products or has an alliance with to share information for marketing purposes;
- rating agencies to the extent necessary to allow the rating agency to rate particular investments;
- organisations involved in a corporate re-organisation or transfer of NAB Group assets or business;
- organisations that assist with NAB's product planning, analytics, research and development; and
- where you've given your consent or at your request, including to your representatives, or advisors.

Disclosing your personal information outside of Australia

Depending on the product or service we provide to you, we may disclose your personal information to organisations outside Australia. MLC may disclose your personal information to organisations in countries such as Japan, Switzerland, USA and India. The list of countries in which NAB Group entities may disclose your personal information is located at nab.com.au/privacy/overseas-countries-list

We may store your information in cloud or various other types of remote, networked or electronic storage. As electronic or networked storage can be accessed from various countries via an internet connection, it's not always practical to know in which country your information may be held. If your information is stored in this way, disclosures may occur in countries other than those listed.

Accessing or correcting information

You can access your personal information that we hold on request, subject to any legal restrictions or exemptions. We may charge you a small fee to cover our costs when giving you access, but we'll always check with you first. You can find out how to access and correct your personal information by reading the relevant Privacy Policy.

Complaints

If you have a complaint about a privacy issue, we want to hear from you. You can find out how to make a complaint and how we will deal with these complaints, by reading the Privacy Policy.

Contact us

You can contact MLC by:

- sending an email to privacy@mlcinsurance.com.au
Attention
The Privacy Officer
MLC Limited
- calling the contact centre on **13 22 65** (Hearing impaired customers can call TTY 13 36 77)
- sending a letter to:
The Privacy Officer
MLC Limited
105–153 Miller Street
North Sydney NSW 2060 Australia
MLC Limited ABN 90 000 000 402

You can contact the Trustee/NAB by:

- submitting an online Compliments, Suggestions or Complaints form via nab.com.au
- calling the contact centre on **13 22 65** (Hearing impaired customers can call TTY 13 36 77).

Altering, renewing, transferring or cancelling your insurance

Altering your insurance

Your financial adviser can help you alter your insurance. Your premium may change as a result.

We'll let you know if we've accepted or declined your change.

Renewing your insurance

As long as your premiums continue to be paid, we'll generally renew your insurance each year, even if you make claims or your health worsens.

The following insurances are not guaranteed renewable and, after the first three years in force:

- we'll renew Critical Illness Standard insurance only on terms and conditions that apply at the time of renewal, and
- we'll renew Income Protection (Special Risk) insurance on a case by case basis.

Transferring your insurance between non-super and super policies

You can transfer your insurance between MLC Insurance and MLC Insurance (Super) as long as the insurance is still in place.

Transferring insurance involves replacing it with insurance on another policy. For example, Life Cover insurance outside super can be replaced with Life Cover insurance inside super.

Certain restrictions apply to transfers involving insurance inside super policies and your financial adviser can help you with this.

We reserve the right to refuse a transfer application if you have made a claim or are entitled to make a claim. If we do refuse your transfer application for any reason your existing insurance will continue unless you choose to cancel or your insurance ends.

More information on transferring your MLC Insurance (Super) policy to insurance outside super can be found in Converting MLC Insurance (Super) policies on page 76.

Cancelling your insurance

If you want to cancel your insurance, please call us on **132 652**.

Beneficiaries

It's important to keep your beneficiary nomination up to date with changes in your personal circumstances.

You can cancel or change your nomination at any time by completing the Beneficiary Nomination Form available at mlc.com.au or call 132 652 to request the form.

Insurance inside super in MLC Insurance (Super)

Who receives your death benefit?

On your Application Form, you can nominate up to six beneficiaries to receive your death benefit, along with the portion you would like each beneficiary to receive.

Benefit payments are paid to the Trustee. The Trustee will then distribute the benefit in accordance with super law, taking into account your beneficiary nomination.

For MLC Insurance (Super) there are two beneficiary options you can choose from.

Option	Result	Who you can nominate
Make a non-lapsing binding death benefit nomination.	A non-lapsing nomination which is binding on the Trustee and ensures your benefit is paid as you have directed as long as the nomination is and remains valid.	<ul style="list-style-type: none"> • your Spouse • your children, including step-children and adopted children • individuals who are financially dependent on you at the time of your death
Make a non-binding death benefit nomination.	<p>A nomination subject to Trustee discretion means the Trustee will decide who receives your benefit and will consider your preferred beneficiaries.</p> <p>The Trustee will use a formal process to make its decision. The process involves the identification of any potential beneficiaries and communication with them. The Trustee then gives careful consideration to what it believes is an appropriate distribution of the benefit, paying particular regard to your recorded preferences.</p>	<ul style="list-style-type: none"> • your legal personal representative (either the executor under your will or a person(s) granted letters of administration for your estate if you die without having left a valid will), and • someone in an interdependency relationship with you.

Non-lapsing binding death benefit nomination

For a non-lapsing binding death benefit nomination to be valid, it must:

- be made by you in writing, and unless the nomination is your legal personal representative, stating the full name and the date of birth of each eligible beneficiary and their relationship to you
- be signed and dated by you in the presence of two adult witnesses who are not nominated beneficiaries
- contain a signed and dated declaration from the witness(es) that your beneficiary nomination was made in their presence, and
- for multiple beneficiaries, specify the proportions of the benefit for each beneficiary (the total must add up to 100%).

The Trustee will confirm the acceptance of your nomination.

Why use a non-lapsing, binding death benefit nomination?

This is designed to help you with your estate planning. It means you can choose who you leave your death benefit to, as long as your nomination is valid.

Can you change your non-lapsing, binding death benefit nomination?

Yes, you can change or cancel your benefit nomination at any time. You can also replace it with a non-binding death benefit nomination.

Can your non-lapsing, binding death benefit nomination become invalid?

Yes, it can become invalid if, at the time of your death, the person you nominate doesn't meet the eligibility requirements outlined above.

If the nomination becomes invalid the Trustee will have discretion over who receives the benefit (see above).

Insurance inside super through an MLC super wrap account or an SMSF

Your death benefit will be paid to the Trustee. Your beneficiary nominations need to be lodged with the Trustee.

Insurance outside super

Who receives your death benefit?

On your Application Form, you can nominate up to six beneficiaries to receive your death benefit along with the portion you'd like each beneficiary to receive. If any of your beneficiaries die before you, their portion of the death benefit will be paid to their estate.

If you don't nominate a beneficiary, your death benefit will be paid to the policy owner or your estate, unless we're legally required to pay the benefit to someone else.

If you transfer the policy your nomination will be automatically cancelled.

What happens if there's more than one policy owner?

If there are multiple policy owners, they own it jointly. If one policy owner dies, the policy will be owned

by the remaining policy owner, or jointly owned by all the remaining policy owners.

If all policy owners have died, we'll pay any benefits to the estate of the policy owner who died last, unless legally required to pay someone else.

Please speak with your financial adviser for more information.

Other information regarding beneficiaries

Who is a Spouse?

A person living together with another person as husband or wife, or de facto partners on a genuine domestic basis, including same-sex partners.

What is an interdependency relationship?

An interdependency relationship is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other.

This type of relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

You should speak with your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances and how the tax rules apply to your beneficiaries.

Beneficiaries

Do you need to review your nomination regularly?

Yes. It's very important to regularly review your nomination to make sure it reflects your current personal circumstances.

If you choose to make a non-lapsing binding death benefit nomination, it stands even when your personal circumstances change, such as getting married, having children, or any other life-changing event.

If your circumstances do change, your last valid nomination may no longer reflect your intentions. Unless you update it, the Trustee will still pay the person named in the nomination as long as they're still an eligible beneficiary.

For insurance inside super the Trustee will confirm the details of your nomination each year via your annual statement.

For insurance outside super we'll confirm details of your nomination each year when you renew your insurance, via an update to your schedule.

How to make a claim

If you need to make a claim, please call us on **1300 125 246** as soon as possible.

How to claim

When you need to make a claim, please let us know as soon as possible so we can start working on it.

You or your representative can contact us and we'll tell you what you need to do and send you the necessary forms.

The amount of benefit payable for each type of insurance is shown in your Schedule.

In the case of Income Protection and Business Expenses insurance we'll review your benefit amount regularly.

Different types of insurance may have special claim requirements and we may ask for further information to help in assessing your claim. The information you provide is at your cost. However, if we need a financial audit or medical examination by a person we appoint, we'll pay for it.

If we don't accept your claim, we'll let you know our reasons.

Time limits to claim

When should your claim be lodged?

Please let us know if you need to make a claim as soon as possible, preferably within 30 days. We can then start working on your claim.

Any delay may make it difficult for us to assess your claim and this could impact your Benefit.

This doesn't apply if you or the Trustee weren't legally capable of providing information about the claim during that time.

Premium

Premium rates for each type of insurance are available upon request by calling us on **132 652**.

What is your premium?

Your premium is the amount of money charged by us for the insurance provided. Your premium for the types and amounts of insurance you initially apply for will be calculated by your financial adviser and confirmed by us.

If you don't have a financial adviser, please call us on **132 652** and we can put you in touch with one.

Your premium will depend on your individual circumstances including, but not limited to, your:

- choice and combination of benefits
- age at the start of your insurance and chosen premium structure
- sex
- occupation – we or your financial adviser can provide you with more information
- smoking status – premiums are generally higher for smokers than non-smokers
- medical history – the state of your health and/or your family medical history
- lifestyle and leisure activities – the greater the risk of the activities you undertake, the higher the premium
- frequency of premium payments and applicable policy fee, and
- financial arrangement agreed with your financial adviser.

Your initial premium will be stated in your Schedule.

The minimum premium for both your initial insurance and for subsequent changes, excluding policy fees, will be:

Frequency of premium payments	Minimum premium (for new applications)	Minimum premium (for increases to existing insurance)	Minimum premium (for TPD and Critical Illness as a connected benefit)
Monthly	\$20	\$10	\$10
Half-yearly	\$130	\$65	\$65
Yearly	\$250	\$125	\$125

Choosing your premium structure

Once you've chosen the type of insurance you want you can choose which premium structure best suits you.

You can choose from a:

- stepped premium, or
- level premium.

You can make different selections for different types of insurance. You can also choose to split your cover between different premium structures for the one type of insurance.

What is a stepped premium?

Your benefits remain the same and your premiums will vary each year depending on your age and our premium rates at the time, subject always to any Inflation Proofing increases (see page 58), variations and other increases to your benefits.

What is a level premium?

Your benefits remain the same and your premium will be based on your age at the start date of your insurance.

When you renew your insurance, your premiums will only vary if a change is made to our premium rates.

Any increase in benefit, including Inflation Proofing increases (see page 58), will be calculated using the rates applicable to you, based on your age at the date of the increase (for the increased component only).

At the Review Date following age 65, we'll automatically continue your insurance on a stepped premium.

When your insurance is held inside super, your premiums are considered to be super contributions.

Your MLC Insurance (Super) contributions are added to any contributions you and your employer make. While you can contribute as much as you like, you'll pay additional tax if your contributions exceed certain limits. These limits may change from time to time.

To find out the current limits and who can contribute go to apra.gov.au or ato.gov.au You can also speak with your financial adviser about these limits.

How can you pay your premium?

A range of payment methods are available and all premiums are paid in advance. Your premium will be higher the more frequently you pay. We can change the frequency loading percentages at any time and will notify you and, in the case of MLC Insurance (Super), the Trustee of any change.

Frequency of payments	Payment methods available					Frequency loading
	Direct debit	Credit card	Cheque	BPAY®	Eligible MLC account*	
Monthly	•	•			•	7%
Half-yearly	•	•	•	•	•	4%
Yearly	•	•	•	•	•	Nil

* See mlc.com.au/eligibleMLCaccounts for a list of eligible MLC accounts and which type of premiums can be deducted from that account.

MLC Insurance (Super) doesn't accept contributions from:

- super lump sum rollovers
- directed termination payments
- personal injury payments
- small business sale proceeds, or
- transfers from overseas funds.

Paying your first premium

When you pay your first premium by direct debit, credit card or cheque, the payment will be held in a trust account until your application has been accepted or declined. Any interest earned on this will be retained by us.

If your application is declined, we'll refund the premium to you or, if required by the super law, to your superannuation account.

What happens if your premium isn't paid?

