

MetLife Protect and MetLife Protect Super

Combined Product Disclosure Statement and Policy Terms
for MetLife Protect and MetLife Protect Super

Prepared 13 August 2018



About this document

Combined Product Disclosure Statement and Policy Terms

This document contains both the Product Disclosure Statement for the MetLife Protect and MetLife Protect Super products and the Policy Terms for the insurance cover available through these products, the whole of this document is referred to as the PDS unless the context requires reference to the MetLife Protect or MetLife Protect Super Product Disclosure Statement or the Policy Terms separately.

Product Disclosure Statement

The Product Disclosure Statement sets out the key benefits, features, options, risks, fees and costs of the following products:

- MetLife Protect – issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife').
- MetLife Protect Super – issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458) (the 'Trustee') as trustee for the MetLife Australia Superannuation Fund (USI 68964712340007), which is a division of the Aon Master Trust (ABN 68 964 712 340) ('the Fund').

Each issuer is jointly responsible for the entire PDS, and wholly responsible for their own products in respect of the described benefits, features, options, risks, fees and costs of such products.

Notwithstanding this PDS has two issuers, throughout this PDS, references to 'we', 'us' and 'our' means MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096), ('MetLife'), not the Trustee.

For MetLife Protect, references to 'you' mean the person or persons or the entity that applies for the Policy and becomes the Policy Owner/s when we issue the Policy (and will be named on the Policy Schedule). The Policy Owner may or may not be the Life Insured.

For MetLife Protect Super, the Policy Owner is the Trustee of the Fund and 'you' includes the member, as the Life Insured.

Please read the PDS carefully before making any decision about MetLife Protect or MetLife Protect Super and the insurance cover you need.

Policy Terms

The full standard terms of the insurance cover available from MetLife through MetLife Protect and MetLife Protect Super are set out in the Policy Terms. These, together with any special terms and conditions you agreed to, will be used to assess any claim if we accept your application for insurance. The Policy Terms, together with any special terms and conditions, will prevail if there is any inconsistency with the PDS, to the extent of the inconsistency.

Life Insurance Code of Practice

MetLife is a signatory to the Financial Services Council's Life Insurance Code of Practice (Code). This means in dealing with you we will comply with our obligations as set out in the Code. For more details about the Code see www.fsc.org.au/policy/life-insurance/code-of-practice/life-code-of-practice.

General advice

The information contained in this PDS is of a general nature and does not take into account your individual objectives, financial situation or needs. You should consider how appropriate the product is in regards to your individual objectives, financial situation and needs, and if necessary, seek advice from your Financial Adviser before deciding on whether to acquire the product. Your Financial Adviser may be able to help you assess your insurance needs.

Changes to information in this PDS

The information in this PDS is current as at the date of preparation. Information in the PDS that is not materially adverse information is subject to change from time to time and MetLife and the Trustee may update such information by providing a notice of any such changes on MetLife's website. If you'd like a free printed copy of the updated information, please contact MetLife's Customer Experience Team on 1800 523 523 or email auprotect@metlife.com.

Information about law in this PDS is based on the law as at the preparation date of this PDS and interpretation those laws at that date.

Your Financial Adviser can help

You can only acquire MetLife Protect and MetLife Protect Super through a Financial Adviser.

If your Financial Adviser provides you with personal financial product advice, their role is to understand your needs, help you to articulate your goals and arm you with financial advice and strategies to turn your aspirations into a reality.

When it comes to applying for insurance cover with MetLife, your Financial Adviser can help you consider your options and assist with deciding on:

- the right type/s of cover for your needs;
- the appropriate amount of cover;
- whether or not to obtain cover through superannuation; and
- how to structure your insurance cost-effectively.

You should review your insurance with your Financial Adviser periodically to ensure it remains appropriate for your insurance needs, your risks and your life stage.

MetLife may pay your Financial Adviser a commission when your Policy starts and in subsequent years. Commission is built into the insurance premiums. Your Financial Adviser will provide you with further details regarding commissions in their Financial Services Guide and Statement of Advice.

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Why choose MetLife

As a leading provider of life insurance, MetLife aims to provide you with the best customer experience it can. MetLife's purpose is to help more Australians protect their lifestyle – and provide help when they need it most.

Founded in the United States in 1868, MetLife now has a global presence giving us scale and experience.

Its long history and financial strength means you can rely on MetLife to be there when it's needed most.

Proven claims record

Over the years, MetLife has been there to support thousands of Australians and their families when they have needed it most. Since 2005, MetLife have paid over \$3.3 billion in claims.

Support services

MetLife has formed strong partnerships with a range of third party providers and wherever possible, will work together to support you in your return to health. There are a number of support services which MetLife can facilitate access to which may help with coping, with recovery and with the maintenance of a healthy, active and engaged lifestyle. These may include:

- rehabilitation,
- retraining,
- grief counselling in the event of you being diagnosed with a Terminal Illness, and
- assistance with financial planning fees following a lump sum claim payment.

Needs-based Extras Cover

Extras Covers are designed for specific insurance needs, with the most commonly selected features and benefits built in. This means you can choose the cover that matches your circumstances, without needing to include a broader range of benefits that don't apply to you. Extras Covers are not available in MetLife Protect Super or in other superannuation arrangements.

Flexible payment options and no hidden fees

MetLife thinks you should have the flexibility to pay your premiums fortnightly, monthly or annually as you choose, without that leading to extra fees or charges. As a result, it will not apply any additional fees or charges to your premium as a result of the payment frequency you select.

Furthermore, it does not charge any administration or Policy fee/s for taking out insurance.

MetLife recognises existing No-Claim Periods

If you are replacing similar existing cover with MetLife or cover from another insurer with a MetLife Policy under this PDS, we will recognise the No-Claim Period (sometimes also known as a qualifying period) that you have already satisfied under your existing cover. Any benefit under Trauma Cover and Income Cover which is subject to a No-Claim Period will be available immediately, if that No-Claim Period has been met under your existing cover. We also do not re-start any exclusion period for suicide if you have already met the required period under your existing cover.

Flexibility to vary your cover

As your lifestyle and needs change over time, you may wish to increase, vary or reduce your cover. You can contact us should you wish to do so. Alternatively you can speak with your Financial Adviser.

If you wanted to increase your cover the Life Events Increases Feature that is available with Extras Cover could enable you to do this without us needing to review your health. Specified life events (such as the birth of a child or a loan increase) are triggers which could allow you to increase cover under this feature, at a time when you need it most.

You may also wish to take up one or more of the Extras Covers after your Policy is in force, and applying for these is simplified at various life stages.

Linked Covers

Traditionally, when you claim under one Linked Cover, all other Linked Covers reduce or cease. With MetLife Protect and MetLife Protect Super, after a claim on Linked TPD or Linked Trauma Cover, your other cover continues for Accidental Injury-related claims. See page 26 for a more detailed explanation of how Linked Covers work.

True level premiums

Level age 65 and Level age 70 premium options allow for long term affordability. The premium payable for yearly increases in cover due to automatic Indexation are always calculated based upon the Life Insured's age at Cover Commencement. This is favourable in comparison to a traditional level premium structure in which the premium increases each year, due to the Life Insured's current age being used to calculate the premium.

Fixed Term Option

If you're after the assurance of level premiums but know that you'll only need your insurance cover for a set term, 5 and 10 year Fixed Term Options can provide you with an affordable solution. The Fixed Term Options enable you to take out cover with level premiums for a maximum of 5 or 10 years, at rates which generally work out cheaper than the Level age 65 and Level age 70 options (due to factoring in the limited term).

At the end of the fixed term, your Standard Cover automatically continues (subject to the ongoing terms and conditions of your Policy being met), however it will be altered from level to stepped premiums. This means your premium will be calculated using stepped rates and your cover amount will be altered (likely reduced) to match the equivalent premium you were paying under the Fixed Term Option, for that year only. Note that any Extras Cover premium will always reflect the Standard Cover amount.

The 5 year and 10 year Fixed Term Options are available for Life Cover, TPD Cover, and Trauma Cover, including any associated Extras Covers.

Under the Fixed Term Option, the premiums for Life Cover and TPD Cover, including any associated Extras, are guaranteed; meaning the premium you pay will stay the same for the duration of the fixed term for those cover types.



Things you need to know

This section contains important information -that will help you understand the insurance Policy you can acquire.

Defined terms

There are a number of terms in this PDS that have been capitalised. These terms have particular meanings and are explained in Section 10 and 11 of the Policy Terms on pages 118-133.

No-Claim Periods

A key term, which appears in the PDS in relation to certain benefits, is the No-Claim Period. It refers to the period of time after your cover commences, or in certain instances, after your cover is Reinstated, before benefits will be payable for any Illness, Injury or Related Condition that the Life Insured sought or obtained advice or treatment for, or had symptoms of, during that period of time.

There are circumstances, under which MetLife may waive the No-Claim Period and these are described in the Policy Terms.

The No-Claim Period is noted in each cover section for any benefits it applies to.

Excess Periods

Excess Period is also a key term in this PDS and when it is noted, it refers to the minimum number of days that must elapse after the Life Insured first suffers a claim event, before entitlement to a benefit payment may accrue. For example, under Standard Income Cover, the Excess Period is the period of time you need to be unable to work at full capacity, solely, due to Illness or Injury before you become eligible for Total Disability Benefits or Partial Disability Benefits.

Interim Cover

Unless you already have existing cover, which your MetLife Protect or MetLife Protect Super application is intending to replace, we will provide you with Interim Cover outside superannuation to ensure you have some form of protection while we are considering your application for insurance. The type of Interim Cover provided will be based upon the cover that you are applying for; however it may not be as comprehensive. Interim Cover is also subject to maximum limits and additional exclusions.

For each individual cover type, the maximum amounts we pay under Interim Cover are the lesser of the Life, TPD and Trauma Cover Amounts, and Income Cover Monthly Cover Amount applied for, and:

- \$1 million for Life Cover;
- \$1 million for TPD Cover;
- \$500,000 for Trauma Cover; and
- \$7,500 per month for Income Cover.

For full details, refer to sections 6.2 and 6.4 of the Policy Terms.

Policy Schedule

If we accept your application for insurance, we will issue you a Policy Schedule. Your Policy Schedule is an important document, which contains key details of your cover, including:

- the amounts and type/s of cover/s you have been accepted for;
- your premium amount;
- any amended terms that apply (that are different from or additional to the Policy Terms); and
- when your Policy (including any individual covers within your Policy) starts.

30-day cooling off period

Once we accept your application for insurance, we will issue you a Policy Schedule. You have 30 days from the date the Policy Schedule is issued to check that the insurance meets your needs. This is the cooling off period.

If you wish, you can cancel your Policy during the cooling off period. Provided you have not made a claim, you will receive a full refund of any money you have paid. If the Policy was issued to the trustee of a superannuation fund, we will refund the premium to the superannuation fund.

Further information on the cooling off period applicable to MetLife Protect Super can be located on page 80.

Governing law

Our insurance contracts are governed by the law that applies in the State of New South Wales and is subject to the exclusive jurisdiction of the Courts of Australia.

Sanctions

We will not provide coverage and/or payment under the Policy while you are:

- listed on the United States Office of Foreign Asset Control (OFAC) Specially Designated Nationals and Blocked Persons (SDN) list, United Nations sanctions list, Australian Department of Foreign Affairs and Trade (DFAT) list or any other international or local sanction list;
- residing in a sanctioned country as listed on the United States Office of Foreign Asset Control (OFAC) Specially Designated Nationals and Blocked Persons (SDN) list, United Nations sanctions list, or on any list maintained by Australian Department of Foreign Affairs and Trade (DFAT); or
- claiming a payment for any services received in a sanctioned country.

We shall not be liable to provide coverage, or pay a benefit or claim to the extent that such coverage, benefit or payment would expose us to any sanction, under applicable law.

Guaranteed renewable cover

MetLife Protect and MetLife Protect Super insurance covers are guaranteed renewable. This means that once your Policy has started, we can't adversely alter the terms of your cover outside of the standard terms of the Policy, even if there is a change in your health, occupation or pastimes while your Policy is in force.

Worldwide cover

Once we issue your Policy, you will still be covered if you travel or relocate outside Australia. The Policy provides worldwide insurance cover with the following exceptions:

- Income Cover benefits that are payable for up to six months while residing overseas, with a requirement to return to Australia for benefits to continue beyond six months, and,
- 'Sanctions' – as listed above.

Keeping up-to-date with premiums

If your premiums are overdue we will send you a reminder. If your premium remains unpaid subsequent to that reminder and any others we may issue, your Policy may be cancelled.

If we take steps to cancel your Policy we will provide you with notice of our intention to do so in writing before this occurs. We will also inform you of the cancellation when this has happened. Cancellation of your MetLife Protect Super Policy will also result in cessation of your membership of the Fund.

Under certain circumstances, we may allow you to Reinstate your cover, at our discretion – please contact us if you wish to discuss this option.

Guaranteed upgrade

If we improve any of the features or benefits available under MetLife Protect or MetLife Protect Super in the future, which don't result in a premium increase, we'll automatically apply these improvements to your Policy. If you are disadvantaged by the improvement, we will revert to the existing features or benefits.

The improvements will apply to future claims only and not to past or current claims, or any claims arising from conditions or circumstances which first occurred, were first diagnosed, or for which symptoms first became reasonably apparent, before the effective date of those improvements. If certain exclusions were noted on your Policy Schedule previously, these will continue to apply.

No cash value

MetLife Protect and MetLife Protect Super do not include an investment or cash component, nor do they offer a surrender value. They provide risk-insurance only.

Exclusions

There are circumstances where we will not pay a claim. We have described standard exclusions that apply for each cover type in this PDS and the Policy Terms.

Additional exclusions may apply if we offer you cover under amended terms as a result of our underwriting assessment, which takes into account health and pastimes information of the Life Insured. This can only occur if you, or your Financial Adviser acting on your behalf, accept these terms, which are noted on your Policy Schedule.

Limitations on what we can pay

We can't make certain payments because of legislation in connection with health insurance including the Private Health Insurance Act 2007 (Cth), National Health Act 1953 (Cth) or the Health Insurance Act 1973 (Cth). We won't make a payment if it would cause us to infringe these or any other laws.

Replacing existing cover

If you currently hold another insurance policy, you should carefully consider the terms and conditions of both insurance policies before you replace it with a MetLife Policy under this PDS. You should also ensure that your new cover is in place before cancelling your existing cover.

Risks

With any financial product, you should be aware of the risks when considering whether the product is appropriate for your needs. These risks include:

- the insurance cover you have selected may be inadequate to protect you and your dependants in certain circumstances;
- your claim may not be paid if you have failed to comply with your Duty of Disclosure outlined on page 9, or if you have made a fraudulent claim; and
- your insurance cover may be cancelled if you fail to pay premiums by the due date, as outlined on page 71.
- conditions and exclusions apply to insurance cover under the Policy Terms and your Policy Schedule, which may affect your entitlement to insured benefits.

You should also consider the information about risks associated with MetLife Protect Super on page 74-81.

MetLife Protect Super

MetLife Protect Super provides you with the option to set up your insurance cover in superannuation as a member of the MetLife Australia Super Superannuation Fund, a division of the Aon Master Trust. If you choose to take out insurance through MetLife Protect Super, there are some key things you should be aware of, including the following:

- By applying for MetLife Protect Super, you are applying to become a member of the MetLife Australia Superannuation Fund. Your insurance Policy will be held by the Trustee of the Fund on your behalf, and your contributions or rollovers into the Fund are used to pay your insurance premiums.
- Not all cover types are allowed to be held in superannuation under superannuation law – see ‘Cover availability in superannuation’ on page 25.
- If we pay a claim, benefits are paid to the Trustee. The release of these benefits to you may be subject to certain restrictions under the trust deed and superannuation laws.

For further information on MetLife Protect Super refer to pages 74-81.

Product and marketing material

We, and our related companies, may use your personal information to let you know about the products and services we offer. You can opt out of receiving these marketing communications by calling our Customer Experience Team on 1800 523 523 or by sending an email to auprotect@metlife.com.

Complaints about MetLife Protect

We are committed to handling your enquiries, feedback and complaints in an objective, reasonable and timely manner. Our internal dispute resolution process is outlined below:

1. First, contact us to tell us about your complaint:

MetLife Customer Relations Team
GPO Box 3319
Sydney NSW 2001
Phone: 1800 523 523
Email: auprotect@metlife.com

Your complaint will be acknowledged within 24 hours of our receipt.

2. We'll look into your complaint and get in touch with you to try and resolve it. If your complaint remains unresolved or requires specialist attention, it can be escalated to the MetLife Dispute Resolution Officer (DRO) by us, or at your request. The DRO is also contactable at the same details. Your complaint will be reviewed, and we'll respond with an outcome within 45 days

3. If you aren't satisfied with the outcome or the way your complaint was handled, you can contact the Financial Ombudsman Service (FOS) Australia and ask that they investigate your complaint on your behalf.

FOS is an external dispute resolution scheme, established to provide assistance to consumers. Its purpose is to assist in the resolution of complaints arising out of consumers' interactions with the financial services industry, including the provision of financial advice and financial products and services.

You can contact FOS at:

Financial Ombudsman Service
GPO Box 3, Melbourne VIC 3001
Phone: 1800 367 287
Email: info@fos.org.au
Online: fos.org.au

From 1 November 2018 onwards, the Australian Financial Complaints Authority (AFCA) will replace FOS. You can contact AFCA at:

Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001
Phone: 1800 931 678
Email: info@afca.org.au
Online: www.afca.org.au

The complaints process for MetLife Protect Super is described separately on page 80. We assist the Trustee of the Fund in handling complaints associated with insurance cover provided through the Fund in a manner that is consistent with our internal dispute resolution process.

If you don't provide correct information

If you don't provide true and correct answers to questions in your application for insurance cover or any variation to your cover, it could result (amongst other things) in your claim being rejected or a reduction in your benefit amount. For more information, please refer to the 'Your duty of disclosure' section below.

Your duty of disclosure

Before you enter into a contract of insurance with us, you have a duty to tell us anything that you know, or could reasonably be expected to know, which 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 contract.

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 the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts 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 contract within three years of entering into it.

If we choose not to avoid the contract, 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 contract has a surrender value, or the contract provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract 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 contract has a surrender value, or provides cover on death.

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

Health and recovery support during a time of need

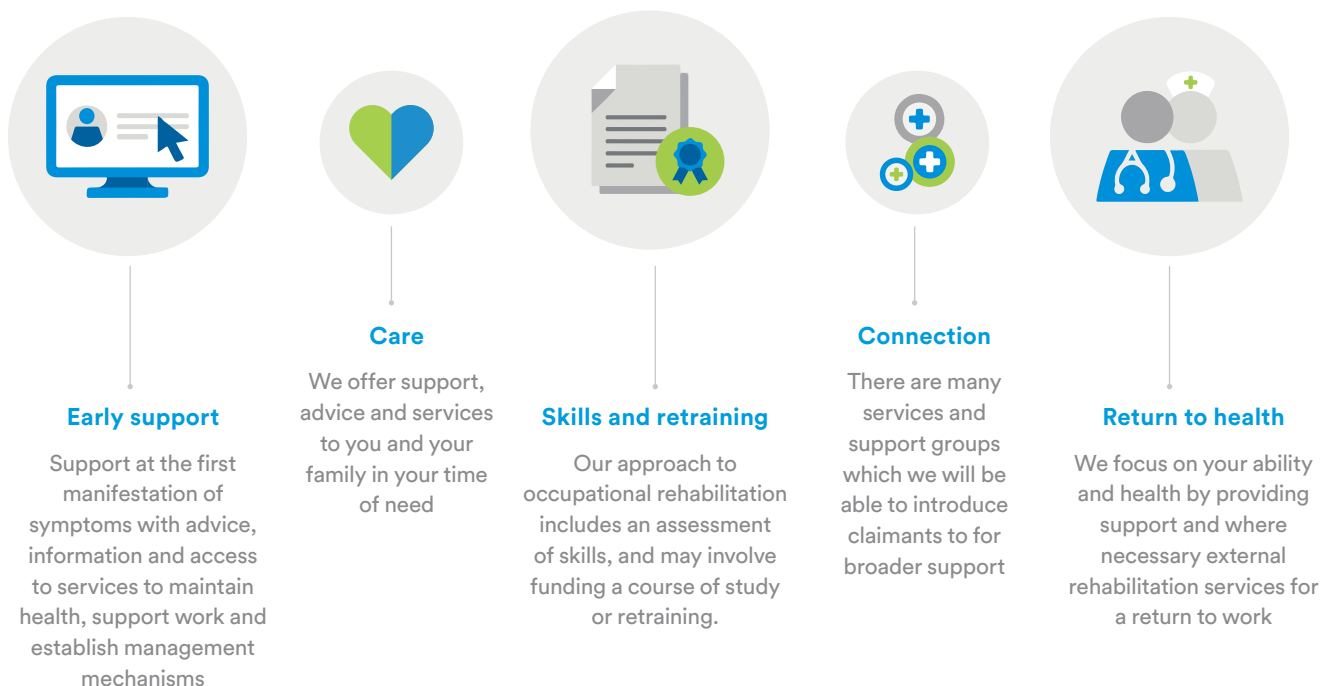
Often at the time a person takes out life insurance, their focus is on protecting what they've worked so hard to achieve, and that can mean a lot more than providing financial protection. The Life Insured's mental and physical wellbeing, their skills and education, the connections they have with friends, loved ones and colleagues – each of these are building blocks in creating the foundation for their success.

We understand this at MetLife. That's why we provide more than just financial security when the unexpected occurs. Our health and recovery approach has been designed to support our customers, and who they love, deal with life's challenges when it's needed most.

Holistic health and recovery support

Our approach aims to understand the Life Insured as a whole person, not just limiting focus to the immediate cause of their situation. We centre on their ability, instead of their disability, by providing access to services including rehabilitation, health services and other third parties that can help get life back on track or at least support the Life Insured in their time of need. Access to these services may be available for TPD Cover and Income Cover customers, and these services are offered at MetLife's discretion, after considering whether they may be appropriate to the situation and are permitted under relevant laws. Our aim is to support the Life Insured with achieving the best possible health outcome.

A holistic approach to claims management



A proactive approach

We believe that receiving the right treatment, at the right time, is crucial in achieving the best recovery. Evidence shows that the longer people wait before seeking help, the harder it can be to return to health.

That's why, once you have notified us of a claim, we can discuss proactive health strategies and services aimed at supporting the best possible health outcome.

Support services

Once you have notified us of a claim, there are a number of services that may be provided at our discretion, to help you or the Life Insured plan ahead and get the Life Insured back on their feet. Whether it is help with personal challenges or planning support, we may be able to help you find the assistance you need. Our service offering includes access to the following, at no additional cost to you:

Early intervention

If the Life Insured is struggling with mental health concerns such as depression or anxiety, we may be able to connect them with our partners who offer a functional approach to mental health and can help them on the road to recovery.

The Life Insured should first speak with their doctor about their situation, and consider the intervention which is appropriate for them.

Grief counselling

If the Life Insured is diagnosed with a Terminal Illness, we can facilitate them attending a limited number of grief counselling sessions, arranged by MetLife with an accredited counsellor at our sole discretion. Payment will be made directly to the provider.

Financial advice after claim

If we pay you or your Nominated Beneficiary a benefit under Life Cover, TPD Cover and/or Trauma Cover on a Policy outside superannuation, we'll cover up to \$2,000 for the fees associated with the preparation of a financial plan, by a Financial Adviser. Payment will be made directly to the provider.

This service remains available for up to 12 months after a claim, and a detailed invoice acceptable to us must be provided.

This is available only once for any one Life Insured across all MetLife Protect Policies. Not available for a Policy inside superannuation.