If you haven't paid your Premiums by the date they're due you'll receive a reminder letter. If you don't pay your outstanding Premiums by the due date in the letter:

- we'll cancel your policy and your insurance will end, and
- any benefits payable up to the due date will be reduced by any outstanding Premiums due to us.

If you hold an MLC Insurance (Super) policy and it's your only interest in the Fund, then your membership of the Fund will also end.

You can apply to reinstate your policy within six months of your insurance being cancelled.

However:

- you must tell us, in writing, about any event that could influence our decision whether to reinstate the policy as part of your Duty of Disclosure
- your policy won't be reinstated until we've approved it (we're under no obligation to approve the reinstatement), and
- payment of overdue amounts won't automatically reinstate the policy.

If your insurance isn't reinstated, we'll refund to you or, if required by the super law, to your superannuation account, any premiums sent by you after your insurance was cancelled.

In the case of MLC Insurance (Super), if your premiums aren't accepted, depending on your payment method, the money will be returned to you or, if required by the super law, to your superannuation account, or to the eligible MLC account from which it was deducted.

Refunding your premium when you cancel your insurance

If you cancel your insurance and:

- you pay your premium monthly, your insurance will end on the next date we would have debited your premium if your insurance had not been cancelled, or
- you pay your premium half-yearly or yearly, your insurance will end when we receive your request to cancel your insurance. Any premium paid by you for a period after that date will be refunded to you or, if required by the super law, to your superannuation account.

Premium

Will your premium change?

Your premium may change each year at your Review Date.

We may change the way we calculate premiums at any time. Because of this, your premium may increase or decrease. However, we'll:

- give you one month's written notice before premiums change
- only change your premiums on the Review Date following any change, and
- not single you out for a change in premiums.

Policy fee and other charges

Policy fee

The premium you pay includes a policy fee which will increase every year in line with the Consumer Price Index (CPI) at the Review Date. The latest policy fee information is available on mlc.com.au

The policy fee at the preparation date of this PDS is:

Frequency of premium payments	Policy fee	Annual equivalent
Monthly	\$6.81	\$81.72
Half-yearly	\$39.73	\$79.46
Yearly	\$76.40	\$76.40

A policy fee applies to each policy you apply for.

The policy fee will be waived on the second policy as follows:

- where you purchase TPD and/or Critical Illness insurance as a connected benefit, and the Life Cover insurance is issued on a separate policy. The policy fee will be applied to the Life Cover insurance. If the connected Life Cover insurance policy is cancelled and the connected policy remains active, the current policy fee applicable at the time will be reinstated.
- where joint policy owners are applying for more than one insurance policy at the same time, the policy fee will apply to:
 - the policy containing an Income Protection insurance benefit, or
 - the MLC Insurance (Super) policy where there is no policy containing an Income Protection benefit, or
 - the policy covering the youngest person insured where the above circumstances do not apply.

Your policy fee will also be waived if your premiums are deducted from an eligible investment or superannuation account. See mlc.com.au/eligiblemlcaccounts for the list of eligible accounts this applies to.

MLC reserves the right to change policy fees. If we do so we'll give you one month's written notice.

Government charges

We reserve the right to charge you an amount for any duty applied by the Australian or state or territory governments as may apply to your policy and such amount will be calculated by reference to the relevant rate that applies at the time your annual premium is calculated.

There is no Goods and Services Tax (GST) charged on the premium.

Trustee fees

In the case of MLC Insurance (Super), as at the date of preparation of this PDS, the Trustee doesn't charge a fee for setting up the member's insurance through the super fund.

If this changes, we'll let you know at least three months before introducing the fee.

If your insurance is through an MLC super wrap account or SMSF please refer to the Trustee of that fund for fee information.

Family Law Charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto breakdown.

MLC and the Trustee may be obliged to provide information to other parties and manage your policy in line with court orders. We and the Trustee may charge a fee for any costs we incur.

Taxation

This section gives a brief summary of the way MLC Insurance and MLC Insurance (Super) are treated for tax purposes as at the preparation date of this PDS. This information does not apply for insurance through an MLC super wrap account or SMSF. Please refer to the Trustee of that fund for tax information.

This isn't a comprehensive and complete guide, it is general information only. MLC and the Trustee are not registered tax (financial) advisers or registered tax agents. If you intend to rely on any advice to satisfy liabilities, obligations or claim entitlements that arise, or could arise under taxation law, you should seek advice from a registered tax agent or registered tax (financial) adviser.

The Federal Government recently announced significant changes to the taxation of superannuation and to the contribution limits. These proposals have not yet been made law. For more information, go to treasury.gov.au

Tax laws change. To keep up to date, please visit ato.gov.au

What is a key person?

This is an employee or business owner without whose knowledge or expertise the business would suffer material financial loss.

Revenue Protection (Key Person) insurance is used by a business or employer to protect against financial loss that may result from the loss of service of a key person in the event of death, sickness or injury.

MLC Insurance

The table below provides a general guide on the potential tax treatments of your insurance:

	Personal	Business
Life Cover insurance, Accidental Death insurance	Premium is not tax deductible. Benefit is tax-free.	Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income.
Total and Permanent Disability, Terminal Illness Support, Critical Illness, Child Critical Illness and Occupational HIV, Hepatitis B or C Infection insurances	Premium is not tax deductible. Benefit is tax-free when you insure yourself, your Spouse or a qualifying relative. If you insure anyone else, a taxable capital gain may arise when the benefit is paid to you.	Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income. In other circumstances the premium may not be tax deductible and a benefit may give rise to a capital gain when paid.
Financial Planning Benefit	Benefits are generally tax-free. However, seek tax advice specific to your circumstances.	Seek tax advice specific to your circumstances.
Income Protection, Business Expenses insurances	If you are self-employed or an employee, the premium is likely to be tax deductible and the benefit is likely to be assessable as income. Where the life insured dies while receiving Income Protection benefits, the lump sum benefit paid is not likely to be assessable as income.	
Premium Waiver insurance, policy fee	Where your policy covers a number of benefits, the cost of Premium Waiver and policy fees for each benefit may be deductible, partly deductible or non-deductible depending on the tax treatment of each benefit type.	

The government may change how super is taxed. To find out more go to ato.gov.au

MLC Insurance (Super)

Any contributions used to fund your premiums will be reported to the Australian Taxation Office (ATO) for the purpose of calculating superannuation contribution limits.

Where required by law, the Trustee will deduct any tax, duty or government fees and forward the money to the relevant authority.

Do you intend to claim a tax deduction for contributions used to fund your MLC Insurance (Super) premium?

You may be entitled to claim a tax deduction if you are under age 75 and receive less than 10% of your assessable income, reportable fringe benefits and reportable employer super contributions from eligible employment.

If you intend to claim a tax deduction for any contributions used to fund your premium, you will need to provide the Trustee with a Notice of Intent to Claim form within the relevant time limits.

Also, if your application for your MLC Insurance (Super) policy is not finalised before the end of the income year, the Trustee will not record the contribution as being received until the following income year when your application is approved. This could have implications for the income year in which you are entitled to a tax deduction and can also impact your contribution limits.

What are the maximum contribution amounts?

Your MLC Insurance (Super) contributions are added to any contributions you and your employer make. You may have to pay additional tax if contributions exceed your contribution limits. These limits may change from time to time.

To find out more about current contribution limits and the taxation implications of exceeding these limits, go to ato.gov.au and/or speak to your registered tax agent.

How are MLC Insurance (Super) contributions taxed?

Contributions are generally either tax free or taxed at a concessional rate of 15%. These include, but aren't limited to, contributions from your employer (including salary sacrifice) or, if you're eligible, personal contributions for which you can claim a tax deduction.

Insurance premiums may be tax deductible to the Fund. Where the premium is deductible to the Fund, the Trustee is able to offset the tax payable on contributions by the amount of the deduction. This may reduce the amount of tax you pay on a taxable contribution.

If you choose to fund your insurance premiums by rollover from an external super account you should consider the impact on the tax and preservation components on each of your super interests.

To find out more about the taxation implications and the preservation components inside super, speak to a financial adviser or registered tax agent.

How are MLC Insurance (Super) benefits taxed?

The rules relating to the taxation of benefits are complex and you should seek professional tax advice from a registered tax agent. Where required the Trustee or its agent will withhold tax from benefit payments and forward the money to the ATO. Any tax that applies depends on a number of factors such as the type of benefit, how the benefit is paid (lump sum or pension) and the age of the beneficiary.

If you choose to fund your insurance premiums by rollover from an external super account you should consider the impact on the tax and preservation components on each of your super interests in the event a benefit is payable.

To find out more about the taxation implications and the preservation components inside super, speak to a financial adviser or registered tax agent.

Taxation

You must provide your Tax File Number (TFN)

MLC and the Trustee need your TFN to complete your application for MLC Insurance (Super).

You should also be aware:

- MLC and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- it isn't an offence to decline to notify MLC and the Trustee of your TFN
- without your TFN, MLC and the Trustee may have difficulty (now or in the future) tracing your benefits in order to undertake any account consolidation or payment
- MLC and the Trustee are allowed to use your TFN only for lawful purposes, including if paying out monies, and if identifying and amalgamating super benefits for surcharge purposes, and
- your TFN will be disclosed to the ATO and will also be passed to other super providers if your benefits are transferred, unless you inform MLC and the Trustee in writing not to pass on your TFN.

Additional information about MLC Insurance (Super)

This information does not apply for insurance through an MLC super wrap account or SMSF. Please refer to the Trustee of that fund for information on accessing benefits under the super conditions of release.

Accessing your MLC Insurance (Super) benefits

Under MLC Insurance (Super) insurance benefits are paid to the Trustee, who then passes them on to you. If you don't meet a super condition of release for any reason, the Trustee can't release the benefit to you.

If this happens the Trustee will hold the benefit in the Fund as a preserved benefit, until you satisfy a condition of release. The Trustee will seek instruction from you as to where you'd like your benefit to be held.

After 30 June 2014, the Trustee is required to provide insurance benefits that are consistent with a super condition of release. The table below describes which insurance benefits in MLC Insurance (Super) are consistent with the conditions of release.

Type of insurance	Related conditions of release
Life Cover	Death
Accidental Injury Benefit and TPD	Permanent Incapacity – this means the Trustee must be satisfied that you're unlikely, because of health reasons, to engage in gainful employment for which you are reasonably qualified by your education, training and experience.
Income Protection	<p>Temporary Incapacity – this means that you've ceased to be gainfully employed, or ceased temporarily to receive any gain or reward due to ill health.</p> <p>The Trustee may not be able to pass benefits to you, or may reduce benefits if you receive any income provided or arranged by an employer, partnership or business, including fully paid leave such as sick leave, or if Government regulations otherwise limit the benefit that can be paid.</p> <p>A benefit can't be paid for longer than the period of Temporary Incapacity.</p>
Terminal Illness	You must have a terminal medical condition and have two Doctors (at least one of them a Specialist in the area of the related sickness or injury) certify that you are suffering from an illness, or have incurred an injury, that is likely to result in death within 24 months from the date of certification.

Irrespective of the conditions of release described above, the insurance definition must be met for an insurance benefit to be payable.

Restrictions on accessing super

Because super is a long-term investment, the law is strict about how and when you can access your money.

You can access your money when you reach age 65.

Before then, you can generally access your money in the form of a transition to retirement pension, or if you fully retire after age 55.

There are exceptions to these rules which can be found at apra.gov.au or ato.gov.au

Additional information about MLC Insurance (Super)

The MLC Super Fund

The Fund is a Complying Superannuation Fund under the Superannuation Industry (Supervision) Act 1993. NULIS Nominees is the Trustee of the Fund and part of the NAB group.

The Trustee is responsible for the operation of the Fund, including management and administration.

When you obtain MLC Insurance (Super) you become a member of the Fund and the insurance cover is purchased through the Fund. You'll be the person covered by the insurance however MLC will issue the policy to the Trustee who will hold it on your behalf. The premiums will be deducted from your contributions into the Fund and paid to MLC as the insurer and issuer of the policy.

The full legal terms which govern the insurance cover provided through MLC Insurance (Super) are contained in the insurance policy document. The full legal terms which govern your interest in the Fund are contained in the Fund Trust Deed.

You can get a free copy of the Trust Deed and the insurance policy document by calling us on 132 652.