If you need to contact us to make a claim

Your Policy Terms set out when you are eligible to make a claim.

If you are unsure whether you can claim, let us know and we'll see if there is a way your Policy can help you. We aim to provide simplicity, clarity and support when providing our services.

As a priority, and wherever possible, we'll help the Life Insured with any rehabilitation or counselling which may help their recovery. The earlier you contact us, the better we can help you.

If your Beneficiaries or legal representative needs to make a claim under your Policy, contact us as soon as possible by:

Email: auprotect@metlife.com

Phone: 1800 523 523

Mail: MetLife Insurance Ltd
GPO Box 3319
Sydney NSW 2001

We'll talk you through our claims process and work with you to collect the relevant information we need to assess your claim.



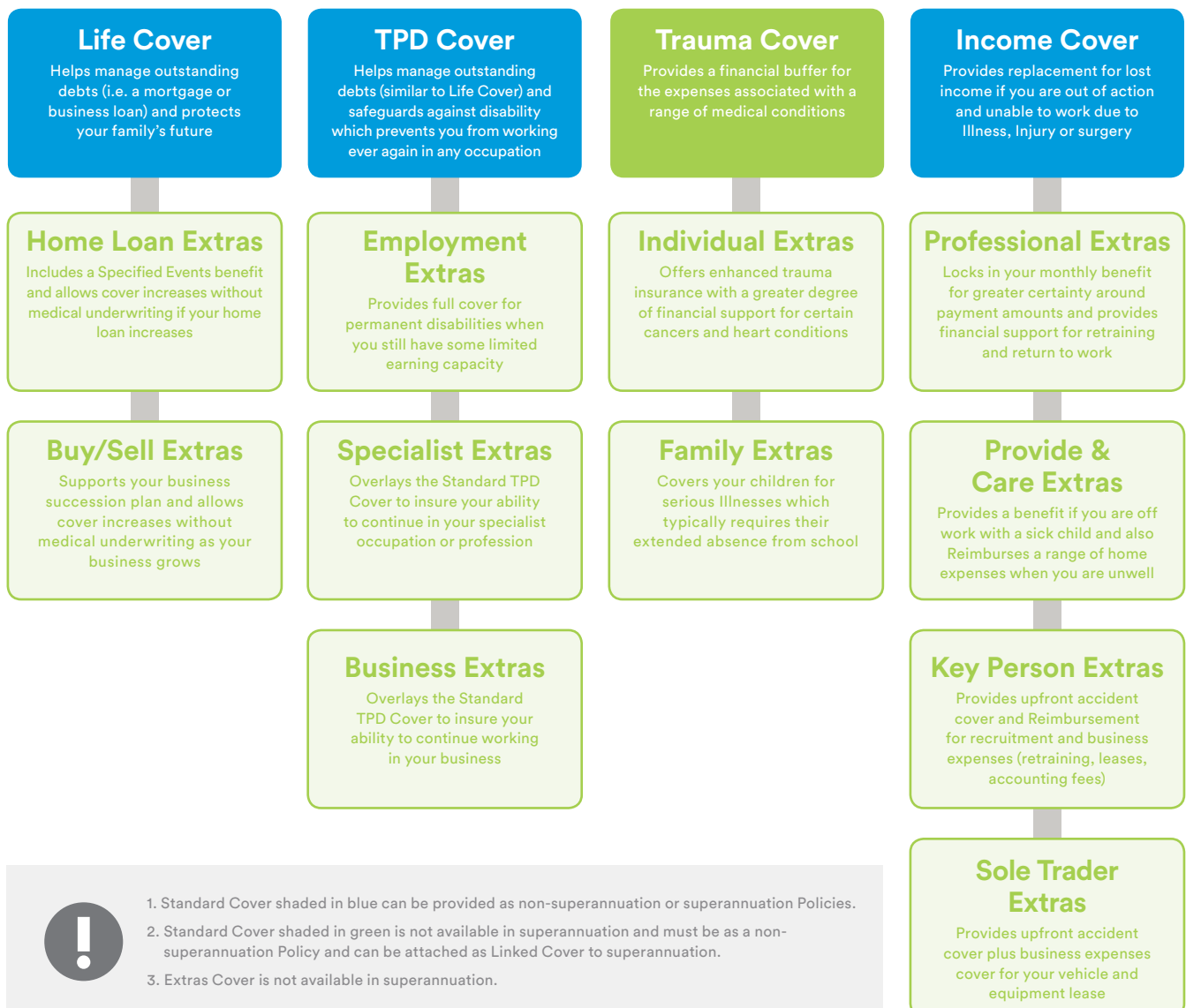
Available Cover Types

Because people have different goals and objectives, we offer you the choice to either build your insurance (by making cover selections as described below) or apply for a pre-packaged solution (described in the Packaged Cover section on page 14).

MetLife Protect and MetLife Protect Super lets you build on the four Standard Cover types with a range of Extras Covers. These optional Extras Covers provide enhanced benefits at an additional cost.



Choose your Standard Covers from the top row to support your financial and lifestyle goals. For Life Cover, TPD Cover and/or Income Cover you can decide to structure these Standard Covers in or out of superannuation (see page 24). You can then consider if any of the available Extras Covers are right for your situation.



Packaged Cover – a simple solution for insurance needs

We've created pre-packaged solutions called Packaged Covers to suit a range of insurance needs. Packaged Cover is only available outside superannuation. These packages may be purchased without needing to complete the full underwriting questionnaire, enabling you to get cover easier and faster. Important exclusions apply, and these are described on page 15.

Important: Packaged Covers are not designed to take into account your individual circumstances or specific needs.



If you are not seeking personal advice from your financial Adviser, and your insurance needs are for a specific purpose, you might consider if any of the Packaged Covers below suit your needs. These Packaged Covers are generally designed for people who have a straightforward need for protection, earning up to \$120,000 a year, and only requiring Life Cover and TPD Cover amounts up to \$1 million. Packaged Cover is not available to a Life Insured in Occupation Class R.

Packaged Covers

The table below outlines the packages that are available.

Table 1: Packaged Cover

Package name	Cover selection	Default cover amount
Home Loan Cover Cover to support your family, and help maintain their lifestyle	<ul style="list-style-type: none"> Life Cover with Home Loan Extras 	Your mortgage amount <i>Subject to a minimum of \$50k and maximum of \$1 million</i>
	<ul style="list-style-type: none"> Trauma Cover <input checked="" type="checkbox"/> Trauma Cover will be Linked to Life Cover 	30% of your mortgage amount <i>Subject to a minimum of \$30k and maximum of \$500k</i>
Buy/Sell Cover Cover to fund expenses such as a legally binding business buy/sell agreement	<ul style="list-style-type: none"> Life Cover with Buy/Sell Extras TPD Cover with Business Extras <input checked="" type="checkbox"/> TPD Cover will be Linked to Life Cover 	The Life Insured's share of equity in the Business <i>Subject to a minimum of \$50k and maximum of \$1 million</i>
Business Loan Cover Cover to support business growth	<ul style="list-style-type: none"> Life Cover TPD Cover with Business Extras <input checked="" type="checkbox"/> TPD Cover will be Linked to Life Cover 	The Life Insured's Business loan amount <i>Subject to a minimum of \$50k and maximum of \$1 million</i>
Sole Trader Income Cover to help keep up cash flow when the Life Insured is unable to work	<ul style="list-style-type: none"> Income Cover with Sole Trader Extras <ul style="list-style-type: none"> 30 day Excess Period applies as a default that can later be altered to a 90 day Excess Period if required. Note: that under the Day 1 Cash Flow Benefit, some benefits may be payable without the requirement to satisfy the Excess Period. 1 year Benefit Period 	75% of the Life Insured's Monthly Income <i>Subject to a minimum of \$1,500 per month and maximum of \$7,500 per month</i>

Package name	Cover selection	Default cover amount
Key Person Revenue Cover to keep things running when there is a key dependency on the Life Insured for business revenue	<ul style="list-style-type: none"> Income Cover with Key Person Extras <ul style="list-style-type: none"> 30 day Excess Period applies as a default that can later be altered to a 90 day Excess Period if required. Note: that under the Day 1 Revenue Benefit, some benefits may be payable without the requirement to satisfy the Excess Period. 1 year Benefit Period 	75% of the Life Insured's Monthly Income as a key employee or business owner <i>Subject to a minimum of \$1,500 per month and maximum of \$7,500 per month</i>

Applying for Packaged Cover

When you choose one of the Packaged Covers, MetLife allows your insurance to be set up quickly and easily without needing a full personal statement, or a full underwriting assessment of the Life Insured's health history and pastime information.

Premiums

Without the full underwriting assessment, we know less about the Life Insured and as a result, Packaged Cover has an additional premium loading.

Exclusions

Packaged Cover will be subject to the same automatic Policy exclusions that apply to fully underwritten MetLife Protect policies. Please see section 6.5 of the Policy Terms for details of the exclusions that apply to each of Life Cover, TPD Cover, Trauma Cover and Income Cover (and their associated Extras Cover).

Under Packaged Cover, no benefits will be payable if a claim arises directly or indirectly from:

- an act of War;
- taking part in a sport, pastime or occupation which would not normally be covered or would not normally be accepted on standard terms or at standard price under MetLife's underwriting rules that applied at the time of the application; or
- any Pre-Existing Conditions.

Section 6.5.5 of the Policy Terms has more detail on the above exclusions applicable specifically to Packaged Cover.

What is a Pre-Existing Condition?

A Pre-Existing Condition means any Injury, Illness or symptom for which, prior to Cover Commencement, the Life Insured:

- was aware of, or a reasonable person should have been aware of;
- consulted with a Medical Practitioner or Health Professional and/or received advice, care or treatment (with or without a diagnosis), or was recommended to seek advice, care or treatment; or
- should have sought advice, care or treatment from a Medical Practitioner or Health Professional (where a reasonable person in the same circumstances would have sought advice, care or treatment).

Updating your Packaged Cover to a fully underwritten Policy

Once your application for Packaged Cover has been accepted and your Policy has commenced, you can ask us to make a full underwriting assessment at any time. This typically involves a tele-interview with questions on the Life Insured's health history and pastimes. There could be a few possible outcomes based on the information provided.

- If we are able to accept the cover under standard terms, we will remove the Policy exclusions specific to Packaged Cover and remove the extra premium charge.
- We may offer you cover on non-standard terms, for example with a more specific exclusion – if so, you can choose these terms or keep your Policy unchanged.
- Occasionally, we will not be able to improve your original terms but you can keep your existing Policy unchanged.

Applying for cover

General eligibility

To be eligible for insurance cover through MetLife Protect or MetLife Protect Super you and the Life Insured must be an Australian Resident, that is an Australian or New Zealand citizen, or an Australian permanent resident and in each instance have a residential address in Australia. You and the Life Insured must have received this PDS and be applying for cover while in Australia. Acceptance of the application is at our discretion. To apply for insurance cover through MetLife Protect Super, you (the Life Insured) must also provide your tax file number – refer to page 77.

Entry ages and cover expiry ages

Insurance cover is only available if the Life Insured meets entry age criteria. Insurance cover ceases once the Life Insured reaches the expiry age. The Life Insured's entry age and expiry age criteria are shown in the table below.

Table 2 – Cover entry and expiry ages

Cover type	Premium type	Standard cover		Extras cover ¹
		Entry ages	Expiry ages	Entry ages
Life Cover	Stepped	15-73	130 ²	15-59
	Fixed Term Option (5 or 10 years)	15-54		15-54
	Level (age 65 or age 70)	15-59		15-59
TPD Cover	Stepped	15-64	75	15-59
	Fixed Term Option (5 or 10 years)	15-54		15-54
	Level (age 65 or age 70)	15-59		15-59
Trauma Cover	Stepped	15-64	75	15-59
	Fixed Term Option (5 or 10 years)	15-54		15-54
	Level (age 65 or age 70)	15-59		15-59
Income Cover	Stepped	15-64	75	15-59
	Level (age 65 or age 70)	15-59		15-59

1. All Extras Cover expires when the Life Insured reaches age 65.

2. Life Cover in MetLife Protect Super will end at age 75 if you are paying premiums via personal contribution (and are unable to make a change to enable premium payment via rollover). Refer to page 75 for more information.

What do we mean by an Occupation Class?

When you apply for cover we will assign the Life Insured with an Occupation Class, which is a category based upon the Life Insured's current occupation. If you have TPD Cover and/or Income Cover, the Life Insured's Occupation Class will be shown on your Policy Schedule.

The Occupation Class may determine the types of cover the Life Insured is eligible for (detailed in table 3 on page 17), and may also impact the premium you pay or the Benefit Period applicable to Income Cover.

Table 3 outlines the different Occupation Classes that may be assigned. Please contact us if you need more information on Occupation Classes and how a Life Insured might be classified.

Table 3 – Occupation Classes described

Occupation Class	Summary	Description
P	Professionals	Degree-qualified white collar professionals and high income earning senior business executives.
G	Gold	Qualified professionals within the medical and legal profession.
W	White	Clerical and managerial occupations.
L	Light Blue	A broad range of occupations with low physical activity.
B	Blue	Qualified trades with a minimum 2 years' experience, not working at heights above 10 metres.
D	Dark Blue	A broad range of blue collar occupations, including trades without full qualifications.
R	Red	Other occupations including high risk occupations that are eligible for cover subject to benefit limitations.
O	Orange	Occupations not eligible for Income Cover.

Minimum and maximum cover amounts

Table 4 lists the minimum and maximum cover amounts available at application depending on the Occupation Class, where the Life Insured's occupation is relevant to determine eligibility for insurance cover.

Once a Policy is in force, cover may exceed the maximums stated below, due to Indexation.

Note: the minimum and maximum cover amount for Packaged Covers is shown below under the section 'Applications for Packaged Covers'.

Table 4: Minimum and Maximum Cover¹ Amounts

	Occupation Class							
	P	W	G	L	B	D	R	O
Income Cover⁴	75% of the Life Insured's Monthly Income, subject to a minimum cover amount of \$1,500 to a maximum cover amount of \$30,000 a month ²						75% of the Life Insured's Monthly Income, subject to a minimum cover amount of \$1,500 to a maximum cover amount of \$5,000 a month.	Not eligible for Income Cover
Life Cover	Minimum cover amount \$50,000 No maximum for Life Cover							
TPD Cover	Minimum cover amount \$50,000 Maximum cover amount \$5,000,000 ³							
Trauma Cover	Minimum cover amount \$30,000 Maximum cover amount \$2,000,000 ³							

1. We may limit the maximum cover amount for each cover further according to financial need and the total insurance cover the Life Insured holds.

2. If applying for Income Cover after the Life Insured's 60th birthday, the maximum cover amount is \$15,000 per month.

3. If applying for TPD Cover or Trauma Cover after the Life Insured's 60th birthday, the maximum cover amount is \$1,000,000.

4. Additional limitations apply to Income Cover:

- The Monthly Cover Amount you insure can be up to 75% of the Life Insured's Monthly Income; however, these will be subject to the limits described in Table 4.
- Benefit Period selections are restricted for some Occupation Classes. Table 5 shows more detail around Benefit Period selection criteria.

Table 5: Benefit Period selection criteria

Life Insured's Occupation Class	Income Cover - Benefit Periods available for Occupation Classes			
	1 year	5 years	To age 65	To age 70
P, G, W	✓	✓	✓	✓
L, B	✓	✓	✓	✗
D	✓	✓	✗	✗
R	✓	✗	✗	✗
O	✗	✗	✗	✗



Eligibility for Extras Cover

Table 6 outlines eligibility criteria for Extras Cover.

Table 6: Life Insured eligibility for Extras Cover

Note: both Employment Type and Occupation Class criteria must be met to access the specified Extras Cover.

	Employment Type				Occupation Class							
	Employee	Business Owner	Sole Trader	Non-working	P	W	G	L	B	D	R	O
Life Cover Extras												
Home Loan Extras	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Buy/Sell Extras	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓
TPD Cover Extras												
Employment Extras	✓	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗
Specialist Extras	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗
Business Extras	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗
Trauma Cover Extras												
Individual Extras	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Extras	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Income Cover Extras												
Professional Extras	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗
Provide & Care Extras	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗
Key Person Extras	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗
Sole Trader Extras	✗	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗

Applications for Packaged Covers

The tables in this section outline eligibility criteria for Packaged Covers.

Table 7: Life Insured eligibility according to Occupation Class and Employment Type (Packaged Cover)

Note: both Occupation Class and Employment Type criteria must be met to access the specified Packaged Cover.

	Occupation Class								Employment Type			
	P	W	G	L	B	D	R	O	Employee	Business Owner	Sole Trader	Non-working
Home Loan Cover												
Life Cover & Trauma Cover	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
Buy/Sell Cover												
Life Cover & TPD Cover	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗
Business Loan Cover												
Life & TPD Cover	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗
Sole Trader Income												
Income Cover	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗
Key Person Revenue												
Income Cover	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗

Table 8: Packaged Cover - Minimum and Maximum Cover Amounts

Cover type	Packaged Cover type
Home Loan Cover	
Life Cover	Not more than your home loan amount and between \$50,000 and \$1,000,000 inclusive
Trauma Cover	Not more than 30% of the home loan amount and between \$30,000 and \$500,000 inclusive
Buy/Sell Cover	
Life Cover	Not more than the Life Insured's share of equity in the Business and between \$50,000 and \$1,000,000 inclusive
TPD Cover	
Business Loan Cover	
Life Cover	Not more than the amount of the business loan and between \$50,000 and \$1,000,000 inclusive
TPD Cover	
Sole Trader Income	
Income Cover	75% of the Life Insured's Monthly Income and between \$1,500 and \$7,500 inclusive a month
Key Person Revenue	
Income Cover	75% of the Life Insured's Monthly Income and between \$1,500 and \$7,500 inclusive a month

When your Policy ends

Your Policy will end on the earliest of:

- the date you cancel all cover or the Policy;
- the date we cancel the Policy because you have not paid the premiums when due;
- the date that Linked Cover or Extras Cover has ended or been cancelled, if the covers under the Policy are unable to exist separately to those on the Linked Policy (for example, if a Policy with Standard Cover ends, any associated Extras Cover on a separate Policy must also end);
- the date all covers under the Policy end for any reason including, but not limited to, reaching expiry age, benefit payment or cancellation;
- the Policy Expiry Date shown on the Policy Schedule (if applicable);
- the date of the Life Insured's death; and
- the date we cancel and/or avoid cover in accordance with our legal rights.

If your insurance is provided through MetLife Protect Super, your Policy will also end when you cease to be a member of the Fund, or may end when you are no longer eligible to contribute to the Fund, as prescribed under superannuation law. In this case, we may accept an application from you, without underwriting, for your cover to continue on the same terms under a non-superannuation Policy.



Superannuation and non-superannuation policies

MetLife Protect and MetLife Protect Super provide you with the flexibility to structure your insurance cover in and out of superannuation.

Insurance inside super

If you set up your insurance cover inside superannuation, we refer to this as 'in superannuation'.

Insurance policies within a superannuation fund are owned by the trustee of the superannuation fund, and rollovers (where applicable) and your contributions to the superannuation fund are used to pay your insurance premiums.

If we pay a claim, the insured benefits are paid to the trustee. The release of these benefits by the trustee will be subject to the fund's trust deed and eligibility criteria to release the benefits under the relevant superannuation laws.

There may be tax advantages for taking out your insurance cover through a superannuation fund.

Not all cover types are allowed to be held in superannuation under superannuation law – see 'Cover availability in superannuation on page 25. You can still have any other cover you need with a Policy that you pay for directly and that is not held within your superannuation fund.



MetLife Protect Super

You become a member of the Aon Master Trust, through the insurance-only division known as the MetLife Australia Superannuation Fund. This enables you to structure your insurance in superannuation with a MetLife Protect Super Policy. The owner of your Policy will be the Trustee of the fund, Equity Trustees Superannuation Limited.

Refer to pages 74-81 for details.



SMSF

You are a member of a Self-Managed Superannuation Fund (SMSF) and your MetLife Protect Policy is issued to the trustee(s) of your SMSF.

Non-super

Any Policy that is not owned by the trustee of a superannuation fund is referred to as 'non-superannuation'. All cover types are available to be held under a non-superannuation Policy.

A non-superannuation Policy may be self-owned, jointly owned, owned by another individual or by a corporate entity.

You can nominate up to five individual Policy Owners on a jointly owned, non-superannuation Policy. Please note that joint ownership is not available for policies with Income Cover.

The tax treatment of a Policy may vary depending on whether the Policy is self-owned or if it is owned by a corporate entity or another individual/s.

Benefits will be paid to the Policy Owner/s (or to the Nominated Beneficiaries).



Self-owned

Self-ownership means the Life Insured is the Policy Owner.



Not self-owned

In relation to ownership means the Policy is:

- owned by an individual who is not the Life Insured;
- jointly owned by up to five individuals (not available for Income Cover); or
- owned by a corporate entity.

Cover availability in superannuation

Superannuation laws limit the insurance types that you can hold in superannuation, and the circumstances under which an insurance benefit may be paid to you as the superannuation fund member.

Standard Cover that is Life Cover, TPD Cover or Income Cover can be purchased in superannuation. Standard Trauma Cover is not available in superannuation but may be obtained separately as Standalone or Linked Cover on a Policy held outside superannuation. Extras Cover are not available inside superannuation but may be obtained as attached or associated benefits to Standard Cover held outside or inside superannuation.

Packaged Cover (refer to page 14) is only available on policies held outside superannuation.

Cover structuring in and out of superannuation

Table 9: Cover type and ownership structure in and out of superannuation

Cover type	Ownership structure
Linked TPD Cover	If you have your Life Cover in superannuation, you can choose to have your Linked TPD Cover in or out of superannuation. If you hold this cover outside superannuation it must be on a self-owned Policy outside superannuation. Your Life Cover will be owned by the trustee of the relevant superannuation fund your Life Cover is held through
Linked Trauma Cover	If you have your Life Cover in superannuation, you can only choose to have Linked Trauma Cover out of superannuation. Any Linked Trauma Cover must be held on a separate, self-owned Policy outside of superannuation. Your Life Cover will be owned by the trustee of the relevant superannuation fund your Life Cover is held through.
Extras Cover	<p>If you have Life Cover, TPD Cover and/or Income Cover in superannuation, any corresponding Extras Cover will still be available, however; it must be separately held on an associated, self-owned Policy outside of superannuation. This ensures you have freedom to choose the Extras Cover you need, even when you choose to set up your Standard Cover in superannuation.</p> <p>Under this arrangement, where Standard Cover is in superannuation and corresponding Extras Cover has been taken out under a non- superannuation Policy, if entitlement to a benefit exists under both policies, we will always first assess your eligibility to claim under the cover provided in superannuation first, before considering your eligibility to claim under the Extras Cover outside superannuation.</p>

Linking Cover

Linking is an important consideration in setting up the cover in your Policy/Policies.

You can choose to Link your TPD Cover and/or Trauma Cover with your Life Cover. Linked Cover can save you money, while still enabling you to protect a broad range of insured events.

Note that references to Linking in this section do not apply to any association between Extras Cover and Standard Cover.

How Linked Cover works

Linking is a relationship between Life Cover and TPD and/or Trauma Cover. In order to Link cover you must first hold Life Cover.

If you choose Linking, you can select to Link TPD Cover or Trauma Cover (or both) to your Life Cover. Any TPD or Trauma Cover Amounts greater than your Life Cover Amount (or any cover you choose to not Link) will be issued on a Standalone basis.

Example:

Consider a Policy with \$500,000 Life Cover and \$600,000 TPD Cover.