What is the work test?

To satisfy the work test you must be Gainfully Employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made. This requirement may change from time to time.

Converting MLC Insurance (Super) policies

What is conversion?

This means your insurance inside super ends and a new policy will be issued outside super.

When does conversion happen?

You can convert your MLC Insurance (Super) policy to a non-super policy at any time before the Review Date after you turn 74 (ie the date your MLC Insurance (Super) ends).

If you pay your premiums via direct debit, credit card, cheque or BPAY[®], we have to convert the policy to a non-super policy if you become ineligible to contribute to super.

When you reach age 65, there are some age-based regulations around making contributions to super. This includes meeting a work test.

You need to make sure you meet this test before making a contribution. If you don't meet the requirement, you must inform us within 14 days of making a contribution.

If you tell us you don't meet the work test, you'll be offered the opportunity to convert to a non-super policy.

If you pay your premiums through deduction from your eligible MLC account, you're aged between 65 and 74, and no longer meet the work test, you can keep your MLC Insurance (Super) policy as long as you've sufficient funds in your account to pay for your insurance premiums.

How does the conversion work?

On conversion, we'll cancel the MLC Insurance (Super) policy held by the Trustee for you and issue you with a non-super policy with similar types of insurance and amounts of insured benefits. The policy terms and conditions will be determined at the date of conversion.

If your only interest in the Fund is MLC Insurance (Super), your membership of the Fund and entitlement to receive a benefit from it will also end.

In determining eligibility for insurance, the new policy will be taken to have started on the later of:

- the date similar insurance began under the super insurance policy, or
- the date the super insurance policy was last reinstated.

The amount of insured benefits under the new policy won't be more than it was under the old policy at the date of conversion. Premiums under the new policy will be calculated in line with MLC's base premium rates at the time, taking into account the amount of insured benefits, your age and acceptance of the terms of the policy.

Any beneficiary nomination made for one product doesn't apply to another product when a conversion applies.

You'll need to make a new beneficiary nomination for the non-super policy by completing the Beneficiary Nomination Form available on mlc.com.au or call **132 652** to request the form.

Additional information about MLC Insurance for MLC super wrap accounts

You can apply for insurance and have premiums deducted from your MLC super wrap account. This insurance will be held by the Trustee inside super. See mlc.com.au/eligiblemlcaccounts for a list of the eligible MLC accounts you can use to pay premiums.

Your Schedule will show your insurance as MLC Insurance (Wrap or SMSF).

If you want to take out any of the non-super insurances you will need to take out a separate MLC Insurance policy.

Other information you need to know

Because your MLC super wrap account is administered by NULIS Nominees Pty Limited the following information provided in this PDS isn't relevant to you:

- Beneficiaries (pages 64–66)
- Trustee fees (page 71)
- Taxation (pages 72–74)
- Accessing your MLC Insurance (Super) benefits (page 75)
- Converting MLC Insurance (Super) policies (page 76).

For this information you need to read the PDS for your MLC super wrap account so that you understand the guidelines set out by the Trustee which relate to these topics.

The Trustee of your super fund will also need to comply with its own tax and superannuation obligations, in accordance with the law and the MLC Super Wrap.

Additional information about MLC Insurance for SMSFs

There are two ways you can take out insurance through your SMSF:

1. through an MLC Wrap Investments or MLC Navigator Investment Plan account, if your SMSF invests through one of these accounts, and
2. directly through an MLC Insurance policy.

Your Schedule will show your insurance as MLC Insurance (Wrap or SMSF).

If you want to take out any of the non-super insurances you will need to take out a separate MLC Insurance policy.

Insurance through your MLC wrap account

If your SMSF uses an eligible MLC wrap account for investing the SMSF Trustee can pay the premiums from that account (see mlc.com.au/eligiblemlcaccounts for a list of eligible MLC accounts).

Insurance taken directly

Your SMSF is already classified as a super fund and the Trustees of this fund can take out insurance on your behalf. To do this the SMSF Trustees must take out a non-super insurance policy (MLC Insurance) and provide you with insurance that complies with the superannuation guidelines.

Other information you need to know

Because your SMSF is administered by its own Trustee, the following information provided in this PDS isn't relevant to you:

- Beneficiaries (pages 64–66)
- Trustee fees (page 71)
- Taxation (pages 72–74)
- Accessing your MLC Insurance (Super) benefits (page 75)
- Converting MLC Insurance (Super) policies (page 76).

For this information you need to refer to the trust deed for your SMSF to understand the guidelines which relate to these topics.

The Trustee of your SMSF will also need to comply with its own tax and superannuation obligations, in accordance with the law and the SMSF's trust deed.

5

**Insurance glossary and
general definitions**

Insurance glossary and general definitions

<p>14-day Life Cover Buy Back Option (Available with TPD extension insurance only)</p>	<p>What is the benefit? This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? Cover is automatically restored if you live for 14 days after we've paid your full TPD insurance benefit.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and life insured will remain unchanged under the Restored Life Cover. • For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> – 75 for Total And Permanent Disability (Extension to Life Cover) – 65 for Total And Permanent Disability (Extension to Critical Illness).
<p>12-month Life Cover Buy Back (Available with TPD extension insurance only)</p>	<p>What is the benefit? This included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? Your Life Cover can be restored 12 months after the date the full TPD benefit is paid. You can apply to have your Life Cover restored up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Total and Permanent Disability insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The Policy Owner and life insured will remain unchanged under the Restored Life Cover. • You cannot exercise this 12-month Life Cover Buy Back if a benefit for Terminal Illness has been paid previously. • This included feature ends when you exercise the 14-day Life Cover Buy Back Option. • You must ask us to restore your Life Cover before the Review Date after you turn: <ul style="list-style-type: none"> – 75 for Total And Permanent Disability (Extension to Life Cover), or – 65 for Total And Permanent Disability (Extension to Critical Illness).

<p>12-month Life Cover Buy Back Option (Available with Critical Illness extension insurance)</p>	<p>What is the benefit? This optionally included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).</p> <p>When is cover restored? You can include this option when you originally take out insurance. If you then receive a Critical Illness Benefit which reduces your Life Cover, you can apply to restore your Life Cover to the amount you had before your claim. You can do this from the later of:</p> <ul style="list-style-type: none"> • 12 months after we receive your claim form (the date the form is received by our claims department), and • 12 months after you first meet the full Critical Illness definition (the date your condition is confirmed in writing and received by our claims department). <p>You have up to 30 days after the later of the above dates to ask for your Life Cover to be restored.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Critical Illness insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The policy owner and life insured will remain unchanged under the Restored Life Cover. • You cannot exercise this 12-month Life Cover Buy Back Option if a benefit for Terminal Illness has been paid previously. • You must ask us to restore your Life Cover before the Review Date after you turn 75.
<p>Accident</p>	<p>Means an event where bodily injury is caused directly and solely by violent, external and visible means, independently of all other causes.</p>

Insurance glossary and general definitions

<p>Accidental Injury Benefit (Feature of Life Cover insurance)</p>	<p>If you have an Accident and lose:</p> <ul style="list-style-type: none"> • the use of both hands or both feet, or • the sight in both eyes, or • the use of one hand and one foot, or • the use of one hand or one foot and the sight in one eye <p>you'll receive your Life Cover insurance benefit, up to \$2 million.</p> <p>Or, if you lose:</p> <ul style="list-style-type: none"> • the use of one hand or one foot, or • the sight in one eye <p>you'll receive 25% of your Life Cover insurance benefit, up to \$500,000.</p> <p>Conditions that apply to the Accidental Injury Benefit</p> <ul style="list-style-type: none"> • Any loss must be total and permanent, be as a direct result of the Accident and occur within six months of the Accident. • The maximum amount stated is the most you'll be paid, no matter how many MLC insurance policies (inside or outside super) you hold. • If you hold more than one policy where the total of all MLC policies is greater than the maximum amount, each policy will proportionally contribute to the maximum amount. • If you also hold stand-alone Total and Permanent Disability insurance or stand-alone Critical Illness insurance with us, the maximum benefit payable under this Accidental Injury Benefit will be reduced by the total of any benefit paid under those insurances for an event that is also covered under the Accidental Injury Benefit. • For insurance inside super that first commenced after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 101, to be eligible for an Accidental Injury Benefit. <p>When won't a benefit be paid?</p> <p>If you've already lost the use of one hand, foot or eye before your insurance started, or was last reinstated, we will either not pay a benefit or may pay a smaller amount.</p> <p>We will not pay the Accidental Injury Benefit where the loss or loss of use, as the case may be, arises from or is contributed to by a self-inflicted injury.</p> <p>How does a claim affect your insurance?</p> <p>Your Life Cover insurance will be reduced by the amount of your Accidental Injury Benefit paid. If you also have Terminal Illness Support insurance, this insurance will also be reduced to the lesser of:</p> <ul style="list-style-type: none"> • \$250,000, and • 50% of the reduced Life Cover insurance. <p>We'll reduce the premiums payable in line with the reduced insurance for both your Life Cover and Terminal Illness Support insurance.</p> <p>If you receive the Accidental Injury Benefit, and you have any of the following insurances:</p> <ul style="list-style-type: none"> • TPD insurance held as an extension to Life Cover insurance • TPD insurance held as an extension to Critical Illness extension insurance • Critical Illness insurance held as an extension to Life Cover insurance <p>we will reduce your TPD and Critical Illness insurance benefits by the amount of the Accidental Injury Benefit paid.</p> <p>We'll reduce the premiums payable in line with the reduced insurance for your Life Cover and Critical Illness insurance.</p>
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Activities of Daily Living	<p>Means:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed and in and out of a chair • eating and drinking, or • using the toilet
Advance Death Benefit (Feature of Life Cover insurance)	<p>If your Life Cover insurance is \$20,000 or more and you die, we'll pay an initial once-off Advance Death Benefit payment of \$20,000. This will be paid to the remaining policy owner(s) or to your nominated beneficiaries, in the same proportions as requested for paying your Death Benefit.</p> <p>We'll need a certified copy of your birth and death certificates, or an extract of death registration, along with a written request before we pay this advance.</p> <p>If the Advance Death Benefit is paid, the final Life Cover benefit amount paid to the remaining policy owner(s) and/or beneficiaries will be reduced by \$20,000.</p> <p>Payment of the Advance Death Benefit is not an admission of liability by us to pay the Life Cover insurance benefit, and may be recovered by us if the Life Cover insurance claim isn't accepted.</p>
Age 70 Benefit Period (Available with Income Protection Platinum insurance)	<p>If your benefit period is to age 70, the following additional conditions will apply to any claim under your Income Protection Platinum insurance as a result of disability which occurs after the policy anniversary following your 65th birthday unless the claim is as a result of a recurring disability:</p> <ul style="list-style-type: none"> • the insurance will only cover Total Disability and Partial Disability, • any benefit we pay you will be assessed as Indemnity cover, • the amount we pay you will be the lesser of: <ul style="list-style-type: none"> a. $\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}}$ x monthly benefit and b. $\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}}$ x the maximum monthly benefit (described on page 29) <p>subject to any adjustments as detailed in 'What if you can claim for loss of income from other sources?' (page 35), and</p> <ul style="list-style-type: none"> • Inflation Proofing will continue to apply. All other benefits and options will cease.
Business Earnings (Business Expenses insurance only)	<p>For the purposes of Business Expenses insurance, means the gross turnover of the business, less all the expenses, costs and overheads of running it, and before tax. Where more than one person owns and manages the business (directly or through a company) business earnings will mean only those Earnings generated by the life insured in proportion to their share of ownership of the business.</p>
Business Earnings After Disability (Business Expenses insurance only)	<p>For the purposes of the Business Expenses Platinum Option, means the share of Business Earnings of the life insured while they are Partially Disabled.</p>
Business Earnings Before Disability (Business Expenses insurance only)	<p>For the purposes of the Business Expenses Platinum Option, means your share of Business Earnings in the continuous 12-month period before you became Totally Disabled or Partially Disabled.</p>