If you choose to Link the TPD Cover to your Life Cover, a maximum TPD Cover Amount of \$500,000 will be Linked to your Life Cover and the remaining \$100,000 will be Standalone Cover.



While your Linked Covers do not need to have the same cover amounts, the Linked portion of your TPD Cover and/or Trauma Cover can never individually exceed the Life Cover Amount.

Why Link Cover?

Linking TPD and/or Trauma Cover to Life Cover is more cost-effective than Standalone Cover, but has limitations after a claim, as described later in this section.

Your Financial Adviser can help illustrate the differences between Linked Cover and Standalone Cover for you. In traditional Linking arrangements, claiming under one Linked Cover usually cancels or reduces any other Linked Cover. For example, a TPD payment would usually reduce any Life Cover it was Linked to, by the amount paid.

At MetLife we recognise that once you have suffered Illness or Injury and received a TPD or Trauma Cover benefit payment, the other cover you hold becomes even more relevant. Our product design allows you to continue any Linked Covers following a TPD or Trauma Cover benefit payment, **without a reduction in cover amount**. Instead, the relevant cover continues with Accidental Injury Cover as described later in this section.

Cover limitations after a claim

Life Cover benefit payment (impact on Linked Cover)

If the Life Insured passes away your Life Cover ends. Your entire Policy (including any Linked TPD and/or Linked Trauma Cover) will also end. Note, if the Life Insured is diagnosed with a Terminal Illness and the total Life Cover amount is paid, any Standalone TPD and/or Standalone Trauma cover will continue.

TPD Cover benefit payment (impact on Linked Cover)

If a benefit is paid out under TPD Cover (partially or in full), your TPD Cover will either be reduced or it will end. Your corresponding Life Cover and/or Linked Trauma Cover Amounts will not be reduced.

As a result of the TPD Cover benefit payment, an Accidental Injury Cover definition will apply to the corresponding amount of Life and/or Linked Trauma Cover (including any associated Extras Cover) that corresponds with the amount of TPD Cover that was paid.

Cover which is subject to an Accidental Injury Cover definition will be restricted to events or circumstances relating to Accidental Injury only.

Trauma Cover benefit payment (impact on Linked Cover)

If a Trauma Cover benefit is paid, any corresponding Life and/or Linked TPD Cover won't be reduced as a result. Instead, as described for TPD Cover, an Accidental Injury Cover definition will be applied to a corresponding portion of your Life Cover or Linked TPD Cover (including any associated Extras Cover) that matches the Trauma Cover benefit payment.

Cover which is subject to an Accidental Injury Cover definition will be restricted to events or circumstances relating to Accidental Injury only.

Our Trauma Cover design ensures that multiple benefit payments might be possible after your first Trauma claim. This means we don't apply the traditional reduction in your Trauma Cover Amount following a Trauma benefit payment. This applies irrespective of whether the Trauma Cover is taken as Linked Cover or as Standalone Cover.

Please refer to Trauma Cover details at page 42 for more information.

What is Accidental Injury Cover?

Accidental Injury:

Means a bodily Injury sustained during the period of the Policy, solely and directly as a result of external, violent and visible means, arising from an event that is unintended and unexpected.

Suicide, self-inflicted Injury (whether intended or not), Injury arising from Illness, and Injury arising as a direct or indirect result of criminal activity are excluded.

Exceptions

In the event of a Linked TPD Cover benefit payment

The Accidental Injury Cover definition (following a Linked TPD Cover benefit payment) does not apply to any benefits payable under:

- Family Extras (available with Trauma Cover); and
- Home Loan Extras (available with Life Cover).

In the event of a Linked Trauma Cover benefit payment

The Accidental Injury Cover definition (following a Linked Trauma Cover benefit payment) does not apply to any benefits payable under Home Loan Extras (available with Life Cover).

Order of claims assessment (Linked and Standalone Covers)

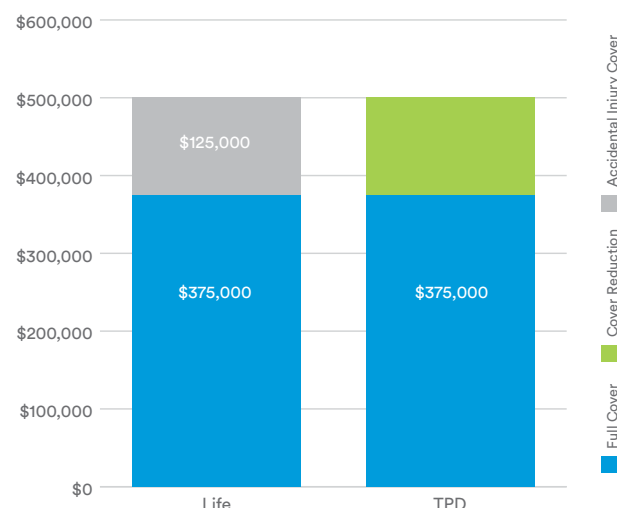
If your TPD Cover is made up of both Linked and Standalone Cover and a benefit is payable, any partial reduction to your TPD Cover Amount (as a result of a benefit payment) will be made from your Standalone TPD Cover first. It is only where a payment also decreases your Linked TPD Cover that there is an impact on any corresponding Life and/or Linked Trauma Cover.

If your Trauma Cover is made-up of both Linked and Standalone Cover and a benefit becomes payable, then any benefit payment will be made under your Standalone Cover first. It is only where a benefit payment also occurs from your Linked Trauma Cover that there will be any impact on any corresponding Life and/or Linked TPD Cover.

Example 1 – a partial TPD benefit payment

Consider a Policy with \$500,000 Life Cover and \$500,000 Linked TPD Cover.

If a partial benefit payment of \$125,000 is made under Linked TPD Cover, the TPD Cover Amount will reduce to \$375,000. The Life Cover Amount remains at \$500,000; however, \$125,000 of this (an amount matching the TPD Cover benefit payment) will be restricted to events relating to Accidental Injury only. For information regarding how long the limitation will apply for, see “Duration of the Accidental Injury Cover definition”.



Example 2 – a full TPD benefit payment

Consider a Policy with \$500,000 Life Cover and \$500,000 Linked TPD Cover.

If a full benefit payment of \$500,000 is made under Linked TPD Cover, the TPD Cover subsequently ends. The Life Cover Amount remains at \$500,000, however future benefit payments under Life Cover will be restricted to events relating to Accidental Injury only.

For information regarding **how long** the limitation will apply for, see “**Duration of the Accidental Injury Cover definition**” later in this section.



More information on the Accidental Injury Cover definition

Premiums

Your premiums will continue to be payable as your cover continues following a Linked TPD and/or Linked Trauma benefit payment. In addition, your premiums will not be impacted or adjusted as a result of the Accidental Injury Cover definition applying.

Duration of the Accidental Injury Cover definition

Life Cover

The Accidental Injury Cover definition placed upon Life Cover (and any associated Extras Cover) following a Linked TPD or Trauma Cover benefit payment will be applicable as follows:

- The limitation applies for 14 days after a Linked TPD Cover benefit payment, provided the Policy for TPD Cover includes Extras Cover.

Otherwise, the limitation remains until the applicable portion of Life Cover ends.

- The limitation applies for 12 months following a Linked Trauma Cover claim payment.

TPD Cover

The Accidental Injury Cover definition placed upon TPD Cover (and any associated Extras Cover) following a Linked Trauma Cover benefit payment applies until the TPD Cover ends.

Trauma Cover

The Accidental Injury Cover definition placed upon Trauma Cover (and any associated Extras Cover) following a Linked TPD or Trauma Cover benefit payment will be applicable as follows:

- The limitation applies following a Linked TPD Cover benefit payment, until Trauma Cover ends.
- The limitation applies for 12 months following a Linked Trauma Cover benefit payment. Please refer to Trauma Cover on page 42 for full details on how the Accidental Injury Cover definition applies to Trauma Cover following a Trauma claim.



Life Cover

Life Cover provides a lump sum benefit that is often used to pay out loans and other liabilities in the event of the Life Insured's death or Terminal Illness. It can also be used to provide for dependants.

The benefits available under Life Cover depend on whether you take out Standard Life Cover only, or if you choose to add any of the Extras Covers.

Table 10 shows the key benefits and amounts payable.

What are the benefits and features of Life Cover?

Table 10: Standard Life Cover benefits and features

Benefits and features	Description	Amount payable
Death Benefit	<ul style="list-style-type: none"> Covers death of the Life Insured 	100% of the Life Cover Amount
Life Cover - Terminal Illness Benefit	<ul style="list-style-type: none"> Covers a Terminal Illness likely to result in death of the Life Insured within 24 months 	100% of the Life Cover Amount
Life Cover - Immediate Expenses Benefit	<ul style="list-style-type: none"> To help with immediate expenses at the time of the Life Insured's death, such as funeral costs, we advance \$10,000 of your Life Cover Amount, as an upfront payment as soon as we receive the death certificate (or other satisfactory evidence). <p><i>The Life Cover Amount is reduced by the amount advanced. Payment of the remaining Life Cover Amount is subject to our assessment.</i></p>	\$10,000
Indexation	<ul style="list-style-type: none"> At each Policy Anniversary, we will increase your Life Cover Amount by CPI, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option or if your Policy is attached to another Policy with a Fixed Term Option. Additional premiums may apply 	N/A

What else is included?

Nomination of beneficiaries

You may nominate up to five beneficiaries on a non-superannuation Policy to receive the payment if a benefit is payable due to the Life Insured's death.

Nominations of beneficiaries are also available with MetLife Protect Super (see page 76) in respect of superannuation benefits payable from the Fund. We do not accept beneficiary nominations on Policies issued to Self-Managed Superannuation Fund (SMSF) trustees.

Life Cover - Extras Cover

Subject to eligibility criteria, you may choose one or all of these Extras Covers which provides additional benefits that may be relevant to your insurance needs:

- Home Loan Extras
- Buy/Sell Extras.

These are available at an additional cost and additional eligibility criteria may apply. The Extras Covers expire when the Life Insured reaches age 65.

The law doesn't allow Extras Cover in superannuation, but if your Standard Life Cover is in superannuation, any corresponding Extras Cover will still be available, however; it must be taken out on a self-owned Policy held outside superannuation. In this case, MetLife will always first assess your eligibility to claim under the standard Life Cover in superannuation before considering your eligibility to claim under the Extras Cover.

Exclusions applicable to Life Cover and associated Extras Cover

13 month suicide exclusion

No benefits are payable if a claim arises as a direct or indirect result of suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover). The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer, and is being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under the other cover).

The exclusion does not apply with respect to the following benefits:

- Life Cover - Immediate Expenses Benefit;
- Life Cover - Immediate Home Expenses Benefit (available under Home Loan Extras cover); or
- Life Cover - Immediate Business Expenses Benefit (available under Buy/Sell Extras Cover).

Accidental Injury Cover definition (for Life Cover increased under the Life Events Increases Feature)

If you increase your Life Cover as a result of exercising the Life Events Increases Feature (available with Extras Cover), then for the first six months following the increase we will only pay benefits under that increased Life Cover Amount for claims arising as a direct result of Accidental Injury. After six months has elapsed, full coverage is available.

Benefit payments under Linked Cover

If you have Linked TPD or Trauma Cover to your Life Cover and a TPD or Trauma Cover benefit is paid, your Life Cover and any associated Buy/Sell Extras will be subject to the following:

1. Accidental Injury Cover definition following Linked TPD Cover benefit payment

An Accidental Injury Cover definition will apply to Life Cover and Buy/Sell Extras, following a Linked TPD Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover subjected to this limitation will directly correspond with the Linked TPD Cover benefit paid.

The Accidental Injury Cover definition remains in place for 14 days following a benefit payment provided the Policy includes TPD Extras Cover. Otherwise, the definition will apply permanently.

2. Accidental Injury Cover definition following a Linked Trauma Cover benefit payment

An Accidental Injury Cover definition will apply to Life Cover and Buy/Sell Extras, following a Linked Trauma Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover subjected to this limitation will directly correspond with the Linked Trauma Cover benefit paid.

The Accidental Injury Cover definition remains in place for 12 months following benefit payment.

Please refer to section 6.5.1 of the Policy Terms for full details of Policy Exclusions applicable to Life Cover and associated Extras Cover.

Maximum Expiry Age

Life Cover expires when the Life Insured reaches age 130 for policies held outside super. Life Cover in MetLife Protect Super and Life Cover held in an SMSF will expire when the Life Insured reaches age 75 if you are paying premiums via personal contribution (and are unable to make a change to enable premium payment via rollover).

Home Loan Extras

Available with Life Cover



Non-superannuation policies only: Home Loan Extras is available for customers who might require extra protection to assist with loan repayments in case of the Life Insured's Illness, Injury or death. Home Loan Extras is not available to a Life Insured in Occupation Class R.

What are the benefits and features of Home Loan Extras?

Home Loan Extras is available with Standard Life Cover at an additional cost. Table 11 highlights the benefits and features of Home Loan Extras.

Table 11: Home Loan Extras benefits and features.

Benefits and features	Description	Amount payable
Life Cover – Involuntary Unemployment Premium Waiver Feature	<ul style="list-style-type: none"> If the Life Insured loses their job due to Involuntary Unemployment, you can request all Life Cover, TPD Cover and Trauma Cover premiums (across all MetLife Protect & MetLife Protect Super Policies for the Life Insured) to be waived for up to three months while they are not working. <p>The Life Cover - Involuntary Unemployment Premium Waiver Feature can be provided once in any 12 month period and for up to six months in total over the life of the Policy/Policies.</p>	N/A
Life Cover – Specified Events Benefit	<ul style="list-style-type: none"> Provides a benefit payment if the Life Insured suffers from a Specified Event, or dies as a result of an accident as outlined in Table 12 on page 33. <p><i>A payment under this Benefit will be in addition to any benefit payments available under standard Life Cover.</i></p>	<p>A specified % of the Life Cover Amount, subject to maximum limits</p> <p>Refer to the Life Cover – Specified Events Benefit Table on page 33</p>
Life Cover - Immediate Home Expenses Benefit	<ul style="list-style-type: none"> To help with immediate home expenses at the time of the Life Insured's death, such as home loan repayments, we advance \$20,000 of the Life Cover Amount, as an upfront payment as soon as we receive satisfactory evidence of death (for example, an Australian death certificate). This is in addition to the advancement of \$10,000 under the Immediate Expenses Benefit, available with Standard Life Cover. <p><i>The Life Cover Amount is reduced by the amount advanced. Payment of the remaining Life Cover Amount is subject to our assessment.</i></p>	\$20,000
Life Events Increases Feature	<ul style="list-style-type: none"> If the Life Insured increases his/her home loan in the future, you will be able to increase your Life Cover Amount and any Linked TPD Cover Amount, without further medical underwriting. The increased amount must correspond to the increase in the home loan and is capped at 50% of the original Life Cover Amount, up to \$500,000. <p><i>The application to increase cover must be made within 30 days of the Policy Anniversary following the home loan increase. If the application is accepted, your premiums will be adjusted to reflect the increased Life Cover Amount. You can make Life Events Increases up to four times over the life of the Policy.</i></p>	N/A

Table 12 - Life Cover - Specified Events Benefit Table

Event	Benefit (% of the base Life Cover Amount)	Maximum payment (capped)
Death or loss of limbs/sight		
Death as a result of Accidental Injury ¹	100%	\$750,000
Blindness, Loss of Use of Limb – <i>two or more limbs</i>	75%	\$500,000
Blindness – <i>partial loss</i> , Loss of Use of Limb - <i>single limb</i>	50%	\$250,000
Severe burns		
Severe Burns to at least 20% of body surface or 50% of face	75%	\$500,000
Severe Burns to at least 4% but less than 20% of body surface	30%	\$200,000
Severe Burns to at least 50% of hand surface of either hand	15%	\$100,000
Fracture of		
Hip, pelvis (excl. sacrum), skull (excl. bones of face or nose)	10%	\$30,000
Thigh shaft, vertebrae	4%	\$10,000
Lower leg, arm, sternum	3%	\$7,500
Collarbone, foot, hand, jaw, shoulder bone, wrist	2%	\$5,000
Coccyx, eye socket, sacrum	1%	\$3,000
Dislocation of		
Hip	5%	\$15,000
Ankle, elbow, knee, wrist, shoulder	1%	\$3,000

1. This benefit is payable in addition to any other benefit payment (as a result of death) under Life Cover (Standard Cover or Extras Cover).

Additional Exclusions

In addition to the exclusions that apply to Life Cover, the following exclusions also apply to Home Loan Extras.

Specified Events Benefit (Osteoporosis)

If the Life Insured has been diagnosed with Osteoporosis (either before Cover Commencement or afterwards), then following Diagnosis, the maximum number of Specified Event benefit payments that can be made for any listed Fracture over the life of the Policy is two. This includes any benefit payments that immediately preceded or led to the Diagnosis of Osteoporosis.

Specified Events Benefit (Self-inflicted Injury exclusion)

We won't pay any benefits if the Specified Event occurs as a direct or indirect result of attempted suicide or an intentional, self-inflicted Injury.

Specified Events Benefit (Multiple Dislocation claims)

A benefit for Dislocations of the same body part will only be paid once under Home Loan Extras over the life of the Policy. Example: If the Life Insured has Dislocated their right shoulder and a payment is made, we won't pay any subsequent claims for a right shoulder Dislocation.

Specified Events Benefit (Multiple claims originating from the same incident)

If there are multiple Specified Events occurring as a result of a single incident, we will pay for the Specified Event that renders the highest payment. You may claim on the same Specified Event provided they are triggered by different incidents.

Refer to Policy Terms at section 6.5.1 for full details of Policy Exclusions applicable to Life Cover and associated Extras Cover.

Maximum Expiry Age

Home Loan Extras expires when the Life Insured reaches age 65.

Buy/Sell Extras

Available with Life Cover



Non-superannuation policies only: Buy/Sell Extras may be suitable for business owners putting a buy/sell agreement in place, or reviewing an existing buy/sell agreement as part of their business succession planning.

What are the benefits and features of Buy/Sell Extras?

Buy/Sell Extras is available with Standard Life Cover at an additional cost and Table 13 highlights the benefits and features of Buy/Sell Extras.

Table 13: Buy/Sell Extras benefits and features

Benefits and features	Description	Amount payable
Life Cover – Business Exit Expenses Benefit	<ul style="list-style-type: none">We pay expenses incurred when executing the business buy/sell agreement due to the Life Insured's death or if they suffer from a Terminal Illness, such as legal and accounting expenses.	Up to \$3,000 (Reimbursed expenses only)
Life Cover -Immediate Business Expenses Benefit	<ul style="list-style-type: none">To help with immediate business expenses in the event of the Life Insured's death, such as business loan payments, we advance an additional \$20,000 of the Life Cover Amount as an upfront payment as soon as we receive the death certificate (or other satisfactory evidence). This is in addition to the advancement of \$10,000 under the Life Cover - Immediate Expenses Benefit, which is available with Standard Life Cover. <i>Your Life Cover Amount is reduced by the amount advanced. Payment of the remaining Life Cover Amount is subject to our assessment.</i>	\$20,000
Life Events Increases Feature	<ul style="list-style-type: none">As the Life Insured's Business increases in value, and their corresponding Business equity increases, you can increase your Life Cover Amount and any Linked TPD Cover Amount without further medical underwriting. The increased amount must correspond to the increased Business equity on a Business valuation. It is capped at 50% of the original Life Cover Amount, up to \$1,000,000. <i>The application to increase cover must be made within 30 days of the Policy Anniversary following the Business valuation which first shows the increase in equity. If the application is accepted, your premiums will be adjusted to reflect the increased Life Cover Amount. You can make Life Events Increases up to four times over the life of the Policy.</i>	N/A

Additional Exclusions

Buy/Sell Extras is subject to the exclusions that apply to Life Cover. There are no additional exclusions that apply to Buy/Sell Extras.

Refer to Policy Terms at section 6.5.1 for full details of Policy Exclusions applicable to Life Cover and associated Extras Cover.

Maximum Expiry Age

Buy/Sell Extras expires when the Life Insured reaches age 65.



TPD Cover

TPD Cover provides a lump sum benefit if the Life Insured becomes Totally and Permanently Disabled.

The benefits available under Standard TPD Cover depend on whether you take out standard TPD Cover only, or if you choose to add any of the Extras Covers. Table 14 shows the key benefits and amounts payable.

What are the benefits and features of TPD Cover?

Table 14: Standard TPD Cover benefits and features

Benefits and features	Description	Amount payable
TPD Cover – Any Occupation Benefit *	<ul style="list-style-type: none"> Covers the Life Insured's permanent inability to continue in the workforce in any occupation to which they are reasonably suited by education, training or experience, as a result of Injury or Illness. <p><i>This benefit is not available to a Life Insured in Occupation Class R or O; or to persons who are over age 65 working less than 20 hours a week.</i></p>	100% of the TPD Cover Amount
TPD Cover – General Disability Benefit*	<ul style="list-style-type: none"> Provides a benefit if the Life Insured has a permanent inability to do two or more of the Activities of Daily Living without another person's help, and are unlikely to ever be able to work again. <p><i>The Activities of Daily Living are based on bathing, dressing, feeding, using a toilet, and mobility.</i></p>	100% of the TPD Cover Amount
Death Benefit	<ul style="list-style-type: none"> Provides a benefit in the event that the Life Insured passes away during the term of TPD Cover. <p>If the Life Insured was deemed to have been Totally and Permanently Disabled before passing away and subsequently a full benefit under TPD Cover was paid, or is eligible to be paid, the Death Benefit will not be payable.</p> <p><i>Not available where TPD Cover is Linked to Life Cover.</i></p>	\$10,000
Life Events Extras Feature	<ul style="list-style-type: none"> If the Life Insured's income first exceeds \$120,000 during the term of cover, you can ask to add Employment Extras without further medical underwriting. If the Life Insured first graduates or obtains professional registration, or attains two years' experience as a qualified tradesperson during the term of cover, you can ask to add Specialist Extras, without further medical underwriting. <p><i>The application to add Employment Extras or Specialist Extras must be made within 30 days of the Policy Anniversary following the relevant life event - i.e. salary increase, professional registration or two years trade experience.</i></p>	N/A
Indexation	<ul style="list-style-type: none"> At each Policy Anniversary, we will increase your TPD Cover Amount by CPI, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option or if your Policy is attached to another Policy with a Fixed Term Option. Additional premiums may apply. 	N/A

*Only one of these Benefits will be payable under your Policy. Refer to the Policy Terms for more detail.

TPD Cover – Extras Cover

Subject to eligibility criteria, you may choose one of these Extras Covers, which provides additional benefits that may be relevant to your insurance needs:

- Employment Extras;
- Specialist Extras; or
- Business Extras.

These are available at an additional cost and eligibility criteria may apply. The Extras Covers expire when the Life Insured reaches age 65.

The law doesn't allow Extras Cover in superannuation but, if your Standard TPD Cover is in superannuation, any corresponding Extras Cover will still be available, however, it must be held on a self-owned Policy outside superannuation. In this case, we will always first assess your eligibility to claim under the Standard Cover in superannuation before considering your eligibility to claim under the Extras Cover.

Exclusions applicable to TPD Cover and associated Extras Cover

Suicide exclusion on Death Benefit

The Death Benefit under TPD Cover will not be payable if the claim arises as a direct or indirect result of suicide, attempted suicide or an intentional, self-inflicted Injury within the first 13 months of the Cover Commencement (or Reinstatement of cover).

The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer, and being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under the other cover).

Self-inflicted Injury exclusion

No benefits are payable if a claim arises as a direct or indirect result of an attempted suicide or an intentional self-inflicted Injury. This exclusion does not apply to the Death Benefit which is instead subject to the suicide exclusion detailed on page 31.