Insurance glossary and general definitions

<p>Business Safeguard Option (Available with Life Cover, TPD and Critical Illness insurances)</p>	<p>If the insurance is used for one of the following business purposes:</p> <ul style="list-style-type: none"> • an ownership (buy/sell) agreement where your share of the business is purchased by any remaining partners when certain events occur (for example, your death, total and permanent disability or Critical Illness) • asset protection (loan guarantee) insurance, and • Revenue Protection (Key Person) insurance (outside super only) <p>you can apply to increase your Life Cover, TPD and Critical Illness insurances, without further medical evidence, when a business event happens. A business event is when the value of your financial interest in the business, loan guarantee, or the value of the key person to your business increases.</p> <p>You must apply for the increase within 30 days of the first Review Date following the relevant business event. Your premiums will rise in line with the increased insurance.</p> <p>You must provide proof of the event to our satisfaction. Proof required for a business event increase may include, but is not limited to, company minutes, ownership (buy sell) agreements, audited company accounts and tax returns, or such other documents or evidence as we may require.</p> <p>You can apply for this option between ages next birthday 19 to 60.</p> <p>You can apply to increase your insurance under this option until the Review Date after you turn 65.</p> <p>Maximum benefit increase</p> <p>You can apply to increase your Life Cover, TPD and / or Critical Illness benefit under this option up to a maximum amount of the lesser of:</p> <ul style="list-style-type: none"> • For Life Cover, by up to three times your original insurance amount and \$15 million, and • For TPD, by up to three times your original insurance amount and: <ul style="list-style-type: none"> – \$5 million for professional occupations such as accountants, solicitors and surgeons, or – \$3 million for other occupations, • For Critical Illness, by up to three times your original insurance amount and \$2 million, and • the increase in the value of your financial interest in the business, loan guarantee, or the value of the key person to your business. <p>This maximum includes Life Cover, TPD and Critical Illness insurances covering you for any Nominated Business Safeguard Purpose or any other business protection purpose.</p>
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<p>Business Safeguard Option continued (Available with Life Cover, TPD and Critical Illness insurances)</p>	<p>Conditions that apply to the Business Safeguard Option</p> <ul style="list-style-type: none"> • Any insurance increase must be approved by us. • For TPD and / or Critical Illness insurance, as an extension to Life Cover insurance (see page 51) – this option is only available where you've selected it with your Life Cover insurance. • For TPD and / or Critical Illness insurance as an extension to your Life Cover insurance or as a connected benefit the TPD insurance and / or Critical Illness insurance can't be more than your Life Cover insurance (see page 51). • For TPD insurance as an extension to your Critical Illness insurance the TPD insurance can't be more than your Critical Illness insurance (see page 51). • The total increase to your Life Cover, TPD and / or Critical Illness insurances for all policies from all sources under the Business Safeguard Option can't exceed the value (as applicable) of: <ul style="list-style-type: none"> – your financial interest in the business – the loan guarantee, or – the key person to the business (outside super only). • If your original Life Cover, TPD or Critical Illness insurances were less than 100% of the applicable value at the time, you can subsequently only increase the insurance to the equivalent percentage of value when you apply for an increase. • During the first six months, after an increase for a loan guarantee, the increase amount protects you only for death, TPD and / or Critical Illness caused by an Accident. • If the Business Safeguard Option isn't exercised within any three consecutive Review Dates (policy years), no further application for increases can be made unless you can demonstrate to our satisfaction that you were not eligible to apply for an increase under this option because the value of your financial interest in the business, loan guarantee, or the value of the key person to your business had not increased during that time. • You can't apply to increase your insurance (as applicable) under this option when a claim is made or is entitled to be made. <p>When won't a benefit be paid?</p> <p>We will not pay the Life Cover benefit if you commit suicide within 13 months of the date the insurance started or was last reinstated.</p> <p>We will not pay the Total and Permanent Disability benefit or a Critical Illness benefit for any disability, condition or loss suffered by you arising from or contributed to by:</p> <ul style="list-style-type: none"> • intentional self-inflicted injury or attempted suicide, or • sickness or injury that first appeared, happened or was diagnosed before your Total and Permanent Disability insurance or Critical illness insurances started or was last reinstated (unless disclosed to, and accepted by, us as a part of the application or reinstatement process).
<p>Child</p>	<p>For insurance policy purposes means a person who is:</p> <ul style="list-style-type: none"> • age 20 or younger, and • the natural child, stepchild, adopted child or a child under the legal guardianship of the life insured.

Insurance glossary and general definitions

<p>Child Support Benefit (Feature of Critical Illness Plus insurance)</p>	<p>If a Child dies, or the first time a Child suffers a Child Support Benefit Condition:</p> <ul style="list-style-type: none">• while this insurance is in force, and• after the Review Date following the Child's second birthday. <p>you'll receive the Child Support Benefit.</p> <p>What we will pay</p> <p>The Child Support Benefit payable for each Child is \$10,000. Payment of this benefit will not reduce the Critical Illness Plus insurance benefit to which it is connected.</p> <p>What conditions are covered?</p> <p>The Child Support Benefit Conditions covered are:</p> <ul style="list-style-type: none">• Aplastic Anaemia• Bacterial Meningitis• Benign Brain Tumour• Blindness• Cardiomyopathy• Chronic Kidney Failure• Chronic Liver Failure• Coma• Deafness• Encephalitis• Heart Attack• Heart Valve Surgery• HIV Contracted Through Medical Procedures• Intensive Care• Loss of Speech• Major Brain Injury• Major Burns• Major Organ or Bone Marrow Transplant• Malignant Cancer• Meningococcal Septicaemia• Open Heart Surgery• Out of Hospital Cardiac Arrest• Paralysis• Pneumonectomy• Primary Pulmonary Hypertension• Stroke• Type 1 Diabetes <p>The definitions for these Child Support Benefit Conditions can be found in the Critical Illness definitions on pages 106 to 115.</p>
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Child Support Benefit continued
(Feature of Critical Illness Plus insurance)

The first time your Child has a Child Support Benefit Condition:

- for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and
- for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition.

Conditions that apply to the Child Support Benefit

The Child Support Benefit:

- will only be payable if the Critical Illness insurance benefit is \$100,000 or more, and
- is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide
- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated
- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this Critical Illness Plus insurance started or was last reinstated
- congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Insurance glossary and general definitions

<p>Child Support Income Benefit (Feature of all Income Protection insurances)</p>	<p>If a Child dies or first suffers a Child Support Income Benefit Condition:</p> <ul style="list-style-type: none">• while this insurance is in force, and• after the Review Date following the Child's second birthday. <p>you'll receive the Child Support Income Benefit.</p> <p>What we will pay</p> <p>The Child Support Income Benefit payable for each Child will be the lesser of:</p> <ul style="list-style-type: none">• three times the monthly benefit, and• \$25,000. <p>The Child Support Income Benefit will be paid as a lump sum. This benefit is not payable if it is less than \$10,000.</p> <p>What conditions are covered?</p> <p>The Child Support Income Benefit Conditions covered are:</p> <ul style="list-style-type: none">• Aplastic Anaemia• Bacterial Meningitis• Benign Brain Tumour• Blindness• Cardiomyopathy• Chronic Kidney Failure• Chronic Liver failure• Coma• Deafness• Encephalitis• Heart Attack• Heart Valve Surgery• HIV Contracted Through Medical Procedures Intensive Care• Loss of Speech• Major Brain Injury• Major Burns• Major Organ or Bone Marrow Transplant• Malignant Cancer• Meningococcal Septicaemia• Open Heart Surgery• Out of Hospital Cardiac Arrest• Paralysis• Pneumonectomy• Primary Pulmonary Hypertension• Stroke• Type 1 Diabetes <p>The definitions for these Child Support Income Benefit Conditions can be found in Critical Illness definitions on pages 106 to 115.</p>
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<p>Child Support Income Benefit continued (Feature of all Income Protection insurances)</p>	<p>The first time your Child has a Child Support Income Benefit Condition:</p> <ul style="list-style-type: none"> • for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and • for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition. <p>Conditions that apply for the Child Support Income Benefit</p> <p>The Child Support Income Benefit is payable once only for any one Child.</p> <p>When won't a benefit be paid?</p> <p>We will not pay a benefit for any Child Support Income Benefit Condition arising from or contributed to by:</p> <ul style="list-style-type: none"> • the Child's intentional self-inflicted injury or attempted suicide • sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated • sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday • congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this insurance started or was last reinstated, • congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or • sickness or injury maliciously inflicted on the Child for the purpose of gain from this insurance.
<p>Complying Super Fund</p>	<p>Means a regulated superannuation fund that qualifies for concessional tax rates. A Complying Superannuation Fund must meet the requirements that are set out under section 40 of the Superannuation Industry (Supervision) Act 1993.</p>
<p>Consumer Price Index (CPI)</p>	<p>Means the 'Consumer Price Index: All Groups Index Weighted Average for Eight Capital Cities' published by the Australian Bureau of Statistics or, if that isn't available, any reasonable substitute chosen by us.</p>

Insurance glossary and general definitions

<p>Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)</p>	<p>What is the benefit? This optionally included feature allows you to restore your Critical Illness insurance (Restored Critical Illness insurance) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover? Your premium for the Restored Critical Illness insurance will be based on our premium rates at the time it is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Critical Illness insurance (including all loadings, exclusions and special terms).</p> <p>When is cover restored? Your cover can be restored 12 months after the date the full Critical Illness benefit (including a benefit for an Extra Benefits Option – Partial Benefits condition) is paid. You can apply to have your Life Cover restored up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • If you have Critical Illness as an extension or a connected benefit to your Life Cover insurance (see page 51) and: <ul style="list-style-type: none"> – you have the option to buy back your Life Cover insurance after a claim, – you must buy back the Life Cover benefit at the same time you buy back your Critical Illness insurance, or – you do not have the option to buy back your Life Cover insurance after a claim, your new Critical Illness insurance will be issued as a stand-alone Critical Illness insurance policy. • Where a Critical Illness benefit, excluding a benefit paid due to an Extra Benefit Option – Partial Benefits condition, has been paid, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable, for a critical condition: <ul style="list-style-type: none"> – for which a benefit, including a partial benefit, has been paid (excluding Coronary Artery Angioplasty), or – which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any critical condition (or Extra Benefits Option - Partial Benefits condition) for which a benefit, including a partial benefit, has been paid. • Where a benefit has been paid for an Extra Benefits Option – Partial Benefits condition, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable for: <ul style="list-style-type: none"> – any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid, or – any Extra Benefits Option – Partial Benefits condition which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid. • Increases without further medical evidence and the Financial Planning Benefit (unless the Financial Planning Benefit has not previously been paid) are not available for the new Critical Illness insurance. • The policy owner and life insured will remain unchanged under the Restored Critical Illness insurance. • You must ask us to restore your Critical Illness insurance before the Review Date after you turn 75.
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Doctor	Means a registered medical practitioner in Australia or in another country approved by us. This does not include you or any of your family members. Where reasonable, we require the Doctor to be a Specialist.
Double Critical Illness Plus Insurance – Life Cover Buy Back	<p>What is the benefit?</p> <p>This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover?</p> <p>There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover.</p> <p>After the Review Date following your 65th birthday, your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover.</p> <p>When is cover restored?</p> <p>If you receive your full Critical Illness benefit before the Review Date following your 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored.</p> <p>If we receive your claim form after the Review Date following your 65th birthday, You can ask for your Life Cover to be restored 12 months from the later of:</p> <ul style="list-style-type: none"> • the date we receive your claim form, and • the date you first meet the full Critical Illness benefit definition. <p>You have up to 12 months plus 30 days after the later of the above dates to ask for your Life Cover to be restored.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Critical Illness Plus insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The policy owner and life insured will remain unchanged under the Restored Life Cover. • For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> – 75 for Double Total And Permanent Disability insurance (Extension to Life Cover) – 65 for Double Total And Permanent Disability insurance (Extension to Critical Illness). <p>Additional conditions that apply after the policy Review Date following your 65th birthday</p> <p>You cannot exercise this Life Cover Buy Back if a benefit for Terminal Illness which covers you has been paid previously.</p>