Accidental Injury Cover definition following Linked Trauma Cover benefit payment

An Accidental Injury Cover definition will apply to Linked TPD Cover (and any associated Extras Cover) following a Linked Trauma Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Linked TPD Cover impacted by this limitation will directly correspond with the Linked Trauma Cover Amount paid.

The Accidental Injury Cover definition remains in place permanently. Please see section Linking Cover on page 26-28 for full details on how Linked Cover operates

Accidental Injury Cover definition (for TPD Cover increased under the Life Events Increases Feature)

If you increase your TPD Cover as a result of exercising the Life Events Increases Feature (available with Extras Cover), then for the first six months following the increase we will only pay benefits under that increased TPD Cover Amount for claims arising as a direct result of Accidental Injury. After six months has elapsed, full coverage is available.

Refer to Policy Terms at section 6.5.2 for full details of Policy Exclusions applicable to TPD Cover and associated Extras Cover.

Maximum Expiry Age

TPD Cover expires when the Life Insured reaches age 75.

Employment Extras

Available with TPD Cover



Non-superannuation policies only: Employment Extras is available to Life Insureds that are employees working full time in Occupation Class P or W or G or L or B.

What are the benefits and features of Employment Extras?

Employment Extras is available with Standard TPD Cover at an additional cost. Table 15 highlights the benefits and features of Employment Extras.

Table 15: Employment Extras benefits and features

Benefits and features	Description	Amount payable
TPD Cover – Physical Disability Benefit*	<p>Cover if, as a result of Injury or Illness, the Life insured suffers:</p> <ul style="list-style-type: none"> permanent loss of use of one Limb; or permanent loss of sight in one eye. <p><i>The TPD Cover Amount is reduced by the benefit amount paid. Any Linked Life Cover and/or Trauma Cover will not be reduced, but will be subject to an Accidental Injury Cover definition to the extent of the benefit amount paid, as per the Linking Cover section on page 26.</i></p>	<p>25% of the TPD Cover Amount</p> <p>(capped at \$500,000)</p>
TPD Cover – Limited Earnings Benefit*	<ul style="list-style-type: none"> This benefit may be payable in circumstances where you are permanently disabled due to Illness or Injury but are not entitled to payment under the TPD Cover – Any Occupation Benefit, due to still having a limited capacity for work. The benefit is payable where the Life Insured's earnings are unlikely to ever exceed 25% of their pre-disability earnings. 	100% of the TPD Cover Amount
Restoration of Life Cover Feature (TPD)	<ul style="list-style-type: none"> This is a feature that restores your Linked Life Cover 14 days following a Linked TPD Cover claim payment. <p>Following a Linked TPD Cover claim payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning benefits under Life Cover will only be payable if they arise as a direct result of an Accidental Injury.</p> <p>The Restoration of Life Cover Feature (TPD) enables this Accidental Injury Cover definition to be removed 14 days following the Linked TPD Cover benefit payment.</p>	N/A
Life Events Increases Feature	<ul style="list-style-type: none"> If the Life Insured's salary (including superannuation) increases by 15% or more in a year, you can increase your TPD Cover Amount and any Linked Life Cover Amount without further medical underwriting. The maximum cover increase is the lower of \$250,000 and five times the salary increase <p><i>The application to increase cover must be made within 30 days of the Policy Anniversary following your salary increase. If the application is accepted, your premiums will be adjusted to reflect the increased TPD Cover Amount and Linked Life Cover. You can use the Life Events Increases Feature up to four times over the life of the Policy.</i></p>	N/A

***Important:** If you have Standard TPD Cover in superannuation, we will pay any TPD Benefits you are entitled to under the Policy in superannuation, to the extent permitted under superannuation law. Given restrictions apply to amounts that can be paid from a superannuation policy, any benefits or amounts payable in excess of any superannuation limitations will be paid under your Employment Extras Cover outside superannuation.

Additional Exclusions

In addition to being subject to the exclusions that apply to TPD Cover, the following exclusions apply to Employment Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under TPD Cover)

If you add Employment Extras to your TPD Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits under Employment Extras for claims arising as a result of Accidental Injury. After six months has elapsed, full coverage is available.

Refer to Policy Terms at section 6.5.2 for full details of Policy Exclusions applicable to TPD Cover and associated Extras Cover.

Maximum Expiry Age

Employment Extras expires when the Life Insured reaches age 65.



Specialist Extras

Available with TPD Cover



Non-superannuation policies only: Specialist Extras is available to Life Insureds that are employees or business owners who work full time in Occupation Class P or W or G or L or B.

What are the benefits and features of Specialist Extras?

Specialist Extras is available with Standard TPD Cover at an additional cost. Table 16 highlights the benefits and features of Specialist Extras.

Table 16: Specialist Extras benefits and features

Benefits and features	Description	Amount payable
TPD Cover – Own Occupation Benefit*	<ul style="list-style-type: none">Covers the Life Insured's permanent inability to work again in their Usual Occupation, trade or profession solely due to Injury or Illness.	100% of the TPD Cover Amount
Restoration of Life Cover Feature (TPD)	<ul style="list-style-type: none">This is a feature which restores your Linked Life Cover, 14 days following a Linked TPD Cover claim payment. <p>Following a Linked TPD Cover claim payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning claims under Life Cover will only be payable if they arise as a direct result of an Accidental Injury.</p> <p>The Restoration of Life Cover Feature (TPD) enables this Accidental Injury Cover definition to be removed, 14 days following the Linked TPD Cover benefit payment.</p>	N/A
Life Events Increases Feature	<ul style="list-style-type: none">If the Life Insured's salary (including superannuation) increases by 15% or more in a year, you can increase your TPD Cover Amount and any Linked Life Cover Amount without further medical underwriting. The maximum cover increase is the lower of \$250,000 and five times the salary increase<i>The application to increase cover must be made within 30 days of the Policy Anniversary following the salary increase. If the application is accepted, your premiums will be adjusted to reflect the increased TPD Cover Amount and any increased Linked Cover. You can use the Life Events Increases Feature up to four times over the life of the Policy.</i>	N/A

***Important:** If you have Standard TPD Cover in superannuation, we will pay any TPD Benefits you are entitled to under the Policy in superannuation, to the extent permitted under superannuation law. Given restrictions apply to amounts that can be paid from a superannuation policy, any benefits or amounts payable in excess of any superannuation limitations will be paid under your Specialist Extras Cover outside superannuation.

Additional Exclusions

In addition to being subject to the exclusions that apply to TPD Cover, the following exclusions apply to Specialist Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under TPD Cover)

If you add Specialist Extras to your TPD Cover as a result of exercising the Life Events Extras Feature, then for the first six

months following the addition we will only pay benefits under Specialist Extras for claims arising as a result of Accidental Injury. After six months has elapsed full coverage is available.

Refer to Policy Terms at section 6.5.2 for full details of Policy Exclusions applicable to TPD Cover and associated Extras Cover.

Maximum Expiry Age

Specialist Extras expires when the Life Insured reaches age 65.

Business Extras

Available with TPD Cover



Non-superannuation policies only: Business Extras is available to Life Insureds that are business owners who work full time in their Business in Occupation Class P or W or G or L or B.

What are the benefits and features of Business Extras?

Business Extras is available with Standard TPD Cover at an additional cost. Table 17 highlights the benefits and features of Business Extras.

Table 17: Business Extras benefits and features

Benefits and features	Description	Amount payable
TPD Cover – Own Business Benefit*	<ul style="list-style-type: none">Covers the Life Insured's loss of ability to work ever again in their Business, or any similar business solely due to Injury or Illness.	100% of the TPD Cover Amount
Restoration of Life Cover Feature (TPD)	<ul style="list-style-type: none">This is a feature that restores your Linked Life Cover 14 days following a Linked TPD Cover claim payment. Following a Linked TPD Cover claim payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning benefits under Life Cover will only be payable if they arise as a direct result of an Accidental Injury. The Restoration of Life Cover Feature (TPD) enables this Accidental Injury Cover definition to be removed 14 days following the Linked TPD Cover benefit payment.	N/A
Life Events Increases Feature	<ul style="list-style-type: none">If the Life Insured takes out a new business loan or increases their business loan amount in the future, you can increase your TPD Cover Amount and any Linked Life Cover Amount, without further medical underwriting. The amount of increase must correspond to the business loan or increase and is capped at 50% of the original TPD Cover Amount, up to \$1,000,000. <i>The application to increase cover must be made within 30 days of the Policy Anniversary following the business loan increase. If the application is accepted, your premiums will be adjusted to reflect the increased TPD Cover Amount and any Linked Life Cover. You can use the Life Events Increases Feature up to four times over the life of the Policy.</i>	N/A

***Important:** If you have Standard TPD Cover in superannuation, we will pay any TPD Benefits you are entitled to under the Policy in superannuation, to the extent permitted under superannuation law. Given restrictions apply to amounts that can be paid from a superannuation policy, any benefits or amounts payable in excess of any superannuation limitations will be paid under your Business Extras Cover outside superannuation.

Additional Exclusions

In addition to being subject to the exclusions that apply to TPD Cover, There are no additional exclusions that apply to Business Extras Cover

Refer to Policy Terms at section 6.5.2 for full details of Policy Exclusions applicable to TPD Cover and associated Extras Cover.

Maximum Expiry Age

Business Extras expires when the Life Insured reaches age 65.

Trauma Cover

Trauma Cover provides the Life Insured with financial assistance if they are diagnosed with a serious medical condition. It can help in coping with expenses that arise from seeking out the most relevant medical treatment possible, pay off debts, or offset lost earnings potential while the Life Insured is on the road to recovery.

MetLife Protect Trauma – Introducing a unique design

We have adopted a severity-based design that allows you to access continuous cover through multiple claim payments. Even after you have been paid your full Trauma Cover Amount, your Trauma Cover remains in place and continues to provide protection for any conditions that arise as a result of Accidental Injury. 12 months following claim payment, your Trauma Cover is automatically restored without you needing to do anything (i.e. cover becomes available once again for new Trauma Conditions, and not just those arising from Accidental Injury). In this manner, you are able to claim on your Trauma Cover multiple times over the life of your Policy, and are continually provided with protection.

The benefits available under Trauma Cover depend on whether you take out Standard Cover only or choose to add Extras Cover. **Trauma Cover (and any associated Extras Cover) is not available in superannuation.**

Cover for a wide range of Trauma Conditions across five Trauma Categories

Trauma Cover provides you with protection for a wide range of separately defined Trauma Conditions, each of which have been grouped together into one of five Trauma Categories. Within each Trauma Category, each condition has been further classified as providing a Tier 1, Tier 2 or Tier 3 Benefit. The tiering classification is an indicator of the severity of a condition, and dictates what percentage of your Trauma Cover Amount is payable if you suffer that particular condition (i.e. 100% for the most severe conditions, 50% for those that may be deemed less severe, and so on). The Standard Trauma Cover benefit table on page 43 outlines the five Trauma Categories, the Trauma Conditions covered and payment percentages on the basis of Tiers.

Minimum Trauma benefit payable

The minimum benefit we will pay under Trauma Cover is \$10,000.

Maximum Expiry Age (and changes to your cover at age 70)

Trauma Cover expires when the Life Insured reaches age 75, however from the Life Insured's 70th birthday onwards, only Tier 1 benefits will be covered.

What Trauma Conditions are covered and what is payable?

Table 18 lists all conditions that are covered under Standard Cover and Extras Cover (where applicable), and the amounts payable. For full details on these conditions and how they are defined, please refer to the Policy Terms at 4.1.1, 4.1.2 and 4.1.3 that can be found on pages 91-93 and section 11 of the Policy Terms.

Table 18: Standard Trauma Cover Benefit Table

Trauma Category	Tier	Trauma Conditions	Amount payable (% of the Trauma Cover Amount)
Cancer Conditions 90 day No-Claim Period commences after cover starts	Tier 1 Benefits	<ul style="list-style-type: none"> Cancer – <i>advanced</i> 	Up to 100%
	Tier 2 Benefits	<ul style="list-style-type: none"> Cancer – <i>excluding specified early stage cancers</i> 	Up to 50%
	Tier 3 Benefits	<ul style="list-style-type: none"> Cancer – <i>early stage cancers</i> 	Up to 10% (capped at \$50,000)
Heart Conditions 90 day No-Claim Period commences after cover starts	Tier 1 Benefits	<ul style="list-style-type: none"> Heart Condition – <i>significantly impaired heart function</i> 	Up to 100%
	Tier 2 Benefits	<ul style="list-style-type: none"> Angioplasty – <i>triple vessel</i> Cardiomyopathy Coronary Artery Bypass Surgery Heart Attack – <i>with specified clinical evidence</i> Heart Surgery – <i>open heart surgery</i> Pulmonary Arterial Hypertension 	Up to 50%
	Tier 3 Benefits	<ul style="list-style-type: none"> Angioplasty – <i>single or double vessel</i> Heart Surgery – <i>keyhole procedure</i> 	Up to 25% (capped at \$25,000)
Neurological Conditions 90 day No-Claim Period commences after cover starts	Tier 1 Benefits	<ul style="list-style-type: none"> Neurological Condition – <i>permanent neurological deficit</i> 	Up to 100%
	Tier 2 Benefits	<ul style="list-style-type: none"> Alzheimer's Disease Coma – 96 hours Motor Neurone Disease Multiple Sclerosis Muscular Dystrophy Parkinson's Disease – <i>unknown cause</i> Stroke – <i>with persisting clinical symptoms</i> 	Up to 50%
	Tier 3 Benefits	<ul style="list-style-type: none"> Bacterial Meningitis or Viral Encephalitis Benign Brain Tumour Hydrocephalus – <i>requiring surgery</i> 	Up to 25% (capped at \$100,000)

Trauma Category	Tier	Trauma Conditions	Amount payable (% of the Trauma Cover Amount)
Vital Organ and Digestive System Disorders	Tier 1 Benefits	<ul style="list-style-type: none"> Vital Organ or Digestive System Disorder – <i>end stage</i> 	Up to 100%
	Tier 2 Benefits	<ul style="list-style-type: none"> Lung Removal (excluding donors) 	Up to 50%
	Tier 3 Benefits	<ul style="list-style-type: none"> Aplastic Anaemia Colostomy or Ileostomy Crohn's Disease – <i>severe</i> Diabetes – <i>insulin dependent with complications</i> Ulcerative Colitis – <i>severe</i> 	Up to 25% (capped at \$100,000)
Disability Conditions and Accidental Incidents	Tier 1 Benefits	<ul style="list-style-type: none"> Blindness Loss of Independence Loss of Use of Limb – <i>two or more limbs</i> 	Up to 100%
	Tier 2 Benefits	<ul style="list-style-type: none"> Burns – <i>third degree</i> Deafness Osteoporosis – <i>before age 50</i> 	Up to 50%
	Tier 3 Benefits	<ul style="list-style-type: none"> Blindness – <i>partial loss</i> Deafness – <i>partial hearing loss</i> HIV Infection – <i>acquired medically, at work or from an assault</i> Loss of Use of Limb – <i>single limb</i> 	Up to 25% of the Trauma Cover Amount (capped at \$100,000)

1. Subject to eligibility criteria, for the listed Trauma Condition Angioplasty – *single or double vessel*, an angioplasty on each of the three main coronary arteries, either in a single procedure, or multiple procedures within two months of the original procedure, qualifies for a Tier 2 benefit under the listed Trauma Condition *Angioplasty – triple vessel*.

How do multiple claims under Standard Trauma Cover work?

There are three important considerations that apply in the context of multiple claims:

1. The Trauma Category Rule
2. Progressive or Related Trauma Conditions
3. The application of the Accidental Injury Cover definition

1. The Trauma Category Rule

Your total Trauma Cover Amount is available to be paid under each of the five Trauma Categories. In other words, it is possible to be paid five times the Trauma Cover Amount for multiple claims across each Trauma Category, over the life of your Policy. Once you've received 100% of your Trauma Cover Amount within a single Trauma Category, coverage for all Trauma Conditions within that category will end. This is illustrated in Table 19.

Table 19: Examples of the Trauma Category Rule

Example A	Example B
<p>Sarah is the Life Insured on a Policy with Trauma Cover Amount of \$100,000. If she suffers a severe heart attack and receives a Tier 1 Benefit under ‘Heart Condition – significantly impaired heart function’ we will pay 100% of the Trauma Cover Amount. Following payment, Sarah will continue to be covered for \$100,000 of Trauma Cover; however she will no longer be covered for any other Trauma Conditions in the Trauma Category of Heart Conditions.</p>	<p>Anna is the Life Insured on a Policy with Trauma Cover Amount of \$100,000. If she suffers Cardiomyopathy and receives a Tier 2 Benefit, we will pay 50% of the Trauma Cover Amount. Following payment, Anna will continue to be covered for \$100,000 of Trauma Cover.</p> <p>18 months later Anna suffers a major heart attack and satisfies the criteria for a Tier 1 Benefit payment of 100% under ‘Heart Condition – significantly impaired heart function’, which is in the same Trauma Category as her first claim. The benefit we will pay for this second claim is reduced from \$100,000 to \$50,000, to ensure that Anna does not exceed the maximum payment of 100% of the Trauma Cover Amount for claims within any one Trauma Category.</p> <p>Following this second benefit payment, Anna will continue to be covered for \$100,000 of Trauma Cover; however she will no longer be covered for any other Trauma Conditions in the Trauma Category of Heart Conditions.</p>

The maximum amount payable combined for all Trauma Conditions within each Trauma Category is the Trauma Cover Amount. This applies over the life of the Policy.

2. Related or Progressive Trauma Conditions

There are a number of Trauma Conditions that we will treat as related to a prior Trauma Cover benefit payment (referred to as Related or Progressive Trauma Conditions).

Definition

Related or Progressive Trauma Condition: Any condition that is symptomatic of, secondary to, or otherwise connected with the same underlying condition, medical cause or pathology as another condition for which we have paid a Trauma Cover benefit.

In the case of Related or Progressive Trauma Conditions, subsequent benefit payments will be offset against previous Trauma Cover benefit payments. The maximum amount we will pay for Related or Progressive Trauma Conditions is 100% of your Trauma Cover Amount.

Example Scenario

Scenario: John is a 56 year old accountant who took out a MetLife Protect Policy (as the Policy Owner as well as the Life Insured) with \$100,000 of Trauma Cover 18 months ago. He has just been diagnosed with prostate cancer.

Claim 1: John is diagnosed with prostate cancer and is paid a Tier 3 Benefit under the Trauma Condition of ‘Cancer - early stage cancers’. The payment amount is 10% of his Trauma Cover Amount, and so he receives \$10,000.

Claim 2: Despite treatment, the cancer progresses and 9 months later, John is advised that the entire prostate must be removed. Due to this, he is now eligible to claim a Tier 2 Benefit under the Trauma Condition of ‘Cancer - excluding early stage cancers’. The benefit payment for this Trauma Condition is 50% of the Trauma Cover Amount (\$50,000). However, because this is a Related or Progressive Trauma Condition, the amount that John will be paid is \$40,000 as he has already received \$10,000 of his \$50,000 entitlement.

Claim 3: Unfortunately, as a complication of the prostate cancer, John ends up suffering from end stage kidney failure, requiring permanent dialysis. He is eligible to claim a Tier 1 Benefit under ‘Vital Organ or Digestive System Disorder – end stage’. The amount payable is 100% of the Trauma Cover Amount (\$100,000). However because this is a Related or Progressive Trauma Condition and John has already received \$50,000 in total for two previous claims, he will be entitled to receive the remaining \$50,000 (\$100,000 minus the \$50,000 already paid).

3. The application of the Accidental Injury Cover definition

An Accidental Injury Cover definition in relation to Trauma Cover means that for the period during which it applies, your Trauma Cover will be limited to Trauma Conditions that arise as a result of Accidental Injury only.

Definition

Accidental Injury:

Means a bodily Injury sustained during the period of the Policy, solely and directly as a result of external, violent and visible means, arising from an event which is unintended and unexpected. Suicide, self-inflicted Injury (whether intended or not), Injury arising from Illness, and Injury arising as a direct or indirect result of criminal activity are excluded.

Once we pay a benefit for any Trauma Condition, we will apply a 12 month Accidental Injury Cover definition to the same amount of Trauma Cover which corresponds with the benefit payment made. For example, if you received a Tier 2 Benefit which paid you 50% of your Trauma Cover Amount, the Accidental Injury Cover definition will be applied to 50% of your Trauma Cover Amount. 12 months following benefit payment, the Accidental Injury Cover definition will be removed.

Note: The Accidental Injury Cover definition does **not** apply to Trauma Conditions that are considered Related or Progressive Trauma Conditions.

The examples in Table 20 illustrate the application of the Accidental Injury Cover definition with examples, in scenarios with multiple claims due to unrelated Trauma Conditions.

Table 20: Examples of the application of the Accidental Injury Cover definition

Example A Application of the Accidental Injury Cover definition	Example B Removal of Accidental Injury Cover definition after 12 months (restoration of Trauma Cover to full coverage)
<p>Duncan is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$200,000.</p> <p>Duncan suffers a major heart attack satisfying the criteria for a Tier 1 Benefit under 'Heart Condition – <i>significantly impaired heart function</i>'.</p> <p>We pay Duncan 100% of his Trauma Cover Amount, i.e. \$200,000. His Trauma Cover Amount remains at \$200,000, however, for the 12 months following the benefit payment he will only be able to claim for further Trauma Conditions arising from Accidental Injury.</p> <p>Six months after Duncan's heart attack he is badly burned in a house fire. Fortunately, as his MetLife Protect Policy continues to provide him with coverage, he is entitled to claim a Tier 2 Benefit under the Trauma Condition of 'Burns – <i>third degree</i>'. This results in a 50% benefit payment of \$100,000, due to the accident.</p>	<p>Simon is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$200,000. Simon suffers a major heart attack satisfying the criteria for a Tier 1 Benefit under 'Heart Condition – <i>significantly impaired heart function</i>'.</p> <p>We pay Simon 100% of his Trauma Cover Amount, i.e. \$200,000. His Trauma Cover Amount remains at \$200,000, however, for the 12 months following the benefit payment he will only be able to claim for further Trauma Conditions arising from Accidental Injury.</p> <p>12 months after the payment of the Trauma Condition benefit the Accidental Injury Cover definition is removed and Simon's Trauma Cover will be restored to full coverage.</p>

What are the other benefits and features of Trauma Cover?

Table 21 highlights the benefits and features of Trauma Cover.

Table 21: Standard Trauma Cover benefits and features

Benefits and features	Description	Benefit payable
Restoration of Life Cover Feature (Trauma)	<ul style="list-style-type: none"> This is a feature that restores your Linked Life Cover, 12 months following a Linked Trauma Cover claim payment. <p>Following a Linked Trauma Cover claim payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning claims under Life Cover will only be payable if they arise as a direct result of an Accidental Injury.</p> <p>The Restoration of Life Cover Feature (Trauma) enables this Accidental Injury Cover definition to be removed 12 months following the Linked Trauma Cover benefit payment.</p>	N/A
Life Events Extras Feature	<ul style="list-style-type: none"> If the Life Insured marries, enters a civil union, or becomes a parent during the term of cover, you can add the Family Extras without further medical underwriting. This feature is not available if the Life Insured has claimed under Trauma Cover. <p><i>The application to add Family Extras must be made within 30 days of the Policy Anniversary following the Specified Event.</i></p>	N/A
Indexation	<ul style="list-style-type: none"> At each Policy Anniversary, we will increase your Trauma Cover Amount by CPI, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option or if your Policy is attached to another Policy with a Fixed Term Option. Additional premiums may apply 	N/A

Trauma Cover – Extras Cover

Subject to eligibility criteria, you may choose any of these Extras Covers which provide additional benefits that may be relevant to your insurance needs:

- Individual Extras
- Family Extras.