Insurance glossary and general definitions

<p>Double Critical Illness Plus Insurance – Life Cover Buy Back continued</p>	<p>How payment of other benefits will reduce the Critical Illness benefit</p> <p>If we pay:</p> <ul style="list-style-type: none"> • an Accidental Injury benefit under a benefit that this insurance is an extension or connection to, or • a TPD benefit that is an extension or connection to this insurance, we will reduce your Critical Illness benefit by the benefit paid. <p>We will reduce future premiums in line with the reduced benefit.</p>
<p>Double Total and Permanent Disability Insurance – Life Cover Buy Back</p>	<p>What is the benefit?</p> <p>This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.</p> <p>What is the cost of restoring cover?</p> <p>There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover.</p> <p>After the Review Date following your 65th birthday, your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover.</p> <p>When is cover restored?</p> <p>If you receive your full TPD benefit before the Review Date following your 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored.</p> <p>If you receive your full TPD benefit after the Review Date following your 65th birthday, and you live for a further 12 months, you can ask us to restore your Life Cover benefit.</p> <p>You can ask us to restore your Life Cover benefit up to 30 days after this date.</p> <p>What are the conditions (including exclusions)?</p> <ul style="list-style-type: none"> • The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Total and Permanent Disability insurance. • If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover. • The policy owner and life insured will remain unchanged under the Restored Life Cover. • For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn: <ul style="list-style-type: none"> – 75 for Total And Permanent Disability insurance (Extension to Life Cover) – 65 for Total And Permanent Disability insurance (Extension to Critical Illness). <p>Additional conditions that apply after the Policy Review Date following your 65th birthday</p> <p>You cannot exercise this Life Cover Buy Back if a benefit for Terminal Illness has been paid previously.</p>

Double Total and Permanent Disability Insurance – Life Cover Buy Back continued	How payment of other benefits will reduce the TPD benefit If we pay: <ul style="list-style-type: none"> • a Critical Illness benefit, or • an Accidental Injury benefit under a benefit that this insurance is an extension or connection to, we will reduce your TPD benefit by the benefit paid. We will reduce future premiums in line with the reduced benefit.
Earnings	Means: <ul style="list-style-type: none"> • where the life insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the life insured after the deduction of their appropriate share of business or practice expenses in generating that income • where the life insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the life insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the life insured, and • whether the life insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.
Earnings After Disability (All Income Protection insurances only)	Means the life insured’s Earnings while they are Totally Disabled or Partially Disabled.
Earnings Before Disability (All Income Protection insurances only)	If you have Agreed Value cover (see page 30) outside super, means the life insured’s highest average Earnings for any continuous period of 12 months between the date that is 24 months preceding the start of the insurance and the start of the Waiting Period. If you have Agreed Value cover inside super, means the greater of: <ul style="list-style-type: none"> • the life insured’s highest average Earnings for any continuous period of 12 months during the three years immediately before the life insured was Totally Disabled, and • the life insured’s average monthly Earnings during the 12 months immediately preceding the start of the insurance. For MLC Insurance and MLC Insurance (Super), if you have Indemnity cover (see page 30) means the life insured’s average Earnings in the continuous 12-month period before they were Totally Disabled or Partially Disabled.
Economiser (Feature of Life Cover, TPD and Critical Illness insurances)	You can choose to freeze your Life Cover, TPD and Critical Illness insurance premiums (excluding the policy fee) from the policy Review Date following your written request. As a result: <ul style="list-style-type: none"> • your premium will remain the same in the future, and • your insurance amount will reduce at each Review Date, to an amount that can be purchased by the frozen premium.

Insurance glossary and general definitions

<p>Economiser continued (Feature of Life Cover, TPD and Critical Illness insurances)</p>	<p>Conditions for Economiser</p> <ul style="list-style-type: none"> • The Economiser is only available where your premium structure is a stepped premium (see page 68). • The Economiser can only be exercised after the life insured's 30th birthday. • Once the Economiser is exercised, Inflation Proofing, Increases without further Medical Evidence and Business Safeguard Option will cease to apply. • The Economiser must be exercised at the same time for all insurances on the policy, and for any insurance that the insurance benefit is connected to as an extension. • The premium freeze will take effect from the Review Date after the Economiser is exercised. • The policy fee may change on each Review Date as described on page 71. • The premium rate may change in the future as described on page 70. • Any change to the insurance benefit (including increases, decreases and policy loading reviews) will reset the frozen premium at an amount applicable for the new insurance benefit as at the date of the change. • Once Economiser is in place it can only be cancelled with our approval and cannot be cancelled while the premium is being waived. • You must advise us in writing to take up Economiser. • If the insurance benefit reduces to \$10,000 or less, the premium freeze ends, and we will recalculate the premium for the insurance so that the insurance benefit does not fall below this minimum level.
<p>Extended Cover Renewable To Age 70 (Feature of Income Protection Platinum and Income Protection insurances)</p>	<p>Provided that the life insured continues to work full-time in Gainful Employment and is not receiving, or entitled to receive, a Total Disability or Partial Disability benefit at the Review Date following the life insured's 65th birthday you can continue to renew this Income Protection insurance until the earlier of:</p> <ul style="list-style-type: none"> • the life insured turning 70, and • the date they retire or cease full-time Gainful Employment. <p>Conditions that apply after the Policy Review Date following the life insured's 65th birthday.</p> <p>The following additional conditions will apply to your Income Protection insurance beyond the Review Date following the life insured's 65th birthday:</p> <ul style="list-style-type: none"> • this insurance will only cover Total Disability • the most you'll receive in total is 12 months benefits for any related sickness or injury • the Waiting Period will be the greater of that shown in your current Schedule and 30 days, • the amount we pay you will be the least of: <ul style="list-style-type: none"> – the benefit shown on your Schedule – the maximum insurable amount calculated based on the formula described in the table on page 29, and – \$30,000 per month subject to the section 'What if you can claim for loss of income from other sources?' on page 35, and – Inflation Proofing will continue to apply. <p>All other benefits and options will cease.</p>

Family	Means Spouse, children, parents, brother(s) or sister(s).
Financial Planning Benefit (Feature of Life Cover, Terminal Illness Support, Accidental Death, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurances)	<p>We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000. If there's more than one beneficiary of the insurance benefit, we'll divide the Financial Planning Benefit equally between those who each receive at least \$100,000.</p> <p>The reimbursement:</p> <ul style="list-style-type: none"> • must be claimed within 12 months of the date on which we pay the lump sum benefit, and • will apply only once for all MLC policies covering you.
Gainfully Employed or Gainful Employment	Means working for Earnings, payment or profit.
Increases Without Further Medical Evidence (Feature of Income Protection Platinum and Income Protection insurances)	<p>You can request an increase in your Income Protection Platinum and Income Protection monthly benefit, without needing to provide further medical evidence, by up to 20%, subject to the maximum insurable amount calculated based on the table on page 29 when any of the following events happen:</p> <ul style="list-style-type: none"> • you or your Spouse adopt or give birth to a child • you get married or divorced • you complete an undergraduate degree at a Government-recognised university • you receive an increase in your Earnings of at least 10% in the previous 12 months • you have a Child who starts secondary school, or • if you take out, or increase, a Mortgage to purchase or improve your home. <p>You will need to provide financial evidence satisfactory to us to support the increase requested, proof of the event and request the increase in writing.</p> <p>This increase will be in addition to any increases available under Inflation Proofing.</p> <p>Conditions that apply to increases without further medical evidence</p> <p>The application for an increase in the monthly benefit must be made between the date the relevant event happens and 30 days after the first Review Date following the event.</p> <p>Under this feature you can only apply for one increase during any three-year period. Your monthly benefit cannot be increased if:</p> <ul style="list-style-type: none"> • the life insured is over age 55 • you are being paid a benefit or are eligible to make a claim for a benefit • a medical loading or exclusion applies to your insurance, or • the total amount of all income protection insurance issued by us which covers the life insured exceeds \$30,000 per month. <p>For the first 12 months after your monthly benefit is increased without further medical evidence, the increased monthly benefit (excluding any increases due to Inflation Proofing) is only payable for Total Disability or Partial Disability caused by an Accident.</p>

Insurance glossary and general definitions

<p>Increases without further Medical Evidence (Feature of Life Cover, TPD and Critical Illness Plus insurances)</p>	<p>Until the Review Date after you turn 55, you can apply to increase your Life Cover, TPD and Critical Illness insurances without further medical evidence if a specified personal or business event happens (see below).</p> <p>The increase must be applied for:</p> <ul style="list-style-type: none">• between the day the relevant personal event happens and 30 days after the first Review Date following the event, or• within 30 days of the first Review Date following the relevant business event. <p>You will need to provide financial evidence satisfactory to us that supports the increase requested, proof of the personal or business event and request the increase in writing.</p> <p>Unless we otherwise agree, you can only apply for the increase as a result of a personal or a business event if:</p> <ul style="list-style-type: none">• you were accepted for this insurance without any additional loadings due to your health• this insurance is not the result of applying the Life Cover Buy Back Option under Total and Permanent Disability insurance or Critical Illness insurance• this insurance is not the result of applying the Critical Illness Buy Back Option under Critical Illness insurance, and• you have not made, or are not entitled to make, a claim under this insurance. Your premiums will rise in line with the increased insurance. <p>Personal event</p> <p>You can apply to increase your Life Cover, TPD and Critical Illness insurances by up to 25% of your original insurance amount. The maximum increase is \$200,000 for any one of the following events:</p> <ul style="list-style-type: none">• you or your Spouse adopt or give birth to a child• you get married or divorced• you complete an undergraduate degree at a Government-recognised university• you receive an increase in your Earnings of at least 10% in the previous 12 months, or• you have a Child who starts secondary school. <p>If you take out, or increase, a Mortgage to purchase or improve your home, the maximum increase we'll allow is the least of:</p> <ul style="list-style-type: none">• 50% of your original insurance amount• the value of your new Mortgage• the value of the latest increase to your existing Mortgage, and• \$200,000. <p>Business event</p> <p>You can apply to increase your Life Cover, TPD and Critical Illness insurances if the insurance is issued for one of the following purposes:</p> <ul style="list-style-type: none">• a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business• asset protection (loan guarantee) insurance, or• Revenue Protection (Key Person) insurance if you're considered as such in the business (outside super only). <p>The increase will be in proportion to the increase in value over the year of your financial interest in the business or of the key person to your business (as agreed with us).</p>
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Increases without further Medical Evidence
continued
(Feature of Life Cover, TPD and Critical Illness
Plus insurances)

The maximum increase we'll allow is the least of:

- 25% of your original insurance amount
- for a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business, the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- for asset protection (loan guarantee) insurance, the increase in that part of the business loan you are responsible for, which is averaged over the preceding three years, and
- for Revenue Protection (Key Person) insurance, five times the increase in the your value to the business, averaged over the preceding three years, and
- \$200,000.

What conditions apply to increases without further medical evidence?

Number and frequency of increases

Until the Review Date, after you turn 55, you can apply for increases as many times as the listed events occur while you have the policy. However, you may only apply for one increase during any 12-month period.

Limitations

The maximum amount you can increase your insurance by is the lesser of your original insurance amount of each insurance (Life Cover, TPD or Critical Illness) or \$2 million.

If you have more than one insurance policy with us, the maximum amount applies to the combination of all our insurance policies protecting you.

Each policy with the feature of increases without further medical evidence will proportionally contribute to any increase.

The maximum amount of all increases for Life Cover, TPD and Critical Illness insurances (as applicable) for all policies protecting you is the least of:

- the total of your Life Cover or TPD or Critical Illness insurances (as applicable), and
- \$2 million.

If you have TPD and/or Critical Illness insurance as part of your Life Cover, or as a connected benefit (see page 51), our maximum benefit limits for them still apply, and they can't collectively exceed your Life Cover insurance.

During the first six months after certain increases, the increased amounts cover you only for the following specified events caused by an Accident:

Life Cover: for marriage, divorce or Mortgage, the increase covers only death.

Critical Illness: for marriage, divorce or Mortgage, the increase covers only death and critical conditions.

TPD: whatever the reason for the increase, the increase covers only TPD. The increased insurance also doesn't cover you for any TPD claim caused by sickness or injury that first happened within six months before the increase date.

Insurance glossary and general definitions

Lump Sum Benefit Option (Feature of Income Protection Platinum insurance outside super)	<p>This option is only available for certain occupation groups such as surgeons, accountants, solicitors, salespersons, and carpenters (this option isn't available if you work in a special risk occupation). Your financial adviser can tell you if you're in an eligible occupation.</p> <p>Please refer to the Taxation Section on pages 72 to 74 for the tax implications of choosing this option.</p> <p>If you selected this option when this insurance started, you may choose to receive the monthly benefits payable under your Income Protection Platinum insurance as a lump sum benefit instead of monthly payments if the life insured is Totally and Permanently Disabled as defined below.</p> <p>The lump sum benefit will be the lesser of:</p> <ul style="list-style-type: none">• \$3 million, and• a multiple of the monthly benefit, where the multiple is:<ul style="list-style-type: none">– 180 (if the life insured is under age 40)– 156 (if the life insured is age 40 to 44)– 132 (if the life insured is age 45 to 49)– 108 (if the life insured is age 50 to 55), or– the number of complete months to the Review Date following the life insured's 65th birthday (if the life insured is age 56 or over). <p>The multiple described above is calculated based on the date you satisfy the Qualification Period described below.</p> <p>The lump sum benefit will be reduced by all disability benefits paid after the Qualification Period has been satisfied.</p> <p>The monthly benefit used in the calculation described above will be reduced by any benefits from other sources that would have applied had this option not been exercised, as described in What if you can claim for loss of income from other sources? on page 35.</p> <p>Conditions that apply to the Lump Sum Benefit Option</p> <p>The Lump Sum Benefit Option can only be exercised by you if:</p> <ul style="list-style-type: none">• you have satisfied the Qualification Period• the life insured has not been diagnosed as terminally ill and likely to die within 12 months from the date the Qualification Period is satisfied, and• you request in writing that the Lump Sum Benefit Option be exercised. <p>The Lump Sum Benefit Option, once selected, cannot be cancelled and, unless exercised, will end when the life insured turns 65.</p> <p>When the Lump Sum Benefit Option is exercised, and the lump sum benefit is paid, this Income Protection Platinum insurance ends and no further benefits of any kind are payable under this insurance.</p> <p>Definitions for the Lump Sum Benefit Option</p> <p>Qualification Period - The Qualification Period means you have received Total Disability benefit payments for 24 continuous months solely as a result of the sickness or injury which caused or is related to the life insured's Total and Permanent Disability.</p>
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Lump Sum Benefit Option continued
(Feature of Income Protection Platinum insurance outside super)

Totally and Permanently Disabled and Total and Permanent Disability - For the purposes of the Lump Sum Benefit Option, the life insured qualifies as Totally and Permanently Disabled if they have a disability caused by a sickness or injury and satisfy the criteria in paragraphs (a), (b) or (c):

For Occupation Groups except Group B

(a) as a result of their disability:

- they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again
- they are not working for Earnings, payment or profit, and
- these circumstances have existed continuously for at least three months

or

(b) they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:

- they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again, and
- they are not working for Earnings, payment or profit

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands
- the use of both feet
- the sight in both eyes
- the use of one hand and one foot
- the use of one foot and the sight in one eye, or
- the use of one hand and the sight in one eye.

For Occupation Group B

(a) as a result of their disability:

- they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again
- they are not working for Earnings, payment or profit, and
- these circumstances have existed continuously for at least three months

or

(b) they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:

- they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again, and
- they are not working for Earnings, payment or profit

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands
- the use of both feet
- the sight in both eyes
- the use of one hand and one foot
- the use of one foot and the sight in one eye, or
- the use of one hand and the sight in one eye.

Insurance glossary and general definitions

<p>Mental Disorder</p>	<p>Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) or an equivalent publication approved by us which is current at the start of the period of Total Disability while the life insured is not working.</p> <p>Such disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurotic, psychotic personality, emotional or behavioural disorders or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse or dependency.</p>
<p>Mortgage</p>	<p>Means a loan secured by a first mortgage over the life insured's home.</p>
<p>Occupationally Acquired HIV, Hepatitis B or C Infection insurance</p>	<p>For this insurance the following special requirements apply. You (or someone representing you) must tell us:</p> <ul style="list-style-type: none"> • you may become infected within 14 days of the accidental incident, and • you have become infected within 14 days of the diagnosis of infection. <p>We will send a claim form and/or instructions to you for the submission to us of proof of your entitlement to a benefit.</p> <p>Documented proof must be provided by you to us that:</p> <ul style="list-style-type: none"> • the accidental incident did happen at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection, and • the HIV, hepatitis B or hepatitis C is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident. <p>The proof will be based upon blood or body fluid samples tested by Australian Government-approved pathology laboratories. We must be allowed to independently retest the samples and take further samples for testing. If we do require retesting or further samples, we will pay for it.</p>
<p>Partial Payment Benefit (Feature of TPD insurance)</p>	<p>If you suffer the total and irrecoverable loss of:</p> <ul style="list-style-type: none"> • the sight in one eye, or • one foot or one hand <p>you'll receive the Partial Payment Benefit.</p> <p>What we will pay</p> <p>The Partial Payment Benefit payable will be the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Total and Permanent Disability Benefit, and • \$500,000. <p>This benefit is not payable if it is less than \$10,000.</p> <p>Conditions that apply to the Partial Payment Benefit</p> <p>The Partial Payment Benefit:</p> <ul style="list-style-type: none"> • will only be payable once, and • will reduce the Total and Permanent Disability Benefit by the amount paid.

Partial Payment Benefit continued (Feature of TPD insurance)	Definitions for the Partial Payment Benefit <ul style="list-style-type: none"> • Loss of one foot or one hand. The total and irrecoverable loss, or loss of the use, of the following: <ul style="list-style-type: none"> – one foot, or – one hand. • Loss of sight in one eye. The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.
Permanent Incapacity and Permanently Incapacitated	Means the life insured's ill-health (whether physical or mental) which makes it unlikely that the life insured will ever engage in Gainful Employment for which the life insured is reasonably qualified by education, training or experience.
Qualifying Periods	Some critical conditions are covered only after a period of time known as a 'qualifying period'. This means you aren't covered for those conditions if they first appear, first happen, or are first diagnosed within the qualifying period after your insurance began, was last reinstated or increased. For surgical procedures this means you're not covered when the underlying condition requiring the surgical intervention first appears, first happens, or is first diagnosed within the qualifying period. If, because of the qualifying period you are unable to claim an insurance benefit, we'll still cover you for future unrelated critical conditions if they appear, happen, or are diagnosed after the qualifying period has ended. If your insurance is replacing similar insurance, we'll waive your qualifying period for the amount that would have applied if that policy had continued.
Revenue Protection (Key Person) insurance	Is insurance to protect a business or employer against financial loss that results from the loss of service of a key person due to their death, sickness or injury.
Review Date	Is the date shown on your current Schedule on which the review of your benefits and premiums each year take effect.
Schedule	Means the schedule issued to you with the policy for MLC Insurance and MLC Insurance (Super) and updated from time to time. An updated schedule will be issued each year or any time there is a change in the benefits or types of insurance provided under the policy. The updated schedule will replace the previous schedule from the time that it is issued by us.
Specialist	Means a Doctor who is an appropriate specialist in a relevant medical field.
Spouse	Means a husband or wife or a partner in an equivalent de facto relationship, including same-sex relationships.
Temporary Incapacity and Temporarily Incapacitated	Means the life insured's ill health (whether physical or mental) which causes the life insured to: <ul style="list-style-type: none"> • cease to be Gainfully Employed but not Permanently Incapacitated, or • cease temporarily to receive any gain or reward (including ceasing to be paid leave such as sick leave) under a continuing arrangement for the life insured to be Gainfully Employed.
Termination Date	Is the date when your insurance ends. The termination date may vary for different types of insurance.

Insurance glossary and general definitions

TPD Optimiser	<p>You can apply for your TPD insurance using both Any and Own Occupation definitions. The Any Occupation part of your TPD insurance is held inside super. The Own Occupation part of your TPD insurance is held outside super.</p> <p>How does it work?</p> <p>The total cost for your TPD Optimiser insurance is equivalent to Own Occupation TPD insurance.</p> <p>The premiums will be split and consist of:</p> <ul style="list-style-type: none">• the Any Occupation part, which will be paid through your insurance inside super• the Own Occupation part, which will be paid through your insurance outside super. <p>What happens if you claim?</p> <p>If you become Totally and Permanently Disabled by meeting the 'Any Occupation' definition, your TPD benefit will be paid under the policy inside super. The part of your TPD insurance outside super will end.</p> <p>If you become Totally and Permanently Disabled and don't meet the Any Occupation definition but do meet the Own Occupation definition, your benefit will be paid under your MLC Insurance policy (outside super), and the part of your TPD insurance inside super will end.</p> <p>You can only receive a TPD Optimiser benefit under one of the benefit definitions.</p> <p>A benefit paid on your TPD Optimiser insurance will end that insurance on both policies and reduce the Life Cover and/or Critical Illness insurance it's attached to, as described on page 55.</p> <p>What are the conditions for TPD Optimiser?</p> <ul style="list-style-type: none">• TPD Optimiser must have the same benefit amount and the same options (except for the definition of TPD) across both policies.• All alterations, additions, reductions and cancellations of the TPD Insurance must be applied equally to both policies.• Your TPD insurance held outside super will end on the Review Date after you turn 65 as the TPD definition will change. Your TPD insurance inside super will continue using the Loss of Independence definition (see page 111). The conditions for continuing to pay premiums through super are on page 76. <p>More information on how TPD Optimiser applies for Wrap and SMSF is on pages 77 and 78.</p>
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<p>Waiting Period Conversion (Feature of Income Protection Platinum and Income Protection insurances)</p>	<p>You can apply to change the waiting period of this insurance from 24 months to 90 days without further medical evidence if you have left your employer and your cover under an eligible Group Salary Continuance scheme or other similar arrangement (Salary Continuance Arrangement) ends and the conditions (outlined below) are met.</p> <p>Apart from medical history, all aspects of your history will be assessed to determine whether we can offer to convert the waiting period and, if so, the conditions which may apply.</p> <p>We may decline to accept the application to convert the waiting period on the basis of this evidence or information, when considered in light of our standard underwriting guidelines applicable at the time of the application to convert the waiting period.</p> <p>Alternatively, we may accept the conversion subject to a change to the occupation category that applies or a change to the monthly benefit.</p> <p>Conditions that apply to the waiting period conversion</p> <p>The waiting period conversion can only be exercised by you if:</p> <ul style="list-style-type: none"> • when the insurance started the waiting period was 24 months, • when the insurance started you were insured under a Salary Continuance Arrangement which has a 24 months benefit period, • you have left your employer and your cover under the Salary Continuance Arrangement has ended, • you don't exercise a continuation option under the Salary Continuance Arrangement, • you are Gainfully Employed and your Earnings are greater than or equal to your average Earnings in the continuous 12-month period before cover under the Salary Continuance Arrangement ended, • you have not ceased Gainful Employment due to sickness or injury, • you have not made or are not eligible to a make a claim under: <ul style="list-style-type: none"> – the Salary Continuance Arrangement, – any other policy providing disability income insurance with any life insurer, or – any TPD benefit with any life insurer, • it is exercised within 60 days of the cover under the Salary Continuance Arrangement ending, • the insurance is not part of a transfer from another MLC product or has not been issued as part of a continuation option, unless it has been fully underwritten, • you provide evidence satisfactory to us to support the request to convert the waiting period, • it is exercised before the policy anniversary following your 55th birthday. <p>A Salary Continuance Arrangement includes a Group Salary Continuance scheme, or similar arrangement provided by an employer that was issued by a life company registered in Australia.</p>
<p>Whole Person Function</p>	<p>Is defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of impairment, or an equivalent guide to impairment approved by us.</p>



6

Critical Illness and Total and Permanent Disability (TPD) definitions

Critical Illness definitions

For the purposes of Child Support Benefit, Child Support Income Benefit and Child Critical Illness, life insured means the Child.

Adult Onset Insulin Dependent Diabetes Mellitus (partial benefit)	The diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.
Advanced Endometriosis (partial benefit)	The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Advanced 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 endometrial deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel for which surgical treatment is required.
Aorta Repair	The correction of narrowing, dissection or aneurysm of the aorta through the chest or abdominal wall, excluding angioplasty, intra-arterial procedures or other non-surgical procedures.
Aplastic Anaemia	Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments: <ul style="list-style-type: none"> • marrow stimulating agents • bone marrow transplantation • blood product transfusions • immunosuppressive agents.
Bacterial Meningitis	Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of Whole Person Function. Bacterial meningitis as a result of HIV infection is excluded.
Benign Brain Tumour	The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in: <ul style="list-style-type: none"> • at least 25% permanent impairment of the Whole Person Function, or • the undergoing of neurosurgical intervention for its removal. The following are excluded: <ul style="list-style-type: none"> • intracranial cysts, granulomas and haematomas • intracranial malformation in or of the arteries and veins, and • tumours of the pituitary gland.
Blindness	The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.
Carcinoma In Situ of the Breast (partial benefit)	The presence of histologically proven localised pre-invasive cancer in the breast, where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.