These are available at an additional cost and expire when the Life Insured reaches age 65.

Exclusions applicable to Trauma Cover and associated Extras Cover

Survival period

We will not pay any benefits under Standalone Trauma Cover (including associated Individual Extras) if the Life Insured does not survive for at least 14 days after the date they first meet the definition of the relevant Trauma Condition.

Self-inflicted Injury

No benefits are payable if a claim arises as a direct or indirect result of an attempted suicide or an intentional self-inflicted Injury.

No-Claim Period

Where a No-Claim Period is noted for a Trauma Category in Table 18, no benefits will be payable at any time for any Trauma Condition within that category that the Life Insured sought or obtained advice or treatment for, or had symptoms of, prior to the end of the No-Claim Period. This includes circumstances where the Life Insured sought or obtained advice or treatment for, or had symptoms of, any Related Condition/s, prior to the end of the No-Claim Period.

With respect to the No-Claim Period that applies to the Trauma Cover - Child Trauma Benefit under with Family Extras, no benefits are payable for any condition for which a Dependent Child was first diagnosed, prior to the end of the No-Claim Period.

Accidental Injury Cover definition following Linked TPD Cover benefit payment

An Accidental Injury Cover definition will permanently apply to Linked Trauma Cover and associated Individual Extras, following a Linked TPD Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Linked Trauma Cover subjected to this limitation will directly correspond with the Linked TPD Cover amount paid.

Multiple Trauma Claims

1. Impact of claim order

If a benefit is paid for a Trauma Condition, and a subsequent claim is lodged for second Trauma Condition, which actually preceded the first (i.e. occurred earlier), we will adjust the second claim payment so that the total of this and the first don't exceed what would have been payable, had the claims been reported and paid in the Claim Event Date order of occurrence.

2. Multiple claims originating from the same event

If you are claiming for two or more Trauma Conditions that have occurred as a result of one single event, occurrence, or incidence, we will pay you for the Trauma Condition that offers the greatest benefit payment.

3. General Trauma claim payment rules

There are a number of rules that define how we calculate any benefits that are payable to you, once you have been paid a benefit on your Standard Trauma Cover and/or Individual Extras Cover more than once. They are described in the section "How do multiple claims under Standard Trauma Cover work?" as well as in the section under "How Individual Extras operates with Standard Cover".

Please refer to Policy Terms at section 6.5.3 for full details of all Policy Exclusions applicable to Trauma Cover and associated Extras Cover.

Individual Extras

Available with Trauma Cover



Non-superannuation policies only: Individual Extras is suitable for a broad range of people, and there are no additional eligibility criteria in addition to the Standard Trauma Cover.

What are the benefits and features of Individual Extras?

Individual Extras is available with Standard Trauma Cover at an additional cost. Table 22 highlights the benefits and features of Individual Extras.

Table 22: Individual Extras benefits and features

Benefits and features	Description	Amount payable (% of the Trauma Cover Amount)
Trauma Cover – Booster Benefit	<ul style="list-style-type: none">An additional 50% of the Trauma Cover Amount is paid as a top-up to your Standard Cover, providing additional cash flow. This applies to all Tier 2 benefits, which pay 50% of the Trauma Cover Amount, effectively boosting your benefit payment to 100%. <p><i>Benefit payable up to two times for a Life Insured across all MetLife Protect policies.</i></p>	Up to 50%
Trauma Cover – Unrelated Cancer Benefit	<ul style="list-style-type: none">Covers a new primary Tier 1 or Tier 2 Cancer Condition diagnosed 12 months or more after, and unrelated to, a previous cancer benefit payment. <p><i>Benefit payable once only.</i></p>	Up to 100%
Trauma Cover – Related Cancer Benefit	<ul style="list-style-type: none">Covers a new primary Tier 1 or Tier 2 Cancer Condition diagnosed 12 months or more after, and related to, a previous cancer benefit payment. <p><i>Benefit payable once only.</i></p>	Up to 10% (capped at \$50,000)
Trauma Cover – Related Heart Condition Benefit	<ul style="list-style-type: none">Covers a Tier 1 or Tier 2 Heart Condition, diagnosed 12 months or more after a previous related benefit payment. Includes repeat heart attacks. <p><i>Benefit payable once only.</i></p>	Up to 10% (capped at \$50,000)
Trauma Cover – Repeat Angioplasty Benefit	<ul style="list-style-type: none">Covers angioplasty on one or two arteries to treat coronary artery disease 12 months or more after a previous benefit payment for Angioplasty – <i>single or double vessel</i>. <p><i>Benefit payable once only.</i></p>	Up to 25% (capped at \$25,000)

Individual Extras

Available with Trauma Cover

How Individual Extras operates with Standard Trauma Cover

The benefits and features held within Individual Extras enhance the payment rules under Standard Cover, as explained below.

Trauma Cover – Booster Benefit

This benefit effectively doubles the Trauma Cover Amount that would otherwise be payable for a Tier 2 benefit under Standard Trauma Cover, from 50% to 100%.

Example:

If a Life Insured is covered for a Standard Trauma Cover Amount of \$100,000 and they suffer Cardiomyopathy, the Trauma benefit payment would normally be a Tier 2 Benefit payment of \$50,000 (50% of the Trauma Cover Amount). With the Trauma Cover – Booster Benefit, the Trauma benefit paid will be \$100,000.

Trauma Cover – Unrelated Cancer Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Cancer Conditions to be overridden. This means if the Life Insured suffers from a new primary Cancer Condition that pays a Tier 1 or Tier 2 Benefit, diagnosed 12 months or more after (and unrelated to) a previous cancer claim, a new claim is possible in the Cancer Conditions category, up to the full Trauma Cover Amount.

Example:

Duncan is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$100,000.

If Duncan was recently paid a 100% benefit as a result of suffering from advanced skin cancer, ordinarily he would be unable to claim for any other Cancer Conditions again (Trauma Category Rule). However, with the Trauma Cover – Unrelated Cancer Benefit, if Duncan is diagnosed with a new, Unrelated cancer (e.g. lung cancer) at least 12 months after his previous Diagnosis of advanced skin cancer, then subject to our requirements being met he will be again entitled to claim the full Trauma Cover Amount of \$100,000.

Trauma Cover – Related Cancer Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Cancer Conditions to be overridden. This means if the Life Insured suffers from a related Tier 1 or Tier 2 Cancer Condition diagnosed 12 months or more after a previous cancer claim (Related or Progressive Trauma Condition), you are able to claim another 10% of the Trauma Cover Amount in the Cancer Condition category.

Example:

Simon is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$100,000.

If Simon was recently paid a 100% benefit as a result of suffering from advanced skin cancer, ordinarily he would be unable to claim for any other Cancer Conditions again (Trauma Category Rule). However, with the Trauma Cover – Related Cancer Benefit, if Simon is diagnosed with a new, Related cancer (e.g. another advanced cancer as the skin cancer has spread) at least 12 months after his previous Diagnosis of advanced skin cancer, then subject to our requirements being met he will be entitled to claim another 10% of the Trauma Cover Amount (i.e. \$10,000).

Trauma Cover – Related Heart Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Heart Conditions to be overridden. This means if the Life Insured suffers from a related Tier 1 or Tier 2 Heart Condition diagnosed 12 months or more after a previous Heart Condition claim (Related or Progressive Trauma Condition), you are able to claim another 10% of your Trauma Cover Amount in the Heart Condition category.

Example:

Anna is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$100,000.

If Anna was recently paid a 100% benefit as a result of a heart attack, ordinarily she would be unable to claim for any other Heart Conditions again (Trauma Category Rule). However, with the Trauma Cover – Related Heart Benefit, if Anna suffer another heart attack related to the first (at least 12 months after her first heart attack), then subject to our requirements being met Anna will be entitled to claim another 10% of the Trauma Cover Amount (i.e. \$10,000).

Trauma Cover – Repeat Angioplasty Benefit

This benefit enables the Related or Progressive Trauma Conditions rule to be overridden. This means if the Life Insured undergoes Angioplasty – single or double vessel to treat a narrowing or blockage of one or more coronary arteries after we have paid a benefit 12 months or more ago for the same procedure, we'll pay another 25% of the Trauma Cover Amount, up to \$25,000.

Example:

Sarah is the Policy Owner and Life Insured on a Policy with Trauma Cover Amount of \$100,000.

If Sarah suffers from Coronary Artery Disease (CAD) and is paid a 25% benefit as a result of undergoing an angioplasty, ordinarily any future related claims for angioplasty as a result of CAD would be offset by previous payments received (effectively meaning Sarah could only claim on angioplasty for CAD once). However, with the Trauma Cover – Repeat Angioplasty Benefit, if Sarah requires a second angioplasty (at least 12 months after her first), then subject to our requirements being met she will be entitled to claim another 25% of the Trauma Cover Amount (i.e. \$25,000).

Additional Exclusions

Individual Extras is subject to the exclusions that apply to Trauma Cover. There are no additional exclusions that apply to Individual Extras.

Please refer to Policy Terms at section 6.5.3 for full details of all Policy Exclusions applicable to Trauma Cover and associated Extras Cover.

Maximum Expiry Age

Individual Extras expires when the Life Insured reaches age 65





Family Extras

Available with Trauma Cover



Non-superannuation policies only: Family Extras provides cover for the Life Insured's children (including any step or adopted children) who are aged 16 and under who live with them on a permanent basis. You do not need to provide the child's name or medical information when applying for cover.

What are the benefits and features of Family Extras?

Family Extras is available with Trauma Cover at an additional cost. Table 23 highlights the benefits and features of Family Extras.

Table 23: Family Extras benefits and features

Benefits and features	Description	Amount payable
Trauma Cover - Child Trauma Benefit 90 day No-Claim Period commences after cover starts	<ul style="list-style-type: none"> Cover for circumstances where your Dependent Child is diagnosed with one of the following specified serious illnesses: <ul style="list-style-type: none"> Bacterial Meningitis Cancer – <i>excluding specified early stage cancers</i> Crohn's Disease - severe Cystic Fibrosis Epilepsy Ulcerative Colitis - severe <p><i>This benefit is payable once only for each Dependent Child, over the life of the Policy. Multiple claims are otherwise permitted (if more than one Dependent Child is covered) up to a total maximum of \$50,000 for all claims paid under the Policy.</i></p>	Up to 10% of the Trauma Cover Amount Minimum \$10,000 (capped at \$50,000)
Trauma Cover – Family Assistance Expenses Benefit	<ul style="list-style-type: none"> Cover if an immediate family member needs to travel more than 100km to help the Life Insured with family responsibilities after a claim is paid under the Trauma Cover - Child Trauma Benefit. The benefit is a Reimbursement of the family member's direct travel and/or accommodation expenses. <p><i>Payable multiple times over the life of the Policy, up to an overall maximum of \$5,000.</i></p>	Up to \$500 per day (Reimbursed expenses only)
Trauma Cover – Medical Travel Expenses Benefit	<ul style="list-style-type: none"> Travel expenses for hospital treatment within Australia more than 100km from home, after a benefit has been paid under Trauma Cover (including any associated Extras Cover). The benefit is a Reimbursement of travel expenses, but does not include ambulance expenses. <p><i>Payable multiple times over the life of the Policy, up to an overall maximum of \$5,000.</i></p>	Up to \$5,000 (Reimbursed expenses only)

Additional Exclusions

Family Extras is subject to the exclusions that apply to Trauma Cover. There are no additional exclusions that apply to Family Extras.

Please refer to Policy Terms at section 6.5.3 for full details of all Policy Exclusions applicable to Trauma Cover and associated Extras Cover.

Maximum Expiry Age

Family Extras expires when the Life Insured reaches age 65.

However, please note that the Child Trauma Benefit will only provide coverage for Dependent Children who are 16 or under, so over time you may wish to consider if this benefit is still suitable for your insurance needs.

Income Cover

Income Cover provides a form of income replacement for when the Life Insured suffers a loss of income during times of Illness or Injury.

The benefits available under Standard Income Cover depend on whether you take out Standard Cover only, or if you choose to add any of the Extras Covers.

What are the benefits and features of Income Cover?

Standard Income Cover includes the benefits and features shown in Table 24.

If a benefit is only payable in relation to part of a month, the benefit will apply on a pro-rata basis, for example, 1/30th of the Monthly Benefit per day.



Monthly Benefit is a key term which describes the monthly amount payable for the main Income Cover benefits under your Policy (i.e. Total Disability and Partial Disability Benefits). The way we calculate your Monthly Benefit depends on whether you have an Indemnity, Agreed Value or Endorsed Agreed Value definition associated with your Policy - see the section, Monthly Benefit – calculating the amount we pay, on page 56 for more details.

Monthly Cover Amount is the amount we agree to insure, as reflected on your Policy Schedule.

Table 24: Standard Income Cover benefits and features

Benefits and features	Description	Amount payable
Total Disability Benefit	<ul style="list-style-type: none"> Covers the Life Insured's inability to work in his/her Usual Occupation due to Total Disability arising from Illness or Injury. <p><i>This benefit is payable in arrears, each month that you are eligible to claim. It is subject to the Excess Period being met, and your chosen Benefit Period.</i></p> <p>Life Insureds in Occupation Class R will be assessed for their ability to work in any occupation they are suited to by education, training and/or experience.</p>	<p>1 x Monthly Benefit per month</p> <p>Offsets may apply – see page 58</p>
Partial Disability Benefit	<ul style="list-style-type: none"> Covers the Life Insured's inability to work at full capacity in his/her Usual Occupation due to a Partial Disability, resulting in a reduction in income. <p>Subject to a maximum of the Monthly Benefit, we pay the higher of the following:</p> <ol style="list-style-type: none"> The Monthly Benefit less 75% of the Monthly Income that the Life Insured is still receiving while on claim, and 75% of the Life Insured's highest average Monthly Income for any consecutive 12 month period in the three years prior to becoming Totally Disabled or Partially Disabled less the income that the Life Insured is still receiving while on claim. <p><i>This benefit is payable in arrears each month that you are eligible to claim. It is subject to the Excess Period being met, and your chosen Benefit Period.</i></p>	<p>1 x Partial Disability Monthly Benefit per month</p> <p>Offsets may apply – see page 58</p>
Death Benefit	<ul style="list-style-type: none"> Covers death of the Life Insured. 	<p>3 x Monthly Cover Amount</p> <p>(payable as a lump sum)</p>

Benefits and features	Description	Amount payable
Income Cover - On Claim Premium Feature	<ul style="list-style-type: none"> You will not need to pay premiums for your Income Cover while you are receiving Total Disability Benefits or Partial Disability Benefits. 	N/A
Income Cover - Recurrent Disability Feature	<ul style="list-style-type: none"> Allows the Excess Period to be waived if the Life Insured suffers a Recurrent Disability within 12 months after we have ceased paying a Total Disability Benefit or Partial Disability Benefit, due to the same Illness or Injury. 	N/A
Life Events Extras Feature	<ul style="list-style-type: none"> When the Life Insured's income first exceeds \$120,000 during the term of Income Cover, you can add Professional Extras without further medical underwriting. This feature is not available where a one year Benefit Period has been selected on your Income Cover Policy. If the Life Insured marries, becomes a parent, or their child commences school for the first time, you can add Provide & Care Extras without further medical underwriting. The feature is not available where a one year Benefit Period has been selected on your Income Cover Policy. If the Life Insured starts their own business and has been trading in that business for 12 consecutive months during the term of Income Cover, you can add Key Person Extras or Sole Trader Extras without further medical underwriting. The feature is not available where a one year Benefit Period has been selected on your Income Cover Policy. <p><i>The new application to add Professional Extras, Provide & Care Extras, Key Person Extras or Sole Trader Extras must be made within 30 days of the Policy Anniversary following the Specified Event.</i></p> <p><i>This feature is not available if the Life Insured has made a claim or been paid a benefit under Income Cover.</i></p>	N/A
Income Cover - Claim Indexation Feature	<ul style="list-style-type: none"> While on claim, your Monthly Benefit and pre-disablement income will be automatically increased to include CPI Claim Indexation. <p><i>We'll do this on each 12 month anniversary following the commencement of the Benefit Period.</i></p>	N/A
Indexation	<ul style="list-style-type: none"> At each Policy Anniversary, we will increase your Monthly Cover Amount by CPI, unless you ask us not to. Additional premiums may apply. 	N/A

Choice of Excess Period

The Excess Period is the minimum number of consecutive days that the Life Insured must be Partially Disabled or Totally Disabled, before entitlement to any Partial Disability Benefits or Total Disability Benefits can begin to accrue.

You can choose either a 30 day or 90 day Excess Period; the longer the Excess Period, the less your cover will cost.

The Excess Period starts on the date the Life Insured is certified by a Medical Practitioner as unable to work in full capacity, solely due to Illness or Injury, and as at which date they meet the definition of being Totally Disabled or Partially Disabled.

Note the Life Insured must be continuously Totally Disabled or Partially Disabled for the duration of the Excess Period, in order to be eligible to claim Partial Disability Benefits or Total Disability Benefits. Once the Excess Period has been served, your Benefit Period will commence and thereafter benefits are paid monthly in arrears.

In order for a Life Insured to receive income replacement payments from a Policy in superannuation, it is a legislated requirement to have ceased Gainful Employment due to Illness or Injury. Therefore, for any Policies in superannuation, it is a condition of the Excess Period that the Life Insured must have been completely unable to work (Totally Disabled) for at least one day during the Excess Period, due to their Illness or Injury.

Choice of Benefit Period

The Benefit Period is the maximum duration for which we'll pay Total Disability Benefits and/or Partial Disability Benefits for any one Illness or Injury (including a Recurrent Disability) over the life of the Policy.

We offer a choice of maximum Benefit Periods as follows:

- **1 year** – benefit payable for up to a year. If the Benefit Period starts on or after age 74, Total Disability Benefits or Partial Disability Benefits will cease at age 75.
- **5 years** – benefit payable for up to five years, or to age 65 whichever occurs first. However if the Benefit Period starts after age 64, Total Disability Benefits or Partial Disability Benefits can still be payable for up to a full year.
- **Age 65** – benefit payable to age 65. However if a Benefit Period starts after age 64, Total Disability Benefits or Partial Disability Benefits can still be payable for up to a full year.
- **Age 70** – benefit payable until age 70. However if a Benefit Period starts after age 65, Total Disability Benefits or Partial Disability Benefits will be payable for up to a full year only.

Note: If a claim has been paid for only part of the Benefit Period when the Life Insured returns to work, the claim can be continued for the remainder of the Benefit Period if a Recurrent Disability prevents the Life Insured from working at full capacity again.

Monthly Benefit – calculating the amount we pay

The way we calculate your Monthly Benefit depends on whether you have an Indemnity, Agreed Value or Endorsed Agreed Value definition associated with your Policy, as shown on your Policy Schedule.

Agreed Value or Endorsed Agreed Value definitions are only available if you take out Professional Extras with your Income Cover. Information on Professional Extras can be found on page 62.

The differences between the Indemnity, Agreed Value and Endorsed Agreed Value definitions are explained in Table 25 (with worked examples provided at page 57).

Table 25: Indemnity, Agreed Value and Endorsed Agreed Value definitions explained

Definition	Description	Financial evidence
Indemnity <i>This definition applies as a default unless you have Professional Extras with your Income Cover and you select the Agreed Value definition</i>	<p>Under an Indemnity definition, the Monthly Benefit is the lower of:</p> <ul style="list-style-type: none"> the Monthly Cover Amount you choose, or 75% of the life insured's highest average Monthly Income for any consecutive 12 month period in the three years prior to becoming Totally Disabled or Partially Disabled. <p>This can mean that if the Life Insured's income has decreased since they applied for cover, the Monthly Benefit that will be payable at claim time may be less than the Monthly Cover Amount insured.</p>	<p>Financial evidence will be requested at the time of claim.</p>
Agreed Value* <i>This definition is only available with Professional Extras</i>	<p>Under an Agreed Value definition, the Monthly Benefit we pay will be based upon the Monthly Cover Amount that we agree to insure the Life Insured for, including any Indexation increases that have occurred.</p> <p>Unlike the Indemnity definition, your Monthly Benefit will not be impacted if the Life Insured's Monthly Income has decreased since application. This is provided that the Life Insured's Pre-application Income was disclosed accurately.</p> <p>If the Life Insured's Pre-application Income was overstated, at time of claim we may reduce the Monthly Benefit we pay to an amount that is less than the Monthly Cover Amount, to reflect this overstatement.</p>	<p>Financial evidence to confirm the Life Insured's Pre-application Income will be requested at time of claim, and required before we can pay any benefits under Income Cover with an Agreed Value definition.</p> <p>If you are unable to prove this information at claim time, we will calculate the Monthly Benefit using an Indemnity definition.</p>
Endorsed Agreed Value* <i>This definition is only available with Professional Extras once financial evidence has been supplied</i>	<p>If you select the Agreed Value definition available with Professional Extras, and provide us with financial evidence to verify the Life Insured's Pre-application Income, we will reflect this on your Policy Schedule as Endorsed Agreed Value.</p> <p>This means that at claim time we will assess your Monthly Benefit using your Monthly Cover Amount shown on your Policy Schedule, including any Indexation increases that have occurred.</p>	<p>Financial evidence to confirm the Life Insured's Pre-application Income must be supplied and accepted in order to be provided an Endorsed Agreed Value definition on your Policy. This can occur at application or any time afterwards.</p>

***Important:** If you have Income Cover in superannuation and Professional Extras outside superannuation, we will pay any Total or Partial Disability Benefits you are entitled to under the Policy in superannuation, to the extent permitted under law. Any benefits or amounts you are entitled to, in excess of any limitations under superannuation law will be paid under your Professional Extras Cover outside superannuation.

Benefit Offsets

If the Life Insured receives replacement income or benefits from other sources, we'll treat this as income, and offset your Monthly Benefit accordingly. These other sources include:

- sick leave payments received. Note, this does not include an entitlement to sick leave when it is not received or not taken by the Life Insured;
- other disability, group, sickness or accident insurance cover, including cover under a mortgage replacement policy or through a superannuation fund that was not disclosed to us at the time you applied for the cover; and
- any payments received from workers' compensation schemes and accident compensation schemes, in respect of any part that is directly attributable to the same period as income replacement.

For full details refer to the Policy Terms at section 5.1.4.

Income Cover – Extras Cover

Subject to eligibility criteria, you may choose one or more of the below Extras Covers:

- Professional Extras
- Provide & Care Extras
- Key Person Extras
- Sole Trader Extras.

These are available at an additional cost to your Standard Income Cover and eligibility criteria may apply. The Extras Covers expire when the Life Insured reaches age 65.

The law doesn't allow Extras Cover in superannuation but, if your Standard Income Cover is in superannuation, you can have any Extras Cover you need outside superannuation.

Important: Restrictions apply to the total Monthly Benefit we can pay under a superannuation Policy, in accordance with superannuation law. Therefore, where entitlement to a benefit exists under both your superannuation Policy and Extras Cover, any amounts payable in excess of superannuation limitations, will be paid under your Extras Cover.

On Claim Superannuation

Your maximum Monthly Cover Amount is based on your gross Monthly Income.

You may elect to include superannuation contributions in the calculation of your Monthly Cover Amount when you apply for cover. If you do this, then when you lodge a claim, we'll

ask for your nominated superannuation fund, so we can direct a portion of your Monthly Benefit directly to the fund, on your behalf. The amount we direct into superannuation will represent the superannuation contribution percentage (SG rate) at the time of claim payment, presently 9.5% but subject to change.

You may request we use an amount greater than the SG rate according to your situation (including your assessment of the tax implications for you).