Carcinoma In Situ - Female Reproductive Organs (partial benefit)	<p>The presence of histologically proven carcinoma in situ of:</p> <ul style="list-style-type: none"> • corpus uteri • fallopian tube • ovary • perineum (excluding skin equivalent cancers) • vagina (excluding skin equivalent cancers) • vulva (excluding skin equivalent cancers) • cervix. <p>Carcinoma in situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The carcinoma in situ must be classified as Tis according to the TNM staging method or FIGO Stage 0.</p>
Cardiomyopathy	<p>The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.</p>
Chronic Kidney Failure	<p>The final stage of kidney disease that requires permanent dialysis or a transplant.</p>
Chronic Liver Failure	<p>The final stage of liver disease with at least two of the following conditions:</p> <ul style="list-style-type: none"> • permanent jaundice, • ascites (abnormal retention of fluids within the abdominal cavity) • deteriorating liver function tests, and • encephalopathy (related brain disease).
Chronic Lung Failure	<p>The final stage of lung disease, needing a permanent extra oxygen supply and with lung function tests known as FEV1 consistently showing results of less than one litre.</p>
Coma	<p>A total loss of consciousness and responsiveness in which the life insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.</p>

Critical Illness definitions

<p>Congenital Abnormalities of a child (partial benefit)</p>	<p>If the life insured or life insured's Spouse gives birth to a child that survives for at least 28 days and is diagnosed with one of the following:</p> <ul style="list-style-type: none"> • Down's syndrome – a specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities. • Spina bifida – defective closure of the spinal column due to neural tube deficit with a meningocele or meningocele and resulting in neurological deficit. • Tetralogy of Fallot – an anatomical abnormality 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. • Transposition of great vessels – a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition. • Congenital blindness – complete absence of the sense of sight from birth. • Congenital deafness – complete absence of the sense of hearing from birth. <p>Congenital abnormalities that first appeared in a child, before this Extra Benefits Option started or was last reinstated, are excluded for any existing or future children.</p> <p>Benefits are not payable if payment has been made under Inability of a Child to gain independence.</p>
<p>Coronary Artery Angioplasty</p>	<p>An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are excluded.</p> <p>This critical condition applies only for policies where the Critical Illness benefit is \$100,000 or more.</p> <p>The benefit payable for this critical condition is 10% of the life insured's Critical Illness benefit up to a maximum of \$20,000 per event.</p> <p>After this benefit is paid, this insurance will continue, with the benefit reduced by the amount paid. Critical Illness premiums will be reduced in line with reduced benefit.</p> <p>A benefit will be paid for subsequent angioplasty procedures provided that they are necessary and occur at least six months apart.</p>
<p>Coronary Artery Angioplasty – Triple Vessel</p>	<p>The actual undergoing for the first time of an operation to correct narrowing or obstruction of three or more coronary arteries within the same procedure when considered the necessary and appropriate treatment.</p> <p>The benefit payable for Coronary Artery Angioplasty – Triple Vessel is 100% of the life insured's Critical Illness benefit.</p>
<p>Coronary Artery Bypass Surgery</p>	<p>The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction, excluding coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures.</p>
<p>Deafness</p>	<p>Permanent loss of all hearing in both ears.</p>
<p>Deafness in One Ear (partial benefit)</p>	<p>The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.</p>

Dementia or Alzheimer's Disease	The unequivocal diagnosis of Dementia or Alzheimer's disease that results in: <ul style="list-style-type: none"> • permanent failure of brain function resulting in significant cognitive impairment, and • a deterioration in the life insured's Mini-Mental State Examination score to 24 or less.
Early Stage Chronic Lymphocytic Leukaemia (CLL) (partial benefit)	The presence of chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).
Early Stage Melanoma (partial benefit)	The presence of one or more malignant melanomas. The melanoma must be less than or equal to 1.0mm depth of invasion or Clark Level 3. The diagnosis must be by biopsy. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells.
Early Stage Prostate Cancer (partial benefit)	The presence of prostate cancer histologically described as: <ul style="list-style-type: none"> • TNM classification T1 (a) or (b) (or another equivalent classification), or • a Gleason score of five or less.
Encephalitis	Severe inflammation of brain substance which results in the life insured suffering either: <ul style="list-style-type: none"> • permanent loss of at least 25% of either the brain's mental function or its physical control function, or • permanent <ul style="list-style-type: none"> – loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or – severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to the need for continuous supervision to protect the life insured or other people. A Mini Mental State Examination tests various functions including arithmetic ability, memory and physical orientation to assess cognitive ability. <p>The permanent loss or impairment described above must have existed continuously for at least six months.</p> <p>Encephalitis as a result of HIV infection is excluded.</p>
Facial Reconstructive Surgery and Skin Grafting (partial benefit)	The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment of the life insured. The Accident must occur while the insurance is in force.

Critical Illness definitions

<p>Heart Attack</p>	<p>Heart Attack (Myocardial Infarction) means the death of part of the heart muscle because of inadequate blood supply, confirmed by a Cardiologist and evidenced by:</p> <ul style="list-style-type: none"> • typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range together with either: <ul style="list-style-type: none"> – new serial ECG changes showing the development of any one of the following: <ul style="list-style-type: none"> • ST elevation • left bundle branch block (LBBB), or • pathological Q waves, or – imaging evidence of new and irreversible: <ul style="list-style-type: none"> • loss of viable myocardium, or • regional wall motion abnormality. <p>If the clinical pathway and disease management on hospital discharge for any medical event or investigation is not consistent with an acute myocardial infarction, then a claim is not payable under this policy. Myocardial infarctions arising from elective percutaneous procedures are excluded.</p> <p>If the above tests are inconclusive or superseded by technological advances, we'll consider other appropriate and medically recognised tests.</p>
<p>Heart Valve Surgery</p>	<p>The surgical repair or replacement of a defective heart valve or valves, excluding intra-arterial procedures or other non-surgical procedures.</p>
<p>HIV Contracted Through Medical Procedures</p>	<p>Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures:</p> <ul style="list-style-type: none"> • blood transfusion, or transfusion with blood products • organ transplant to the life insured • assisted reproductive techniques, or • any other procedure or operation performed by a medical practitioner or dentist. <p>The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist.</p> <p>Any event that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event.</p> <p>We must have access to the blood sample tested and must be able to take further samples if we think this is needed.</p> <p>Seroconversion must occur within six months of the event. A benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, or • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

<p>HIV Contracted Through Your Work</p>	<p>Infection with Human Immunodeficiency Virus (HIV) as a result of an injury while the life insured is working at their normal occupation.</p> <p>You (or someone representing you) must tell us that the life insured:</p> <ul style="list-style-type: none"> • may have become infected within 14 days of the accidental incident, and • has become infected within 14 days of the diagnosis of infection. <p>Documented proof must be provided by you to us that:</p> <ul style="list-style-type: none"> • The accidental incident happened at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection. • The HIV is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident. <p>A benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, • before the injury the Australian Government has recommended an HIV vaccine for use in the life insured's occupation, but the life insured has not taken this vaccine, or • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.
<p>Inability of a Child to Gain Independence (partial benefit)</p>	<p>The life insured's Child, as a result of sickness or injury, will be permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed and in and out of a chair • eating and drinking • using the toilet. <p>The life insured's Child also suffers an inability to gain independence which results in permanent loss of at least 25% of either the brain's mental function or its physical control function which leads to a need for continuous supervision of the Child to protect them or other people.</p> <p>A claim can only be made once the initial assessment or diagnosis is reconfirmed after six months. Benefits are not payable:</p> <ul style="list-style-type: none"> • if the inability of an existing or future Child to gain independence is caused or contributed to by sickness or injury that first appeared, happened or was diagnosed before this Extra Benefits Option started or was last reinstated, and • if payment has been made under Congenital Abnormalities of a child.
<p>Intensive Care</p>	<p>Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p>

Critical Illness definitions

<p>Loss of Independence</p>	<p>The life insured suffers a Loss of Independence as a result of sickness or injury if they:</p> <ul style="list-style-type: none"> • are permanently unable to perform two or more Activities of Daily Living (ADL) without physical help from someone else, or • have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision of the life insured to protect them or other people. <p>A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.</p> <p>The Loss of Independence circumstances must have existed continuously for at least six months.</p>
<p>Loss of One Foot or One Hand (partial benefit)</p>	<p>The total and irrecoverable loss, or loss of the use, of the following:</p> <ul style="list-style-type: none"> • one foot • one hand.
<p>Loss of Sight in One Eye (partial benefit)</p>	<p>The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.</p>
<p>Loss of Speech</p>	<p>Total and permanent loss of ability to speak.</p> <p>A claim can only be made once the initial diagnosis is reconfirmed after three months.</p>
<p>Major Brain Injury</p>	<p>Physical head injury that results in the life insured suffering either:</p> <ul style="list-style-type: none"> • a permanent loss of at least 25% of the brain's mental or physical control function, or • permanent: <ul style="list-style-type: none"> – loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or – severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision to protect the life insured or other people. A Mini Mental State Examination tests various functions including arithmetic ability, memory and physical orientation to assess cognitive ability. <p>The permanent loss or impairment described above must have existed continuously for at least six months.</p>
<p>Major Burns</p>	<p>Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.</p>
<p>Major Organ or Bone Marrow Transplant</p>	<p>The transplant, or placement on an Australian waiting list approved by us for:</p> <ul style="list-style-type: none"> • transplant of any of the following organs from a human donor to the life insured: <ul style="list-style-type: none"> – kidney – liver – heart – lung – pancreas – small bowel, or • bone marrow transplant. <p>This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a Specialist.</p>

Malignant Cancer	<p>The presence of one or more malignant tumours, leukaemia or lymphomas. The following are excluded:</p> <ul style="list-style-type: none"> • Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1). • Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser classification with a Gleason score of 5 or less unless: <ul style="list-style-type: none"> – the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or – the tumour is completely untreatable. • Carcinoma in situ, cervical dysplasia CIN1, CIN2, and CIN3, or premalignant tumours. • Carcinoma In Situ of the Breast, except where it leads to the removal of the breast by a mastectomy or removal of the carcinoma in situ by breast conserving surgery (lumpectomy, complete local excision, wide local excision, partial mastectomy), together with radiotherapy or chemotherapy. The procedure must be performed as a direct result of the carcinoma in situ and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment. • Skin cancer other than melanoma that: <ul style="list-style-type: none"> – shows signs of ulceration as determined by histological examination, or – is greater than 1.0 mm thick, or – is least Clark Level 3 of invasion. • Hyperkeratosis or basal cell skin carcinoma. • Squamous cell skin carcinoma unless it has spread to other organs.
Meningococcal Septicaemia	Severe infection in the blood stream that causes blood poisoning which results in a permanent impairment of at least 25% of Whole Person Function.
Motor Neurone Disease	The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.
Multiple Sclerosis	<p>The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple Sclerosis must be by a consultant neurologist.</p> <p>There must be more than one episode of defined neurological deficit with persistent abnormalities. Neurological investigation such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous systems and evoked visual responses are required to confirm diagnosis.</p>
Muscular Dystrophy	The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.
Open Heart Surgery	Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.
Orchidectomy (as required to diagnose Carcinoma In Situ of the testicle) (partial benefit)	<p>The removal of one or both testes by radical orchidectomy as required to positively or negatively diagnose Carcinoma In Situ (Tis) of the testicle. The removal must be the appropriate and necessary treatment.</p> <p>Orchidectomy for any other reason is specifically excluded.</p>
Out Of Hospital Cardiac Arrest	Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