Exclusions applicable to Income Cover and associated Extras Cover

Suicide

The Death Benefit under Income Cover, Income Cover – Family Provision Benefit under Provide & Care Extras and the Income Cover – Loss of Key Person Benefit under Key Person Extras will not be payable if the claim arises as a direct or indirect result of suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover).

The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer, and being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under that other cover).

Self-inflicted Injury

No benefits are payable if a claim arises as a direct or indirect result of an attempted suicide or an intentional self-inflicted Injury.

This exclusion does not apply to the Death Benefit, the Income Cover - Family Provision Benefit, or the Income Cover - Loss of Key Person Benefit which are instead subject to the suicide exclusion detailed on page 31.

Unemployment – Income Cover in Superannuation

If your Income Cover is in superannuation, no benefits will be payable if the Life Insured was not employed immediately prior to the Date of Disability.

Accidental Injury Cover definition (for Income Cover increased under the Life Events Increases Feature)

If you increase your Income Cover as a result of exercising the Life Events Increases Feature (available with Extras Cover), then for the first six months following the increase we will only

pay benefits under that increased Monthly Cover Amount for claims arising as a direct result of Accidental Injury. After six months has elapsed, full coverage is available.

Accidental Injury Cover definition (after exercising the Income Cover – Cover Pause Feature)

For a period of six months following the date that you increase your Monthly Cover Amount as a result of exercising the Income Cover - Cover Pause Feature, a benefit is only payable under that increased portion of your Monthly Cover Amount for claims arising as a direct result of an Accidental Injury.

General exclusions

No benefits are payable for claims arising:

- directly or indirectly from War;
- from Uncomplicated Pregnancy or childbirth; or
- from the Life Insured's participation in any criminal activity.

We can't Reimburse any expenses that are not permitted by law (including Superannuation law) to reimburse, or are regulated by the *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)*.

Please see Policy Terms at section 6.5.4 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Varied terms after age 65

If you have a 1 year, 5 year or age 65 Benefit Period and the Life Insured is on claim when they reach age 65, benefit payments will cease (provided you have received benefits for a minimum total duration of one year).

In addition to the above, all cover may continue after age 65 until expiry at age 75 with a one year Benefit Period, which will apply for new claim events only and be subject to meeting the Excess Period.

Under the one year Benefit Period applicable after age 65, we'll only assess the Life Insured for Total Disability Benefits or Partial Disability Benefits if he/she has been working at least 20 hours a week on average in the six months immediately prior to the Date of Disability, and only for new claim events.

If you have an age 70 Benefit Period and the Life Insured's Date of Disability is before age 65, benefits may continue to be paid until the Life Insured turns 70.

Maximum Expiry Age

Income Cover expires when the Life Insured reaches age 75.

Income Cover scenario and examples

Scenario

At point of application

Steve is employed as a project consultant. In 2014, Steve applied for an Income Cover Policy (as Policy Owner and Life Insured) and chose to only insure 50% of his income. Steve's income at the time was \$120,000 per year (excluding superannuation). The Monthly Cover Amount on his Policy was set as \$5,000 per month (50% x \$120,000/12). What happens after Steve's Income Cover policy has been issued

What happens after Steve's Income Cover Policy has been issued

Steve's income fluctuates after he's taken out his Policy, as below:

Year	Annual income
1 Jan 2015 – 31 Dec 2015	\$120,000
1 Jan 2016 – 31 Dec 2016	\$70,000
1 Jan 2017 – 31 Dec 2017	\$70,000
1 Jan 2018 – 31 Dec 2018	\$80,000

What happens in the event of a claim?

On 1 February 2019, Steve is in a motor vehicle accident and suffers an Injury that prevents him from working. Steve is able to satisfy the Excess Period and other requirements on his Policy to claim for an Income Cover benefit.

Note: Steve's Monthly Cover Amount has been indexed by CPI each year and in 2018 this is now at a higher amount of \$5,500.

The below worked examples demonstrate how a claim payment would be calculated if Steve were to be Totally Disabled or Partially Disabled under an Indemnity or Agreed Value or Endorsed Agreed Value definition. For simplicity, assume Steve does not have any Offsets and he meets all the rules of the Policy for a claim to be paid.

Claim outcomes - worked examples

1. Total Disability Benefit

Endorsed Agreed Value	Agreed Value	Indemnity
Assume that Steve is unable to work and satisfies the Total Disability definition and has no Offsets. The below calculations reflect the amounts payable under a Total Disability claim.		
If Steve has an Endorsed Agreed Value definition (available only under Professional Extras, see page 62) he can be assured that he will be paid the amount he was covered for at the time of claim. Under a Total Disability claim, we pay Steve a Monthly Benefit equal to the indexed Monthly Cover Amount of \$5,500.	<p>If Steve has an Agreed Value definition (only available under Professional Extras, see page 62), at time of claim, he will need to prove he was earning \$120,000, per year, when he applied for the Policy (as \$120,000 income supports his original Monthly Cover Amount of \$5,000).</p> <p>If he's able to supply evidence to support this, Steve will be paid a monthly benefit equal to the indexed Monthly Cover Amount of \$5,500.</p> <p>If Steve is unable to provide evidence to support his Pre-application Income, we will then assess his Monthly Benefit under the Indemnity definition.</p>	<p>If Steve has an Indemnity definition, at time of claim, we will need to base our claim calculations on Steve's highest average Monthly Income in a 12 month period within the 3 year period before his disability.</p> <p>This will be $\\$80,000/12 = \\$6,667$.</p> <p>His Monthly Benefit is the lesser of 75% of this figure which is \$5,000 (75% x \$6,667) and the indexed Monthly Cover Amount of \$5,500.</p> <p>As a result, the amount Steve's gets paid under an Indemnity definition will be \$5,000 – as this is the smaller figure.</p>

2. Partial Disability Benefit

Endorsed Agreed Value	Agreed Value	Indemnity
Assume that Steve is still able to work but only in a reduced capacity. From a Monthly Income of \$6,667 (pre-disability), Steve's post-disablement income is \$5,000 per month. The below calculations reflect the amounts payable under a Partial Disability claim.		
<p>If Steve was accepted for an Endorsed Agreed Value definition (available only under Professional Extras, see page 62), we calculate his Partial Disability Benefit as the greater of:</p> <p>(a) Monthly Benefit of \$5,500 - 75% of post disablement income ($75\% \times 5,000$) = \$1,750, and</p> <p>(b) 75% of pre-disablement income 5,000 ($75\% \times 6,667$) - 100% of post disablement income (5,000) = \$0.</p> <p>This calculation produces a figure of \$1,750 per month. As this is less than the monthly benefit of \$5,500 we pay a Partial Disability Monthly Benefit of \$1,750.</p>	<p>If Steve has an Agreed Value definition (only available under Professional Extras, see page 62), at time of claim, he will need to prove he was earning \$120,000, per year, when he applied for the Policy (as \$120,000 income supports his original Monthly cover amount of \$5,000). If this can be verified, Steve's claim outcome will be the same as that under Endorsed Agreed Value (as described on the left).</p> <p>If Steve is unable to provide evidence to support his Pre-application Income, we will then assess his Monthly Benefit under the Indemnity definition.</p>	<p>If Steve has an Indemnity definition, at time of claim, we will need to base our claim calculations on Steve's highest average Monthly Income in a 12 month period within the 3 year period before his disability.</p> <p>Steve's Partial Disability Benefit will be calculated as the greater of:</p> <p>(a) Monthly Benefit of \$5,000 - 75% of post disablement income ($75\% \times 5,000$) = \$1,250, and</p> <p>(b) 75% of pre-disablement income 5,000 ($75\% \times 6,667$) - 100% of post disablement income (5,000) = \$0.</p> <p>This calculation produces a figure of \$1,250 per month. As this is less than the monthly benefit of \$5,000 we pay a Partial Disability Monthly Benefit of \$1,250.</p>

Professional Extras

Available with Income Cover



Non-superannuation policies only: Professional Extras is available to Life Insureds who are employees or sole traders or business owners who work full time in Occupation Class P or W or G or L or B.

What are the benefits and features of Professional Extras?

Professional Extras is available with Standard Income Cover for an additional cost and includes the following benefits and features.

Table 26: Professional Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover -Retraining Expenses Benefit	<ul style="list-style-type: none"> Reimburses retraining programs to support the Life Insured's return to work. Available after the Life Insured has been on claim for Total Disability Benefits for six months. <p>MetLife must first provide written agreement to the retraining plan.</p> <p><i>Provided through our partners with the maximum amount payable in total over the life of the Policy being six times the Monthly Benefit.</i></p>	<p>Up to 6 x Monthly Benefit</p> <p>(Reimbursed expenses only)</p>
Income Cover – Total Disability Assessment Feature This benefit is only applicable if the Life Insured does not satisfy the Total Disability Benefit requirements under Standard Cover.	<ul style="list-style-type: none"> This feature broadens the definition of Total Disability, and as a result allows access to a Total Disability Benefit in circumstances where a Partial Disability Benefit payment would have otherwise been available. <p>Under the broadened definition of Total Disability, the Life Insured will be entitled to claim a Total Disability Benefit while they are working up to 10 hours a week (5 hours if the Life Insured was working in a part-time capacity before becoming disabled), or receiving up to 20% of their pre-disability earnings. Please refer to Policy Terms at section 5.3.3 for full details.</p> <p>Important: If you have Standard Income Cover in superannuation, we will first pay any Total Disability Benefits or Partial Disability Benefits you are entitled to under the Policy in superannuation, to the maximum amount permitted under superannuation law. Any benefits or amounts payable in excess of that will be paid under your Professional Extras Cover outside superannuation.</p>	N/A
Income Cover - Medical Trauma Benefit 90 day No-Claim Period commences after cover starts	<p>Cover in the event that the Life Insured suffers/undergoes any of the following:</p> <ul style="list-style-type: none"> Cancer – <i>excluding specified early stage cancers,</i> Heart Attack – <i>with specified clinical evidence</i> Stroke – <i>with persisting clinical symptoms,</i> or Coronary Artery Bypass Surgery. <p><i>This benefit replaces any other Income Cover benefits for three months following payment and is payable once only.</i></p>	<p>3 x Monthly Benefit</p> <p>(payable as a lump sum)</p> <p>A minimum \$10,000 payment will apply</p>
Income Cover -Return to Work Benefit	<ul style="list-style-type: none"> A benefit for the Life Insured's successful return to fulltime work after being on claim and participating in a MetLife rehabilitation program for three months or more. <p><i>Payable in the event the Life Insured has been receiving Total Disability benefits for six months or longer. Payable once only over the life of the Policy.</i></p>	1 x Monthly Benefit

Benefits and features	Description	Amount payable
Income Cover – Involuntary Unemployment Premium Waiver Feature	<ul style="list-style-type: none"> If the Life Insured is a permanent employee who loses their job due to Involuntary Unemployment, you can ask us to waive Income Cover premiums for up to three months while they are out of work. The Involuntary Unemployment Premium Waiver can be provided once in any 12 month period and for up to six months in total over the life of the Policy. <p>Your cover continues while the Involuntary Unemployment Premium Waiver applies.</p> <p><i>This waiver is only available if premiums are paid up to date at the time the Life Insured loses their job.</i></p>	N/A
Life Events Increases Feature	<ul style="list-style-type: none"> If the Life Insured's salary (including superannuation) increases by 15% or more in a year, you can increase your Monthly Cover Amount without further medical underwriting. The maximum cover increase is 75% of the actual salary increase, provided the total Monthly Cover Amount (which includes superannuation) doesn't exceed 75% of gross Monthly Income. <p><i>The application to increase cover must be made within 30 days of the Policy Anniversary following the salary increase. If the application is accepted, your premiums will be adjusted to reflect the increased Monthly Cover Amount. You can use the Life Events Increases feature up to four times over the life of the Policy.</i></p>	N/A
Income Cover - Cover Pause Feature	<ul style="list-style-type: none"> If the Life Insured takes unpaid parental leave or unpaid sabbatical leave from their employer, and the Professional Extras cover has been in force for at least two years, you can reduce your Income Cover to 25% of the Monthly Cover Amount, with a corresponding reduction in your premium. You can restore your Monthly Cover Amount with no medical underwriting required when the unpaid leave period ends and the life insured returns to work, up to 12 months later with a corresponding increase in your premium. 	N/A
Agreed Value Option available with Professional Extras	<ul style="list-style-type: none"> This is the definition available with Professional Extras. It will be used to calculate your Monthly Benefit at claim time, and helps ensure that your Monthly Benefit will not be reduced if your Monthly Income happens to have decreased since Cover Commencement (provided income details were correctly disclosed). <p>Full details provided on page 56 under Monthly Benefit – the amount we pay.</p> <p>If you do not select the Agreed Value definition, your Policy will be subject to an Indemnity definition and your premiums reduced accordingly.</p> <p>Important: If you have Standard Income Cover in superannuation, we will pay any Total or Partial Disability Benefits you are entitled to against the Policy in superannuation. Given restrictions apply to the total amount we can pay from a superannuation Policy, any benefits or amounts payable in excess of any superannuation limitations will be paid under your Professional Extras Cover outside superannuation.</p>	N/A

Additional Exclusions

In addition to being subject to the exclusions that apply to Income Cover, the following exclusions apply to Professional Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under Income Cover)

If you add Professional Extras to your Income Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits under Professional Extras for claims arising as a result of Accidental Injury. After 6 months has elapsed, full coverage is available.

This definition does not apply to the Income Cover – Medical Trauma Benefit.

No-Claim Period

The Income Cover - Medical Trauma Benefit will not be payable in relation to any Illness or Injury suffered by the Life Insured, for which the symptoms, Diagnosis, treatment or surgery first occurred prior to the end of the No-Claim Period. The No-Claim Period runs for 90 days from Cover Commencement or Reinstatement of Professional Extras.

Please refer to Policy Terms at section 6.5.4 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Maximum Expiry Age

Professional Extras expires when the Life Insured reaches age 65.

Provide & Care Extras

Available with Income Cover



Non-superannuation policies only: Provide & Care Extras is designed for people with Dependent Children. It is available to Life Insureds who are employees, sole traders and business owners that work full time in Occupation Class P or W or G or L or B.

What are the benefits and features of Provide & Care Extras?

Provide & Care Extras is available with Standard Income Cover at an additional cost and includes the following benefits and features.

Table 27: Provide and Care Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover - Child Illness or Injury Benefit 90 day No-Claim Period commences after cover starts. No benefit is payable for the first 30 days of unpaid carer's leave	<ul style="list-style-type: none"> Cover during unpaid carer's leave when the Life Insured takes extended, unpaid time off work to look after a Dependent Child aged two to 16, who is suffering from Illness or Accidental Injury. <p><i>Only available for an Illness, which is first diagnosed, or an Accidental Injury, which first occurs, during the term of the Policy (subject to meeting No-Claim Period requirements).</i></p> <p><i>Payable for up to three months in any 12 month period and up to six months in total over the life of the Policy.</i></p>	Up to 50% of the Monthly Benefit per month, on a pro-rata basis (1/30th), for each day the Life Insured is unable to work (capped at \$5,000 per month)
Income Cover - Home Help Expenses Benefit Cover commences after a six month No-Claim Period*	<ul style="list-style-type: none"> Reimbursement of specified expenses to maintain the home (such as child care and cleaning expenses), when the Life Insured is confined to bed and needs the care of a nurse for three days or more, due to a serious Illness or Injury. Please refer to Policy Terms at section 5.4.2 for details on claimable expenses. <p>The benefit is a Reimbursement of actual expenses incurred from a licenced business and paid invoices are required within 90 days.</p> <p><i>Payable for up to three months in total over the life of the Policy.</i></p>	Up to 100 % of the Monthly Benefit per month (Reimbursed expenses only, capped at \$5,000 per month)
Income Cover - Family Provision Benefit	<ul style="list-style-type: none"> Covers death of the Life Insured. <p><i>This benefit is paid as a lump sum following the Life Insured's death, and is in addition to the Death Benefit available under Standard Income Cover.</i></p>	9 x Monthly Cover Amount (payable as a lump sum)

*Where a No-Claim Period is noted for a benefit, no benefits will be payable at any time for any Injury or Illness the Life Insured or Dependent Child sought or obtained advice or treatment for, or had symptoms of, during the No-Claim Period.

Additional Exclusions

In addition to being subject to the exclusions that apply to Income Cover, the following also apply to Provide & Care Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under Income Cover)

If you add Provide & Care Extras to your Income Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits under Professional Extras for claims arising as a result of Accidental Injury. After 6 months has elapsed, full coverage is available.

No-Claim Period

Benefits that are subject to a No-Claim Period will not be payable in relation to any Illness or Injury suffered by the Life Insured or a Dependent Child, for which the symptoms, Diagnosis, treatment or surgery first occurred prior to the end of the No-Claim Period. The No-Claim Period begins on the date of Cover Commencement or Reinstatement of Provide & Care Extras. It extends for duration of 90 days with respect to the Income Cover – Child Illness or Injury Benefit and 6 months for the Income Cover – Home Help Expenses Benefit.

Please see Policy Terms at section 6.5.4 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Maximum Expiry Age

Provide & Care Extras expires when the Life Insured reaches age 65.



Key Person Extras

Available with Income Cover



Non-superannuation policies only: Key Person Extras is available for business owners (other than sole traders) who wish to insure Key Persons in their Business. A key person is responsible for at least 20% of the business revenue and is in Occupation Class P or W or G or L or B.

Key Person Extras is available for Key Persons in a Business, including Key Person business owners other than sole traders, in Occupation Class P or W or G or L or B. A key person is responsible for at least 20% of the business revenue.

What are the benefits and features of Key Person Extras?

Key Person Extras is available with Standard Income Cover at an additional cost and Table 28 highlights the key benefits and features.

Table 28: Key Person Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover - Recruitment Expenses Benefit	<ul style="list-style-type: none">Assists with reimbursing cost of hired help to replace the Life Insured as a Key Person in their Business, while the Life Insured is Totally Disabled or Partially Disabled, for at least 30 days during the Excess Period. <p>The benefit is a Reimbursement of actual expenses incurred and receipts are required within 90 days.</p> <p><i>The benefit is payable for expenses that are incurred once the Life Insured has been Totally Disabled or Partially Disabled for a minimum of 30 days, during the Excess Period. It is payable on multiple occasions, but only for a maximum of 12 months over the life of the Policy.</i></p>	Up to 50% of the Monthly Benefit each month (Reimbursed expenses only)
Income Cover -Business Expenses Benefit	<ul style="list-style-type: none">Assists with business continuation. Covers fixed ongoing business running costs (such as the salaries of any staff that are not responsible for generating business income) that need to continue while the Life Insured is Totally Disabled or Partially Disabled for at least 30 days during the Excess Period. <p>The benefit is a Reimbursement of actual expenses and receipts are required within 90 days of the expenses being incurred.</p> <p><i>The benefit is payable for expenses that are incurred once the Life Insured has been Totally Disabled or Partially Disabled for a minimum of 30 days, during the Excess Period. It is payable for up to 12 months in total over the life of the Policy.</i></p>	Up to 100% of the Monthly Benefit each month (Reimbursed expenses only)

Benefits and features	Description	Amount payable
Income Cover - Day 1 Revenue Benefit (only available if a 30 day Excess Period has been selected on the Policy to which Key Persons Extras is attached)	<p>Enables payment without needing to satisfy the Excess Period for Illness or Injury that causes the Life Insured to be Totally Disabled or Partially Disabled resulting from one the following:</p> <ul style="list-style-type: none"> • an Accidental Injury where the Life Insured is Totally Disabled for at least 14 consecutive days; • a Fracture; • a new Diagnosis of Cancer – <i>excluding specified early stage cancers</i>; • a new Diagnosis of Heart Attack – <i>with specified clinical evidence</i>; • a new Diagnosis of Stroke – <i>with persisting clinical symptoms</i>; • undergoing of Coronary Artery Bypass Surgery; • an Illness or Injury that confines the Life Insured to bed for at least three consecutive days under the continuous care of a registered nurse; and • Loss of Use of Limb – <i>single limb</i> or Loss of Use of Limb – <i>two or more limbs</i> or Blindness or Blindness – <i>partial loss</i>. <p>If the Life Insured remains Totally Disabled or Partially Disabled at the end of the month, income replacement may continue under an Income Cover - Total Disability or Partial Disability Benefit, subject to a separate claims assessment.</p> <p><i>This benefit is payable in arrears for up to 30 days in total, and only once over the life of the Policy.</i></p>	<p>1 x Monthly Benefit on a pro-rata basis (1/30th) for each day the Life Insured is Totally Disabled or Partially Disabled</p> <p>Offsets may apply, please refer to Policy Terms at section 5.1.4</p>
Income Cover - Loss of Key Person Benefit	<ul style="list-style-type: none"> • Covers death of the Life Insured. <p><i>This benefit is paid as a lump sum following the Life Insured's death, and is in addition to the Death Benefit available under Standard Income Cover.</i></p>	<p>9 x Monthly Cover Amount</p> <p>(payable as a lump sum)</p>

Additional Exclusions

In addition to being subject to the exclusions that apply to Income Cover, the following also applies to Key Person Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under Income Cover)

If you add Key Person Extras to your Income Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits under Key Person Extras for claims arising as a result of Accidental Injury. After six months has elapsed, full coverage is available.

Please see Policy Terms at section 6.5.4 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Maximum Expiry Age

Key Person Extras expires when the Life Insured reaches age 65.

Sole Trader Extras

Available with Income Cover



Non-superannuation policies only: Sole Trader Extras is available to Life Insureds who are sole trader business owners, with or without staff, who have an Australian Business Number (ABN) and work in the Business as their main source of income, in Occupation Class P or W or G or L or B.

What are the benefits and features of Sole Trader Extras?

Sole Trader Extras is available with Standard Income Cover at an additional cost and Table 29 highlights the key benefits and features.

Table 29: Sole Trader Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover - Equipment Lease Expenses Benefit	<ul style="list-style-type: none"> Assists with ongoing equipment and motor vehicle lease expenses while the Life Insured is on claim for Total Disability Benefits or Partial Disability Benefits, due to Illness or Injury. The benefit is a Reimbursement of actual expenses incurred and receipts are required within 90 days. <p><i>The benefit is payable for expenses that are incurred once the Life Insured has been on claim for Totally Disabled or Partially Disabled for a minimum of 30 days, during the Excess Period. It is payable for up to six months in total over the life of the Policy.</i></p>	<p>Up to 100% of the Monthly Benefit each month</p> <p>(Reimbursed expenses only, capped at \$3,000 month)</p>
Income Cover - Day 1 Cash Flow Benefit (only available if a 30 day Excess Period has been selected on the Policy)	<p>A benefit will be payable without needing to satisfy the Excess Period for Total Disability Benefits or Partial Disability Benefits as a result of any of the following:</p> <ul style="list-style-type: none"> an Accidental Injury where the Life Insured is Totally Disabled for at least 14 consecutive days; a Fracture; or Loss of Use of Limb – <i>single limb</i>, Loss of Use of Limb – <i>two or more limbs</i>, Blindness or Blindness – <i>partial loss</i>. <p>If the Life Insured remains unable to work at the end of the month, income replacement may continue under a Total Disability Benefit or Partial Disability Benefit, subject to a separate claims assessment.</p> <p><i>This benefit is payable in arrears for up to 30 days in total, and only once over the life of the Policy.</i></p>	<p>1 x Monthly Benefit on a pro-rata basis (1/30th) for each day the Life Insured is Totally Disabled or Partially Disabled</p>

Additional Exclusions

In addition to being subject to the automatic exclusions that apply to Income Cover, the following also applies to Sole Trader Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under Income Cover)

If you add Sole Trader Extras to your Income Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits

under Sole Trader Extras for claims arising as a result of Accidental Injury. After six months has elapsed, full coverage is available.

Please see Policy Terms at section 6.5.4 for full details of all Policy Exclusions.

Maximum Expiry Age

Sole Trade Extras expires when the Life Insured reaches age 65.

What you pay

Premium calculation

The amount you pay for your Policy is called the 'premium'. The premium is affected by the choices you make when applying for cover, as well as a range of other factors such as the age, sex, smoking status, health and occupation of the Life Insured.

Please contact your Financial Adviser to obtain a quote.

We'll increase your cover amount each year through Indexation, unless you ask us not to or choose one of the Fixed Term Options (under which Indexation is not available). Your premium will then be based on the increased cover and depending on your premium structure, may also be based on other factors such as increased age.

Premium Discounts

You may be entitled to a discount on your premium depending on:

- the combination of covers for each Life Insured;
- the cover amounts;
- if another family member or business partner takes out cover under the same application;
- health factors; and
- the time since your Policy started.

Government Charges

Your premium includes any government taxes and charges that apply, such as stamp duty, with the rate varying on a State by State basis.

Statutory fund

Premiums for the Policy are placed in MetLife's Statutory Fund No. 1 and any claims paid under the Policy will be paid from this fund.

As there is no investment component in MetLife Protect or MetLife Protect Super, your premiums paid do not accrue interest at any time and there is no surrender value.

MetLife Protect – Taxation

This section contains general information based on taxation laws in force at the time of preparation of this PDS. How the law affects you will depend on your individual circumstances.

You should consider speaking to a registered tax adviser about your tax affairs. Further information is available at www.ato.gov.au.

Tax treatment of insurance premiums and benefits

Whether premiums paid for MetLife Protect are tax deductible and whether MetLife Protect benefits paid are assessable depends on various factors such as the type of insurance, the purpose of the insurance, the Policy owner, and who pays the premium.

- Where Income Cover is owned by an individual and is intended to replace income, premiums paid will generally be deductible and benefits received subject to tax. This treatment may not apply to all Extras Cover Linked to Income Cover.
- Apart from Income Cover, where a Policy is owned by an individual and the insurance cover is personal in nature, premiums are generally not tax deductible, and claims benefits received are generally not assessable.
- Where an entity such as a corporate entity is the Policy owner, or otherwise pays the premiums, other taxation implications may apply, for example, fringe benefits tax. There may be other circumstances where premiums are deductible and benefits assessable. If this applies to you, we recommend you speak to your registered tax adviser or the ATO.

See page 77 for discussion of the tax treatment of insurance premiums and benefits held through MetLife Protect Super.

Premium variations

Unless otherwise specified under Premium Structure (see below), premiums are not guaranteed and may be varied.

If there is a change in government taxes or charges, such as stamp duty, we can pass on the premium change irrespective of the premium structure.

With the exception of Life and TPD Cover under the Fixed Term option, we reserve the right to change premiums in the future. However, premium changes cannot be made to individual Policies – they can only be altered for an entire demographic group based upon pricing factors (such as Occupation Class). This means your Policy will not be singled out for any changes in premium rates. In the event of any changes, we will give you at least 30 days' written notice of any change.

Please contact your Financial Adviser to obtain a premium quote.

Premium structure

You can choose the way your premiums are structured. You can choose from:

Stepped premiums – your premium each year is based on your age and a number of other factors, such as the amount and type of cover. Your premium will usually increase every year as you get older and more likely to claim. Automatic Indexation increases also increase your cover and your premium.

Level premiums to age 65 – your premiums are adjusted to avoid age-based increases prior to age 65. As a result, you will generally have higher premiums than for stepped premiums during the initial years, but lower premiums in later years. Any automatic Indexation increases to your cover will continue to use the age-based level rate that applies for the existing cover. At the Policy Anniversary immediately before you turn 65, your Policy will switch to stepped premiums.

Level premiums to age 70 – as for level premiums to age 65, except that you will avoid age-based increases prior to age 70. At the Policy Anniversary immediately before you turn 70, your Policy will switch to stepped premiums.

5 year Fixed Term Option – your premiums are adjusted to avoid age-based increases for the initial five year term. Automatic Indexation increases do not apply. In addition, for Life and TPD Cover only, your premium rate is guaranteed not to change. At the end of the five years, your Policy will switch to stepped premiums. Your cover amount will typically reduce at this time to maintain the same premium for that year only. Note that your Extras Cover premium will always reflect the Standard Cover amount. In addition, the 5 year Fixed Term Option is not available for Income Cover.

10 year Fixed Term Option – your premiums are adjusted to avoid age-based increases for the initial 10 year term. Automatic Indexation increases do not apply. In addition, for Life and TPD Cover only, your premium rate is guaranteed not to change. At the end of the 10 years, your Policy will switch to stepped premiums. Your cover amount will typically reduce at this time to maintain the same premium for that year only. Note that your Extras Cover premium will always reflect the Standard Cover amount. In addition, the 10 year Fixed Term Option is not available for Income Cover.

Payment of premiums

Options for premium payments

All premiums are payable by fortnightly, monthly or yearly instalments.

There is no additional charge for paying premiums more frequently.

You can choose any one of the following payment methods for your convenience:

- Automatic debit from MasterCard, Visa, American Express;
- automatic debit from your bank, building society or credit union account; or
- superannuation rollover (available for MetLife Protect Super annual payments only).

You'll need to provide us (or the Trustee of the Fund) with your authority to obtain the premium payment.

How to maintain your cover

To maintain your cover you must pay your premiums when they are due. If your premium becomes overdue we'll write to you and remind you of the payment.

We'll give you a grace period of at least 28 days to pay any overdue premium(s). But if it isn't then paid by the time required, we'll cancel your cover and (if your cover is through MetLife Protect Super) this will result in the cessation of your membership of the Fund. After that, you will not be able to make a claim for future events relating to the cancelled cover.

Cancelling your Policy

To cancel your Policy you simply need to contact MetLife either by telephone or in writing. If you pay your premiums fortnightly or monthly and you cancel the Policy, we won't refund any instalment paid. If you pay your premiums yearly, we'll make a pro-rata refund to you or your superannuation fund (as applicable), based on the nearest whole month after you cancel the Policy. Refer to page 76 for information about the treatment of refunds paid to the Fund.

Direct debit service agreement

The following terms and conditions relate to the use of direct debit payments from your bank account or credit card directly to MetLife (for insurance through MetLife Protect Super, please refer to page 74-81).

You are responsible for ensuring the nominated account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments on the due date.

We'll initiate debits from your nominated bank account or credit card in accordance with your application.

We'll give you at least 30 days' notice if we propose to vary these arrangements.

You (or the account holder, if not you) can cancel or defer the direct debit, or suspend an individual debit from taking place under it, by phoning us, or by giving us notice in writing. You need to allow us five business days to process any cancellation, deferment or suspension.

If you disagree with any debit under the arrangement with us, you should call us on 1800 523 523.

Monthly direct debits will be collected on the same date every month unless otherwise agreed. Fortnightly direct debits are collected on the same day of the week every other week.

If the due date is not a business day in New South Wales, we'll debit your account on the next business day.

If your financial institution doesn't allow direct debit, we'll contact you to ask for an alternative payment method.

We'll keep any information (including your account details) in your direct debit request confidential.

Privacy

MetLife's Privacy Statement

Your privacy

We collect, use and retain personal information in accordance with the Australian Privacy Principles and the *Privacy Act 1988* (Cth).

We collect, use, process and store personal information, and in some cases, sensitive information about you, to:

- comply with our legal obligations;
- assess your application for insurance cover;
- administer the insurance cover provided;
- enhance customer service or products; and
- manage claims.

We exchange your personal information with third party organisations in the normal operations of our business. In some circumstances, these third party organisations may be located in countries overseas.

If you don't agree to provide us with the information, we may not be able to process your application, administer your cover or assess your claims.

In dealing with us, you agree to us using and disclosing your personal information as set out in this section and in our Privacy Policy.

For more information about how we handle your personal information, or details of how you can access or correct the information we hold about you, or make a complaint, you can access MetLife's Privacy Policy at www.metlife.com.au or contact MetLife on 1800 523 523.

Privacy complaints

If you have any questions about to how we collect, handle and manage your personal information (including sensitive or health information), or wish to make a complaint about a possible breach of your privacy, you can contact us using the contact details below. You'll need to provide us with sufficient details of the nature of your complaint, as well as any supporting evidence and/or information.

We'll refer your complaint to our Privacy Officer who will investigate the issue and determine the steps we'll take to resolve your complaint. We'll contact you if we need any additional information from you and will notify you in writing of the outcome of your complaint.

MetLife Privacy Officer

**PO Box 3319
Sydney NSW 2001
Phone: 1300 555 625**

If you're dissatisfied with our response, you may lodge a complaint with the Office of the Australian Information Commission (OAIC). The OAIC's contact details are as follows:

**GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992
Email: enquiries@oaic.gov.au
Website: www.oaic.gov.au**

MetLife Protect Super is also subject to privacy policies of the Trustee and Administrator of the Fund, see below

Privacy Policy - Trustee

When you provide instructions to Equity Trustees Superannuation Limited and/or any related bodies corporate under EQT Holdings Limited ("the EQT Group"), The EQT Group will be collecting personal information about you. This information is needed to admit you as a Member of the Fund, administer your benefits and identify when you may become entitled to your benefits and to comply with Australian taxation laws and other applicable laws and regulations. If the information requested is not provided, the EQT Group may be unable to process your application or administer your benefits, or your benefits may be restricted.

Use and Disclosure

The information that you provide may be disclosed to certain organisations to which the EQT Group has outsourced functions, or which provide advice to the EQT Group and/or to Government bodies, including but not limited to:

- Organisations involved in providing, administration and custody services for the Fund, the Fund's insurers, accountants, auditors, legal advisers, and/or those that provide mailing and/or printing services
- In the event that you make a claim for a disablement benefit, the insurer may be required to disclose information about you to doctors and other experts for the purposes of assessing your claim
- The ATO, APRA, ASIC, AUSTRAC, Centrelink and/or other government or regulatory bodies
- Those where you have consented to the disclosure and/or as required by law.

In some cases, these organisations may be situated in Australia or offshore though it is not practicable to list all of the countries in which such recipients are likely to be located.

A copy of the Fund Administrator's Privacy Statement is available online at smartmonday.com.au. A copy of the Insurer's Privacy Statement is available in the MetLife PDSs and online at www.metlife.com.au.

Collection of Tax File Number ("TFN")

We are authorised by law to collect your TFN under the Superannuation (Industry) Supervision Act 1993 (Cth). We will only use your TFN for legal purposes including calculating the tax on payments, providing information to the ATO, transferring or rolling over your benefits to another superannuation fund and for identifying or finding your superannuation benefits where other information is insufficient.

Under the law, you do not have to supply your TFN but if you do not, your benefits may be subject to tax at the highest marginal rate on withdrawal plus the Medicare Levy. (Note, however, that you cannot participate in the MetLife Plan if you do not provide your TFN).

Direct Marketing

The EQT Group may from time to time provide you with direct marketing and/or educational material about products and services the EQT Group believes may be of interest to you. Should you not wish to receive this information from the EQT Group (including by email or electronic communication), you have the right to "opt out" by advising the EQT Group by telephoning (03) 8623 5000, or alternatively via email at privacy@eqt.com.au.

Access and Correction

Subject to some exceptions allowed by law, you can ask for access to your personal information. We will give you reasons if we deny you access to this information. The EQT Group Privacy Statement outlines how you can request to access and seek the correction of your personal information.

Privacy complaints

The EQT Group Privacy Statement contains information about how you can make a complaint if you think the EQT Group has breached your privacy and about how EQT will deal with your complaint.

Privacy Policy

The EQT Privacy policy is available at www.eqt.com.au/global/privacystatement and can be obtained by contacting the EQT Group's Privacy Officer on (03) 8623 5000, or alternatively by contacting us via email at privacy@eqt.com.au. You should refer to the EQT Group Privacy policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

Administrator's Privacy Policy – MetLife Protect Super

Aon Hewitt Limited (AFSL 236667) (ABN 48 002 288 646) (Aon), as administrator of the Aon Master Trust, is committed to protecting your personal information in accordance with the Australian Privacy

Principles under the Privacy Act 1988 (Cth). Aon collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products they and their group of companies are involved in as set out in the Aon Privacy Notice. In order to do this, Aon may also share your information with other persons or entities who assist them in providing or promoting their services as set out in the Aon Privacy Notice at smartmonday.com.au/privacy.aspx. Further information about Aon's privacy practices can be located in the Aon Australia Group Privacy Policy.

Aon Australia Group Privacy Policy can be viewed on their website at smartmonday.com.au/privacy.aspx or a copy can be sent to you on request by an Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or their Privacy Officer through the means set out in the Aon Privacy Notice. You should also read MetLife's privacy policy on page 72.

MetLife Protect Super

MetLife Protect Super is a superannuation product for the purpose of providing access to MetLife's risk only insurance cover in superannuation. There is no account balance or investment component in relation to MetLife Protect Super.

The Trustee

Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757) ('the Trustee') as the trustee for the MetLife Australia Superannuation Fund, which is a division of the Aon Master Trust (ABN 68 964 712 340) ('the Fund'), is the issuer of MetLife Protect Super.

When you apply for insurance through MetLife Protect Super you are also applying to become a member of the Fund. Once your application for MetLife Protect Super is accepted, MetLife issue a Policy to the Trustee, on your behalf, and your membership of the Fund commences.

Your MetLife Protect Super Policy will be owned by the Trustee. All premiums and benefit payments will be made through the Fund within certain restrictions under superannuation law.

The Fund

The Fund is a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS). SIS provides members with certain protections and the Trustee must comply with certain standards in the management and operation of the Fund. Non-compliance with these standards may result in penalties payable by the Trustee. The Trustee is licensed by the Australian Prudential Regulation Authority (APRA) to act as trustee of the Fund.

The Fund is administered by Aon Hewitt Limited (AFSL 236667) (ABN 48 002 288 646) Level 33, Aon Tower, 201 Kent Street, Sydney NSW 2000 who has in turn appointed Insurance & Superannuation Administration Services Pty Ltd (ABN 31 058 682 876) (ISAS), PO Box 810 South Melbourne VIC 3205, to assist with the administration of the MetLife Australia Superannuation Fund.

The Fund is governed by a Trust Deed that includes rules for the operation of, and the benefits payable from, MetLife Australia Superannuation Fund. The Trust Deed will prevail if there is any inconsistency with the PDS, to the extent of the inconsistency. A copy of the Trust Deed may be obtained free of charge by contacting the Customer Experience Team on 1800 523 523 or by sending an email to auprotect@metlife.com or online at smartmonday.com.au.

Insurance in MetLife Protect Super

The insurance cover types that are available through MetLife Protect Super are:

- **Life Cover (Standard Cover)**
- **TPD Cover (Standard Cover)**
- **Income Cover (Standard Cover).**

The circumstances in which insured benefits are payable under these covers are consistent with restrictions in superannuation law on the payment of superannuation benefits from superannuation funds (called "conditions of release") for death, a terminal medical condition, permanent incapacity or temporary incapacity Relevant definitions, for the purposes of these conditions of release are summarised as follows:

Terminal medical condition: means two registered medical practitioners have certified that a member is suffering an illness, or has incurred an injury that is likely to result in their death within 24 months from the date of certification. At least one of the medical practitioners must be a specialist practicing in an area related to the illness or injury suffered by the member. For each of the certificates, the certification period must be current.

Permanent incapacity: means the Trustee is reasonably satisfied that, due to physical or mental ill health, the member is unlikely to engage in Gainful Employment for which the member is reasonably qualified by education, training or experience.

Temporary incapacity: means the Trustee is satisfied that, due to physical or mental ill health, the member has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), but the member is not permanently incapacitated. The amount which may be released can't exceed the member's income in the period immediately before the onset of their ill health. If the member was not gainfully employed when they became ill, this condition of release will not be met.

No account balance

Unlike some superannuation products, MetLife Protect Super is not an investment product and you will not have an account balance. The amount of your contribution may not exceed the insurance premium required to be paid by the Trustee to MetLife.

The contributions will not be invested on your behalf and will not earn investment returns; and the benefit can't be transferred by you to another fund. The contribution simply covers your premium.

How to pay the premiums through MetLife Protect Super

The Trustee will only accept personal contributions or rollovers where permitted under superannuation law, and only the amount necessary for the purpose of paying insurance premiums for your insurance Policy in superannuation.

As soon as your application for MetLife Protect Super is accepted and you become a member of the Fund, you can start making contributions or arranging payment via rollover. You can only become a member of the Fund if MetLife accepts your application for insurance cover and the Fund is able to accept personal contributions or rollovers for you under superannuation law. Consequently, to be a member of the Fund, you must provide your tax file number to the Trustee – see page 77 for more details.

You must meet the full cost of the premium for your Policy in superannuation by:

- making a personal contribution to the Fund for the amount of your premium (note that contributions from your spouse, employer or the government are not accepted); or
- arranging a rollover from another complying superannuation fund.

Note: The MetLife Australia Superannuation Fund's USI is 68964712340007.

Superannuation rollovers

If you choose to pay your premium through a rollover from an eligible superannuation fund, you must pay your premium yearly.

Your nominated superannuation fund may apply limits or other conditions on rollovers, such as minimum withdrawals, and may charge fees or costs for processing your request. You should check the terms and conditions with your nominated fund, and ensure there is a sufficient balance in your account to cover the rollover each year. Failure to do this can result in your MetLife Protect Super Policy (and Fund membership) being cancelled due to non-payment of premiums.

The Trustee will provide you with a rollover request form that, tells the Trustee of your superannuation fund to roll over the required premium amount to the Fund when your Policy starts and then yearly as each premium is due.

If your premium is through a rollover, you will receive a rebate of 15% of the amount of your premium to reflect the benefit of a tax deduction that the Trustee can generally claim for premiums the Trustee pays to MetLife. In that instance, you will only need to rollover an amount equal to 85% of the premium. The rollover amount, plus the amount of rebate, must equal the yearly premium due.

The rebate is at the Trustee's discretion. Consequently, the Trustee may not provide the rebate if it does not receive the benefit of any tax deduction or it may cease to offer the rebate altogether at any time in the future where the Trustee considers it appropriate to do so.

The Trustee will not accept rollovers with an untaxed element or rollovers that contain United Kingdom (UK) transfer or New Zealand KiwiSaver transfer amounts. Rollovers that cannot be accepted will be returned to the transferring superannuation fund and you will be requested to provide alternative instructions so that the premium can be paid.

Who can make personal contributions?

You can elect to make personal superannuation contributions to fund your insurance premiums. Under superannuation law, you may only make personal superannuation contributions where the Fund holds a valid Tax File Number (TFN) for you.

Once you turn 65, you can only make personal contributions **if you have been Gainfully Employed for at least 40 hours in any 30 consecutive day period in the financial year the contribution is made (known as the 'work test')**.

Once you turn 75, you are no longer eligible to make personal contributions.

If you are no longer eligible to make contributions, either because you cannot satisfy the work test or else have turned 75, you will need to fund your insurance premiums via rollover. Failure to do this will result in your MetLife Protect Super Policy being cancelled (and membership of the Fund ceasing) due to non-payment of premiums.

Please note MetLife may also accept an application from you, without underwriting, for your cover to continue on the same terms under an equivalent MetLife non-superannuation Policy, subject to eligibility criteria.

Government co-contribution

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

As an insurance-only superannuation product, MetLife Protect Super is not able to accept the co-contribution. You may wish to have the ATO direct your government co-contribution to an alternative superannuation fund.

You should speak to your Financial Adviser or a qualified tax specialist or call the ATO to see if you are eligible for the government co-contribution.

Nominating beneficiaries

You can supply details of, cancel or change your nominated beneficiaries by completing the relevant Trustee nomination of beneficiaries form.

If you die, any insurance benefits issued under MetLife Protect Super are paid to the Trustee. You can choose who the Trustee pays benefits to in the event of your death while a member of the Fund.

You can nominate up to five beneficiaries to receive your death benefit in the event of your death. All nominated beneficiaries must be one of the following at the time of your death:

- your spouse (including de facto) ;
- a child of any age (including an adopted child and step child) of you or your spouse;
- any other dependant as permitted under superannuation law; and
- your personal legal representative (executor of the will or administrator of the estate).

For this purpose, 'spouse' means:

- a person to whom you are legally married (whether of the same or a different sex);
- a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as de facto spouse); or
- a person (whether the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a state or territory.

A dependant includes someone who is financially dependent on you at the time of your death. It also includes someone in an interdependency relationship with you at the time of your death (based on criteria in superannuation legislation).

It is important that you keep your nomination up to date in line with your personal circumstances.

1. Non-binding nomination

If you give the Trustee a non-binding nomination (or your binding non-lapsing nomination is treated as a non-binding nomination – see below), the Trustee may pay your death benefit to the beneficiaries you have nominated in the proportions you chose. But the Trustee will first consider other matters such as, if your circumstances have changed since you made the nomination, and if there are other dependants. A change in your circumstances can impact on a non-binding nomination so you should ensure you review it if your circumstances change. Where you have made a non-binding nomination to the Trustee, the Trustee will take your wishes into account but has complete discretion in deciding which of your beneficiaries (nominated or otherwise) will receive your death benefit.

2. Binding nomination – non-lapsing

If you gave the Trustee a binding nomination that is valid and effective (that is, that meets the Trustee's requirements for the making of a Binding Nomination), the Trustee will pay your death benefit to the beneficiaries you nominated in the proportions you chose. You must sign a binding nomination and have it witnessed by two adults over the age of 18 who are not your Nominated Beneficiaries. Your nomination will be treated as non-binding unless you have completed this form correctly and provided it to the Trustee.

If you have a binding nomination – non-lapsing, it will not automatically lapse because a specified period of time has lapsed (3 years) but it will lapse if you marry or divorce. You should revise your nomination if your circumstances change.

3. No nomination

If you don't make any nomination (non-binding or binding non-lapsing), or if you make an invalid nomination, or your nomination is ineffective at the time of your death (for example, you have nominated a person who is not your dependant), or your nomination has been revoked or lapsed at the time of your death, the Trustee will have complete discretion in deciding which of your dependant(s) and/or legal personal representative it will pay your death benefit to (and the proportions payable).

Your nomination only applies to benefits released on death (that is, death benefits).

Eligible rollover fund

If you paid your premiums by rollover and you are due a premium refund, the money will be returned to the superannuation fund the rollover came from.

If you paid by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

The Trustee may also transfer your benefits to an eligible rollover fund (ERF) under 'lost member' provisions or if your fund can't or won't accept a return of your premiums or the return of a rollover

that contains an untaxed element. The Trustee's nominated ERF for MetLife Protect Super is the Aon ERF:

Aon ERF
PO Box 1949
Wollongong NSW 2500
Phone: 1300 880 588

If your benefits are transferred to the Aon ERF, your MetLife Protect Super insurance and membership of the Fund will cease. You will become a member of the Aon ERF and subject to the ERF's governing rules, investment strategy and fees and costs. Insurance cover is not provided by the Aon ERF.

The Aon ERF is a public offer superannuation fund designed to be a temporary repository for small or lost superannuation balances. It aims to reunite members with their lost superannuation and encourages them to consolidate their superannuation benefits into their nominated active superannuation account. The Aon ERF can't accept contributions. For more information, go to erf.aon.com.au.

Tax File Number (TFN)

The Trustee is authorised under superannuation law to collect, use and disclose your TFN. The Trustee may disclose your TFN to another superannuation provider, when transferring amounts from the Fund to that provider, unless you request in writing that your TFN not be disclosed to any other superannuation provider. The Trustee may disclose your TFN to the ATO and as otherwise permitted or required by law. Declining to quote your TFN to the Trustee is not an offence. However, giving your TFN has the following advantages:

- the Fund can accept personal contributions from you, to meet the cost of insurance cover;
- it will make it much easier to identify different superannuation accounts in your name so that you receive all your superannuation benefits when you retire;
- other than tax that may ordinarily apply, you will not pay more tax than you need to in relation to contributions to, and benefits from, the Fund.