Critical Illness definitions

Parkinson's Disease	<p>The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestations of one or more of:</p> <ul style="list-style-type: none"> • rigidity • tremor • akinesia from degeneration of the nigrostriatal system. <p>All other types of Parkinsonism, including secondary parkinsonism due to medication, are excluded.</p>
Paralysis	Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.
Pneumonectomy	The removal of an entire lung when considered the necessary and appropriate treatment.
Primary Pulmonary Hypertension	A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Serious Accidental Injury (partial benefit)	The life insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a Doctor.
Severe Diabetes	<p>Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:</p> <ul style="list-style-type: none"> • Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes • Severe Diabetic Neuropathy causing motor and/or autonomic impairment • Diabetic Gangrene leading to surgical intervention • Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).
Severe Osteoporosis	<p>The life insured:</p> <ul style="list-style-type: none"> • before the age of 50, suffers at least two vertebral body fractures and/or a fracture of the neck of femur, due to osteoporosis, and • has bone mineral density reading with a T-score of less than -2.5 (ie 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Rheumatoid Arthritis	<p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a six-week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> – proximal interphalangeal joints in the hands – metacarpophalangeal joints in the hands – metatarsophalangeal joints in the foot – wrist, elbow, knee, or ankle • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity, and • at least two of the following criteria: <ul style="list-style-type: none"> – morning stiffness – rheumatoid nodules – erosions seen on x-ray imaging – the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.
Specified Complications of Pregnancy (partial benefit)	<p>The life insured is diagnosed with one of the following:</p> <ul style="list-style-type: none"> • Disseminated Intravascular Coagulation (DIC) where there is a pregnancy related cause of the DIC which has resulted in a life threatening haemorrhage from multiple sites. • Ectopic pregnancy – pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be ended by laparotomy or laparoscopic surgery. • Hydatidiform mole – the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in death of the embryo. • Stillbirth – the birth of an infant after at least 28 weeks of pregnancy, which shows no signs of life after birth. <p>Elective termination of pregnancy is specifically excluded.</p>
Stroke	<p>An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours.</p> <p>There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred. Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium, except embolism resulting in stroke, are excluded.</p>
Type 1 Diabetes (Child Support and Child Income Support benefit)	<p>Means diabetes mellitus type 1 with an early onset, which requires insulin injections to control the disease.</p>

Total and Permanent Disability (TPD) definitions

What is Total and Permanent Disability and Totally and Permanently Disabled?

You are Totally and Permanently Disabled if:

Your insurance is inside super and commenced after 30 June 2014 (in MLC Insurance Super or in an SMSF)	Your insurance is outside super
you must be Permanently Incapacitated, as defined on page 101, and have either:	you must have either:
a disability resulting from sickness or injury and, as a result of your disability, you have been completely unable, and are unlikely ever to be able, to work, according to your Occupation Definition at the time of claiming, and these circumstances have existed continuously for at least three months,	
or	
a disability resulting from sickness or injury and you suffer a permanent impairment of at least 25% of Whole Person Function so that you are completely unable, and are unlikely ever to be able, to work according to your Occupation Definition,	
or	
suffered the total and irrecoverable loss of any of: <ul style="list-style-type: none"> • the use of both hands, or • the use of both feet, or • the sight in both eyes, or • the use of one hand and one foot, or • the use of one foot and the sight in one eye, or • the use of one hand and the sight in one eye. 	

Your diagnosis and certification must be provided by a Doctor who is an appropriate Specialist and be confirmed by our medical adviser.

For a claim to be payable for stand-alone TPD you must survive for at least:

- 14 days to claim for TPD based on permanent impairment
- 14 days to claim for TPD based on the total and irrecoverable loss of limbs or sight.

What are the TPD Occupation Definitions?

How your inability to work is defined depends on whether or not you are Gainfully Employed (working for Earnings, payment or profit) when your disability begins, and whether you are insured under the Any Occupation or Own Occupation definition. The definition used will be the one closest to your circumstances.

<p>If, when your disability begins, you are Gainfully Employed or have been Gainfully Employed in the previous 12 months, 'unable to work'</p>	<p>for the Any Occupation definition means your inability to work at any occupation you are reasonably suited to by way of education, training or experience that would result in a rate of Earnings of more than 25% of your rate of Earnings during the continuous 12-month period before you were disabled.</p> <p>for the Own Occupation definition means your inability to work at your own occupation and not be working in any occupation for a continuous period of at least three months.</p>
<p>If, when your disability begins, you are not Gainfully Employed and have not been Gainfully Employed during the previous 12 months, 'unable to work'</p>	<p>means, solely due to sickness or injury, your inability to work at any occupation you are reasonably suited to by way of education, training or experience.</p>
<p>If, when your disability begins, you are not Gainfully Employed, have not been Gainfully Employed during the previous 12 months and you were performing full-time domestic duties or child rearing, 'unable to work'</p>	<p>means your inability to perform any normal physical domestic duties (cleaning, cooking, doing the laundry, shopping for groceries and taking care of dependent children).</p>

If you are on an employer-approved sabbatical, maternity or paternity leave of up to two years we'll consider you to be Gainfully Employed.

Eligibility for 'Own Occupation' definition of TPD

For an additional cost, you can choose an Own Occupation definition if the occupation in which you are engaged when you apply is eligible — such as accountants, doctors and solicitors.

MLC or your financial adviser can tell you your occupation category. The Own Occupation definition of TPD varies according to your employment status.

When you claim, the Own Occupation definition lets you choose to be assessed according to:

- your occupation when you applied, or
- your occupation immediately preceding your date of disability, as long as that occupation is eligible for the Own Occupation definition.

Total and Permanent Disability (TPD) definitions

What is Loss of Independence?

The definition of TPD changes to Loss of Independence following the Review Date after you turn 65. There are three categories of Loss of Independence criteria.

You have lost independence if:

as a result of sickness or injury you are permanently unable to perform any two or more Activities of Daily Living without physical help from someone else.

or

as a result of sickness or injury you have suffered from the total and irrecoverable loss of:

- the use of both hands, or
- the use of both feet, or
- the sight in both eyes, or
- the use of one hand and one foot, or
- the use of one foot and the sight in one eye, or
- the use of one hand and the sight in one eye

or

you suffer severe permanent cognitive impairment (if you obtain a score of 15 or less out of 30 in a 'Mini Mental State Examination'), so that you need continuous supervision to protect yourself or other people.

A Mini Mental State Examination is a cognitive test which samples various functions including arithmetic, memory and orientation. The Loss of Independence circumstances must have existed continuously for at least three months.

For a claim to be payable under stand-alone TPD you must survive for at least 14 days after the event leading to Total and Permanent Disability.

Interim Accident Insurance Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

We are pleased to provide this Interim Accident Insurance, at no extra cost, while your application for MLC Insurance and/or MLC Insurance (Super), whether for a new policy or an addition to an existing policy, is being considered. This insurance is provided separately to MLC Insurance (Super) and is not part of the Fund. The Trustee has no liability or obligation to you for this Interim Accident Insurance.

The terms and conditions of this Interim Accident Insurance Certificate are set out below.

When will we pay?

You'll receive the benefits of the Interim Accident Insurance if the life insured dies, is Totally and Permanently Disabled, suffers a critical condition, or becomes Totally Disabled, as a result of a bodily injury caused by accidental means, which occurs while the life insured is covered by this insurance.

Life Cover and TPD insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is totally and permanently disabled, as a result of a bodily injury which is caused by accidental means during the term of this insurance, you'll receive the lowest of:

- \$1,000,000
- the benefit you applied for, or
- the benefit we would allow under our assessment guidelines.

Critical Illness insurance (Applicable outside super only)

If you applied for Critical Illness insurance for a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by accidental means during the term of this insurance:

- coma¹
- major burns¹
- major brain injury¹
- blindness¹
- paralysis¹ or
- loss of independence.

You'll receive the lowest of:

- \$600,000
- the Critical Illness benefit you applied for on the life insured, or
- the Critical Illness benefit we would allow for that life insured under our normal assessment guidelines.

The definitions of each critical condition that will apply are the definitions for those conditions set out in the current MLC Insurance policy document, and as outlined in the Product Disclosure Statement (PDS). Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you've applied.

¹ These conditions are not covered if you have applied for Critical Illness Standard.

Income Protection insurance

If you've applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by accidental means during the term of this insurance, you'll receive the lowest of:

- \$10,000 a month
- the benefit you applied for, or
- the Income Protection benefit we would allow under our assessment guidelines.

You'll receive this benefit each month that the life insured is continuously totally disabled after the end of the Waiting Period you applied for, up to a maximum of 12 months. If the life insured is disabled for part of a month the benefit will be reduced proportionately.

Conditions

Other than as varied by these terms, the following (as set out in this PDS and the policy document), shall apply to this Interim Accident Insurance:

- the Any Occupation definition of Totally and Permanently Disabled
- the definition of totally disabled under Income Protection insurance, or
- the standard conditions, Waiting Periods, limitations and exclusions, subject to any options you applied for in your application for MLC Insurance and/or MLC Insurance (Super).

In applying the definitions to your Interim Accident Insurance, in respect of an application for MLC Insurance (Super), a reference to the Trustee as set out in the policy document issued by us for MLC Insurance (Super) should be read as a reference to you.

Interim Accident Insurance Certificate

When does Interim Accident Insurance start?

Unless we nominate an earlier date, Interim Accident Insurance starts when we or the Trustee receive an application for MLC Insurance or MLC Insurance (Super) at any of its offices together with one of the following:

- one full instalment of the premium
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment, or
- an eligible MLC account Deduction Authority.

If the application is submitted electronically, Interim Accident Insurance will start upon submission.

If your application isn't accepted, any premium received by us will be refunded, less any Government charges or taxes, to you or to the Trustee for MLC Insurance (Super) members.

Your Interim Accident Insurance is void if the premium payment for either MLC Insurance and/or MLC Insurance (Super) is dishonoured.

Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the life insured nominated in the application for MLC Insurance and/or MLC Insurance (Super) have completed the application accurately and honestly and have complied with your Duty of Disclosure as set out in your application.

Your Duty of Disclosure doesn't end on completion of your application and personal statement. Your duty continues until we accept your application and issue a Schedule and a policy document to you.

We pay one benefit

We won't pay more than one benefit under this Interim Accident Insurance for any one Accident to any life insured.

Benefit limits

If you're applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the MLC Insurance and/or MLC Insurance (Super) application exceeds the sum insured under the policy to be replaced.

When won't we pay?

In addition to our standard exclusions (as set out in the current MLC Insurance and/or MLC Insurance (Super) policy document and outlined in this PDS), we won't pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or the life insured knew about before applying for MLC Insurance and/or MLC Insurance (Super)
- the life insured engaging in any occupation, sport or pastime that we wouldn't cover under our assessment guidelines.

Furthermore, we won't pay if:

- the cover applied for would have been declined under our assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the underwriting process.

When does Interim Accident Insurance end?

We will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then we tell you a different date
- the date we issue a Schedule following our acceptance of your application for MLC Insurance and/or MLC Insurance (Super) (or in the case of additional insurance, when we issue a revised Schedule to you)
- when we advise you that your application hasn't been accepted
- when we advise you that your Interim Accident Insurance has ended, or
- when you withdraw your application.

Your application for MLC Insurance and/or MLC Insurance (Super)

If you claim under your Interim Accident Insurance for any life insured, we'll take this into account in considering your application for MLC Insurance and/or MLC Insurance (Super) on the life insured. We may decide not to accept your application on this basis.

We may accept or reject your application. No insurance will take effect (apart from this Interim Accident Insurance) before we accept your application and issue a policy to you (or in the case of additional insurance, when we issue a revised Schedule to you).

No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.

MLC Limited receives insurance premiums and pays claims from its Statutory Fund No.1.

MLC Insurance and MLC Insurance (Super) is offered only in Australia.

This life insurance is designed purely for protection and isn't a savings plan. It will never have a surrender or cash value.

Neither NAB, nor any of its related bodies corporate guarantees or accepts liability in respect of MLC Insurance and MLC Insurance (Super). Neither the Nippon Life Insurance Group nor any of its related bodies corporate (other than MLC Limited as the insurer) guarantees or accepts liability in respect of MLC Insurance and MLC Insurance (Super).

An interest in a MLC Insurance (Super) policy held through the Fund doesn't represent a deposit or liability with the NAB or other related bodies corporate of NAB nor is it guaranteed by NAB.



**For more information call MLC
from anywhere in Australia
on 132 652 or contact your
financial adviser.**

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