The way in which the Trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

Important

1. Your TFN is confidential.
2. You are unable to take out a MetLife Protect Super insurance Policy if you do not wish to supply your TFN because this superannuation product is only available to individuals who are able to make personal contributions to the Fund.
3. If you do not supply a valid TFN to the Trustee at the time of application your application will be treated as invalid and you will not be able have insurance through the Fund.

Fees and Costs

You must pay insurance premiums applicable to your insurance cover through contributions or rollovers to MetLife Protect Super.

You won't be charged any additional fees or costs for holding your insurance through MetLife Australia Superannuation Fund. For details on what you actually pay also depends on whether you meet the cost of your premium by making personal contributions or rollovers to the Fund – see page 78.

MetLife Protect Super –Taxation

This section contains general information based on taxation laws in force at the time of preparation of this PDS. How the law affects you will depend on your individual circumstances.

You should consider speaking to a registered tax adviser about your tax affairs. Further information is available at www.ato.gov.au.

Contributions caps

Contributions to superannuation funds are generally classified as either concessional or non-concessional.

Rollovers used to fund your MetLife Protect Super insurance are not treated as concessional or non-concessional contributions. Rollovers are not subject to contributions tax unless some part of the benefit is an untaxed element. The Fund does not accept rollovers with an untaxed element. If the Fund receives a rollover with an untaxed element, your rollover will usually be returned to the sending superannuation fund.

Concessional contributions caps

Personal contributions to the MetLife Australia Superannuation Fund will be considered concessional contributions only if you claim a tax deduction. Eligibility requirements apply – see 'Tax deductions for concessional contributions' below:

For concessional contributions:

- Contributions tax at a rate of 15% usually applies to concessional contributions and is payable by the Fund. Note: generally this tax will not be payable by the Fund on your concessional contributions because the tax deduction received by the Trustee for the insurance premiums it pays to MetLife offsets any contributions tax payable (this is subject to change if tax deductions are not obtained by the Trustee)
- If you contribute over the concessional contributions cap of \$25,000 (\$25,000 for the 2018/2019 financial year, subject to future indexation) to superannuation (across all superannuation products you participate in), you will be liable to be taxed at your marginal tax rate on the excess (less a 15% offset), plus an additional amount to take into account the delay in receipt by the ATO. Your concessional contributions cap may be higher. Please see your Tax Adviser for more information.

- If you are considered a high income earner, you may be liable to additional tax on concessional contributions under Division 293 of the Income Tax Assessment Act 1997 (Cth). This Division levies an additional tax of 15% on concessional contributions where your income and concessional contributions exceed the high income earner threshold as defined under the taxation laws. For the 2018/19 year, the high income earner threshold is \$250,000.
- In certain circumstances, you may be able to withdraw an amount from a superannuation fund to pay additional tax you incur, for example tax on excess concessional contributions. However, as you will not have an account balance with the MetLife Australia Superannuation Fund you will not be able to release amounts from the Fund, but you may release an amount to pay any additional tax liability above from another superannuation fund (up to the maximum available release amount for that superannuation interest). To do this, you would need to present a release authority issued by the ATO.
- Any excess concessional contributions not withdrawn under the release authority will also count towards your non-concessional contributions limit.

Non-concessional contributions caps

Personal contributions to the Fund will be treated as non-concessional contributions if you don't claim a tax deduction. For non-concessional contributions:

- Non-concessional contributions are not usually subject to tax, provided your non-concessional contributions do not exceed the applicable cap. For the 2018/19 financial year, non-concessional contributions are capped at \$100,000 (across all superannuation products you participate in) subject to increase with any indexation. However, your non-concessional contributions cap may be lower or nil depending on your circumstances (such as your total accumulated superannuation benefits). Please see your Tax Adviser for more information.
- If you are under age 65, you may be able to bring forward two years of future non-concessional contributions, giving you (if you first bring forward the contributions in the 2017/2018 financial year) a cap of \$300,000 over a three-year period. Transitional rules also may apply if you made non-concessional contributions in excess of the non-concessional contributions cap that applied in previous financial years. Please see your Tax Adviser for more information. If you exceed your non-concessional contribution cap, you can choose to withdraw the excess and 85% of the earnings under a release authority issued by the ATO. The earnings will be taxed at your marginal tax rate, less a 15% offset. If you choose not to withdraw your excess non-concessional contributions they will be taxed at your marginal tax rate.
- As you will not have an account balance with the Fund you will not be able to release any amounts from the Fund.

The non-concessional contribution cap rules are complex so you should speak to your registered tax adviser or the ATO.

Tax deductions for concessional contributions

For you to claim a tax deduction for personal contributions to the MetLife Australia Superannuation Fund you must meet certain eligibility and other requirements including:

- The contribution must be made on or before the 28th day after the month in which you turn age 75.
- If you are under age 18 at the end of the year of contribution you must have derived income from being engaged in carrying on a business or employment for the purposes of the Superannuation Guarantee legislation.
- You must have lodged with the Fund, while you are a member a valid Section 290-170 notice of intention to claim a deduction before the earlier of the date you lodge your tax return for the year in which the contribution is made, or the following 30 June after that year.
- You must have received an acknowledgement of receipt of the notice from the Fund before you lodge your tax return for the relevant year. The Trustee is not required to issue an acknowledgement in certain circumstances including if the Trustee is unable to pay the contributions tax applicable to contributions treated as tax deductible against your income.

Go to the ATO website or speak to your registered tax adviser for more information about claiming a tax deduction.

Tax rebates

The Trustee receives tax deductions for insurance premiums paid to MetLife from your account in the Fund for the cost of insurance cover. The Trustee may pass on the benefit of tax deductions it receives to you as a tax rebate.

If you are making a superannuation rollover into the Fund to pay your insurance premiums, a rebate may be available to contribute to the cost of your Policy. If so, this will be automatically calculated for you and the Trustee will request a rollover for the balance from you. Refer to page 75 for more information.

If you make deductible (concessional) personal contributions to the Fund to pay your insurance premiums, a rebate will be available to meet the Fund's contributions tax liability in respect of the contributions.

If you make non-concessional personal contributions to the Fund to pay your insurance premiums, there is no rebate available.

Tax Treatment of Benefit Payments

Different tax treatments apply depending on the nature of your benefit payments from the Fund. These are summarised below:

a. Death Benefits

MetLife Protect Super lump sum death benefits paid to a dependant (for tax purposes), or the member's estate (through the legal personal representative) where the beneficiaries are dependants of the member (for tax purposes), are not subject to tax.

For MetLife Protect Super lump sum death benefits paid to non-dependants (for tax purposes), or the member's estate to the extent the beneficiaries are not dependants for tax purposes, tax is payable at the following rates:

- There is no tax payable on any tax free element.
- Up to 15% plus any applicable levies on any taxed taxable element.
- Up to 30% plus any applicable levies on any untaxed taxable element.

Please note that the definitions of a dependant for tax purposes and under superannuation law are different. For example, a child aged 18 or more is not a dependant for tax purposes (unless dependency is established on another basis).

b. Terminal Illness Benefits

MetLife Protect Super lump sum benefits paid to a person with a terminal medical condition (as defined under superannuation law) are not subject to tax.

c. TPD Cover Benefits

- If you are over age 60, there is no tax payable on lump sum TPD Cover benefits paid to you for permanent incapacity (as defined under superannuation law).
- If you are under your preservation age (55-60, depending on your year of birth), the tax free component is taxed at 0% and the taxable component is taxed at a maximum of 20% (plus applicable levies).
- If you are between your preservation age and age 60, the tax free component is taxed at 0% and the taxable component is taxed at 0% (up to a low rate cap (\$205,000 for 2018/19) or up to 15% plus applicable levies over the cap).

d. Income Protection Benefits

Cover benefits paid to you because you are suffering temporary incapacity (as defined under superannuation law) are taxed at your marginal tax rate plus applicable levies, and PAYG tax will be deducted by MetLife from the benefits (and paid to the ATO) on behalf of the Trustee.

Risks of holding insurance through MetLife Protect Super

With any financial product, you should be aware of the risks when considering whether the product is appropriate for your needs.

With MetLife Protect Super, you should be aware that:

- there is no accumulation balance on your account;
- all contributions and rollover amounts are to fund insurance premiums and are subject to limitations (which may have tax implications) not applicable to the payment of insurance premiums for insurance outside superannuation;
- your contributions to the Fund are preserved and can't be refunded to you, even if they are refunded to the Fund from MetLife. The contributions are preserved according to superannuation law and may only be released back to you if one of the specified conditions of release occurs, for example, death or permanent incapacity. However, the MetLife Australia Superannuation Fund cannot pay a retirement benefit to you;
- if you exceed any applicable contributions cap as prescribed under tax law, your contributions to the Fund can't be refunded to you after they have been used to fund your MetLife Protect Super insurance premiums;
- your superannuation account does not have an investment component and no interest or investment earnings will usually be payable on contributions at any time;
- when paying insurance premiums by rollover(s) to the Fund, your premiums will result in a reduction of your account balance in the other fund and may impact your retirement savings;
- the benefit you receive from the Fund may be less than insured benefit paid by MetLife if tax applies on the payments to you, according to superannuation and taxation legislation. Benefit payments from a superannuation fund are taxed differently to benefit payments from MetLife outside superannuation;
- in addition to the Policy Terms (and Policy Schedule) applicable to your insurance cover, the payment of benefits from the Fund is subject to the Fund's Trust Deed and Trustee obligations under superannuation laws. This means the type of insurance benefits and options available in superannuation are different to those available outside superannuation;
- tax and superannuation laws may change in the future, which may impact the suitability of holding insurance in superannuation.

While the Trustee has determined that MetLife's insurance cover can be held in superannuation, this does not mean that the Trustee considers the Policy issued by MetLife (to the Trustee as Policy Owner, but otherwise referred to as 'your Policy') in respect of your insurance cover is suitable for your personal situation, objectives or needs. The performance of MetLife or the outcomes of your Policy are not guaranteed.

You will only be entitled to a benefit from the Fund if an insured benefit is paid by MetLife and the benefit is permitted under superannuation law.

Trustee communications

The Trustee produces an annual report for members each year giving important information about the Fund and any relevant changes in superannuation legislation. You can get a copy of the annual report from the Fund's website at

smartmonday.com.au, and it will be available at the end of each financial year.

The Fund's website contains other important information from the Trustee, including this PDS, the Trust Deed and the names of each outsourced service provider to the Fund.

Information on the Trustee and executive remuneration and other information or documents required to be disclosed on the Trustee's website are available at www.eqt.com.au/corporate-and-employer-super/eqt-registrable-superannuation-entity-disclosures.

Claims involvement

The Trustee will only make a payment to a Fund member (or the member's nominated beneficiaries) if the claim is admitted by MetLife. Additionally the Trustee can only release a benefit if it is permitted to so under the Trust Deed and superannuation law.

The Trustee does not guarantee any payment of any benefit.

The Trustee and MetLife will refer claims related disputes to a claims review committee made up of a representative of the Trustee and MetLife and an independent chair, agreed by the Trustee and MetLife, and any other committee members as may be agreed between the Trustee and MetLife.

If a benefit is paid to the Trustee for you, interest may be added to the benefit up to the date it is released, if there is an unreasonable delay in the Trustee's payment to you. The amount of interest will be determined by the Trustee at its discretion.

Enquiries and complaints

The Trustee has established a formal internal enquiries and complaints resolution procedure for members to make enquiries or lodge complaints relating to the operation or management of the Fund. If you have an enquiry please contact the Administrator on (03) 9621 7225. If you wish to make a complaint, please ask to speak to the Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee. The Trustee will respond to any questions or complaints as soon as possible. Complaints will generally be handled within 90 days as required under superannuation law. Contact information for the Complaints Officer is below:

Complaints Officer
PO Box 810
South Melbourne VIC 3205
Phone: (03) 9621 7225

If you are not satisfied with a response to a complaint, or a response is not received in 90 days, you may be able to refer your complaint with the Superannuation Complaints Tribunal (SCT):

Superannuation Complaints Tribunal
Locked Bag 3060
Melbourne VIC 3001
Phone: 1300 884 114
Email: info@sct.gov.au
Website: sct.gov.au

The SCT is an independent dispute resolution body that deals with superannuation-related complaints (from a member a beneficiary or former beneficiary of the Fund, executor or administrator of the estate, or any person who has an interest in or otherwise claims to be entitled to a Death Benefit), that have not been resolved by the Fund's internal enquiries and complaints resolution procedure.

If the SCT accepts your complaint, it will generally try to resolve it by conciliation. If this is not successful, the SCT will conduct a formal review of the complaint and issue a determination.

The SCT will not consider a complaint unless it has already been through the Fund's internal enquiries and complaints resolution procedure and it is lodged with the SCT within specified periods. Contact the SCT for further information regarding time limits within which complaints must be lodged and whether the SCT can handle your complaint.

From 1 November 2018 onwards, the Australian Financial Complaints Authority (AFCA) will replace the SCT. You can contact AFCA at:

Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001
Phone: 1800 931 678
Email: info@afca.org.au

Cooling off period

You have 30 days from the date you become a member of the Fund to ensure this superannuation product meets your needs, for example, your insurance needs.

If you exercise your right to cancel your membership of the Fund during this cooling off period, it will also affect your MetLife Protect Super insurance cover. Where applicable, provided you have not made a claim MetLife will return any premiums to the Trustee.

If your premiums were paid using rollovers from another fund, the Trustee will usually return the money to that fund.

If your premiums were paid using personal contributions, these will be rolled over to a superannuation fund of your choice, or to the Trustee's nominated eligible rollover fund.

Please be aware that premiums returned to the Trustee are subject to the superannuation preservation rules. For more information please consult your Financial Adviser.

When does your MetLife Protect Super membership end?

Your membership with the Fund usually ends after your MetLife Protect Super insurance ends. Therefore, if you cancel all your MetLife Protect Super insurance issued to the Trustee, or all the MetLife Protect Super insurance ceases under your Policy (for example, because you reach the expiry age) your membership in the Fund also ceases.

MetLife Protect Super may also end when you are no longer eligible to contribute to superannuation which results in outstanding premiums (unless you are able to use rollovers to continue to fund your premiums).

In this instance, MetLife may accept an application from you (without underwriting), for your cover to continue on the same terms under an equivalent MetLife non-superannuation Policy, subject to eligibility criteria.

Anti-money laundering and counter terrorism financing requirements

As a result of anti-money laundering and counter terrorism financing requirements in Government legislation, you may be required to provide proof of identity prior to being able to access your benefits in cash (called "customer identification and verification" requirements).

These requirements may also be applied by the Trustee from time to time in relation to the administration of your superannuation benefits as required or considered appropriate under the Government's legislation. You will be notified of any requirements when applicable. If you do not comply with these requirements there may be consequences for you, for example, a delay in the payment of your benefits.

As a result of the requirements, the Trustee is subject to the supervision of another regulatory body (called AUSTRAC) that has responsibility for the Government's legislation. The Trustee is required to provide yearly compliance reports to AUSTRAC and notify AUSTRAC of suspicious transactions. This may involve the provision of personal information about you to AUSTRAC.

You must not knowingly do anything to put the Trustee in breach of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF) Laws and/or its internal policies and procedures, rules and other subordinate instruments. You undertake to notify the Trustee if you are aware of anything that would put Equity Trustees Superannuation Limited in breach of AML/CTF Laws.

If requested, you agree to provide additional information and assistance and comply with all reasonable requests to facilitate the Trustee's compliance with AML/CTF Laws in Australia or an equivalent law in an overseas jurisdiction and/or its internal policies and procedures.

You undertake that you are not aware and have no reason to suspect that:

- the money used to fund the insurance is derived from or related to money laundering, terrorism financing or similar activities (illegal activities), and
- proceeds of insurance made in connection with this product will fund illegal activities.

In making an application pursuant to the PDS, you consent to the Trustee disclosing, in connection with AML/CTF Laws and/or its internal policies and procedures, any of your personal information as defined in the Privacy Act 1988 (Cth).

In certain circumstances, the Trustee may be obliged to freeze or block an account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of the account monitoring that is required by AML/CTF Laws and/or its internal policies and procedures. If this occurs, the Trustee is not liable to you for any consequences or losses whatsoever and you agree to indemnify the Trustee if the Trustee or its representatives are found liable to a third party in connection with the freezing or blocking of your account.

The Trustee retains the right not to provide services to any applicant that Trustee decides, in its sole discretion, that it does not wish to supply.

Policy Terms

This section introduces the contract, including the parties to any contract(s) of insurance, the insurance cover provided and other important matters applicable to any Policy issued by MetLife.

References to 'we', 'us' and 'our' in these Policy Terms refer to MetLife as the insurer in relation to all cover.

References to 'you' and 'the Policy Owner' throughout the Policy Terms refer to the person or persons or entity MetLife has entered into an insurance contract with and to whom the benefit is paid, unless otherwise indicated

General interpretative matters

Some expressions and words used throughout these Policy Terms have an initial capital letter to indicate that they have a special meaning, which may have a bearing on your eligibility to claim. The definition for these words and phrases can be located in sections 10 and 11 of the Policy Terms.

Headings in these Policy Terms have been included to aid understanding but the headings do not alter how these Policy Terms are to be interpreted unless stated otherwise or the context indicates to the contrary.

Where the context allows, words indicating the singular can be taken to mean the plural and vice versa.

The words "include", "including", "for example" or "such as" are not to be interpreted as words of limitation, and when such words introduce an example, they do not limit the meaning of the words to which the example relates.

The contract of insurance is comprised of the Policy Schedule we issue to you and these Policy Terms. Unless specified, all aspects of these Policy Terms apply equally to insurance cover issued to the Trustee of a superannuation fund (in superannuation) and all other non-superannuation insurance (non- superannuation).

We will only enter into a contract of life insurance with an Australian Resident.

Parties to the contract

Issuer

MetLife Protect is issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife')

Superannuation

MetLife Protect Super is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458) (the 'Trustee') as trustee for the MetLife Australia Superannuation Fund (USI 68964712340007), which is a division of the Aon Master Trust (ABN 68 964 712 340), ('the Fund').

When you take out MetLife Protect Super you will be provided insurance cover from us through superannuation. The Trustee will be the Policy Owner and is responsible for paying benefits to you (as the Life Insured) out of the Fund.

Life Insured

The Life Insured is the person whose life is insured under the Policy, as named on the Policy Schedule.

The Life Insured must be an Australian Resident when their application for insurance cover is made.

Policy Owner

The Policy Owner may or may not be the Life Insured.

For insurance in superannuation, the Policy Owner is the Trustee of the superannuation fund. For a Policy issued through MetLife Protect Super, the insured member of the Fund, as the Life Insured, has certain rights, entitlements and obligations in relation to the Policy. In this case, a reference to 'you' or 'your' will also include the MetLife Protect Super Life Insured.

We pay the Policy Owner or (in the case of insurance outside superannuation) the Nominated Beneficiary (in the case of Death Benefits, where a nomination has been made by the Policy Owner and accepted by us) any benefits if a claim is accepted under the Policy.

Where there is more than one Policy Owner for a non-superannuation Policy, unless otherwise shown on a Policy Schedule, the Policy will be owned by them as joint tenants.

Where permitted by law, the Policy Owner may assign or transfer the ownership of a non- superannuation Policy, or a Policy issued to the trustee of an SMSF, by completing a Memorandum of Transfer and registering the assignment with us. Failure to register the assignment with us may affect the rights of the new owner to claim under the Policy. A Memorandum of Transfer form is available from us upon request.

1. The Policy

1.1 Policy Schedule

The Policy Schedule forms part of the Policy and confirms the cover that applies for a Life Insured. It contains important details about the insurance, including details of the choices you have made in relation to each cover. For example, the cover amount of each type of cover, and which Extras Covers you have selected.

We agree to pay the benefit for the cover(s) shown for each Life Insured to the Policy Owner/s or the Nominated Beneficiary in accordance with these Policy Terms.

Benefits payable are subject to the limitations, reductions and exclusions for the cover(s) you have selected, as described in these Policy Terms, and any special conditions set out on the Policy Schedule.

The covers that apply to a Life Insured start on Cover Commencement. They end on the cover Expiry Date as shown on the Policy Schedule for that Life Insured, unless cover ends earlier as set out in these Policy Terms or according to law.

1.2 Premium

You must pay each premium on the due dates to keep the Policy in force. If the premium has not been paid in full we may cancel the Policy including any Linked Policy and/or associated Extras Cover. If we do this, your Policy and cover will end.

All Policy premiums are payable in Australian currency.

1.3 Cooling off period

Your Policy may be cancelled within 30 days of the Policy Schedule being issued by giving us notice in writing.

If you do this, we'll cancel the Policy as requested, and will refund any money paid in relation to the Policy to the Policy Owner (except any taxation or government charges which we are unable to return).

No refund of premiums will be paid if you have already made a claim for benefits under the Policy.

1.4 No surrender value

The Policy provides insurance cover only. The covers under the Policy do not include investment income or accruals from the investment of your premium. The Policy has no surrender value.

1.5 Continuing cover

You may continue the Policy each year by paying the premium, regardless of changes to the health, occupation or pastimes of the Life Insured.

1.6 When the Policy ends

Your Policy will end on the earliest of the date:

- you request to us to cancel the Policy;
- we cancel and/or avoid the Policy in accordance with our legal rights;
- we cancel and/or avoid the Policy because you have not paid the premium when due;
- when all cover ends under the Policy (the circumstances in which each cover will end are set out under each cover section in these Policy Terms); or
- of the death of the Life Insured.

If your Policy ends as a result of any of the above, any Linked TPD Cover, Linked Trauma Cover, and/or associated Extras Cover, which are held on a separate Policy, will also end.

For MetLife Protect Super, if you are unable to provide a valid TFN for the relevant Life Insured we will treat the cover and any Policy in relation to that Life Insured as never having commenced. This means there will be no cover available for the relevant Life Insured.

1.7 Worldwide cover

Your Policy provides worldwide insurance cover with the following exception for Income Cover:

- Monthly Benefits are payable for up to six months while residing overseas, with a requirement to return to Australia for the remaining claim duration for benefits to continue beyond six months.

1.8 Guaranteed upgrade

If we improve any of the features or benefits available under MetLife Protect or MetLife Protect Super in the future which don't result in a premium increase, we'll automatically apply those improvements to your Policy. If you are disadvantaged in any way by the improvement, we will revert back to the existing features or benefits. The improvements will apply only to future claims and not to past or current claims, or any claims arising from conditions or circumstances which first occurred, are first diagnosed, or for which symptoms first become reasonably apparent, before the effective date of those improvements. If certain exclusions were noted on your Policy Schedule previously, these continue to apply.

1.9 Replacement of insurance issued by another insurer

If we issue a cover under your Policy on the condition that it replaces other existing insurance and the insurance being replaced is not cancelled, any benefits payable under your Policy may be reduced by any benefits paid or payable under the other existing insurance.

1.10 Statutory funds

Premiums for the Policy are placed in MetLife's Statutory Fund No. 1 and any benefits paid under the Policy will be paid from this fund. We reserve the right to transfer all or any policies to any new or existing statutory fund, or sub-fund in that statutory fund, with the approval of the appropriate prudential regulator (if necessary).

1.11 Australian law and courts

The Policy is governed by the law that applies within the State of New South Wales and is subject to the exclusive jurisdiction of the Courts of Australia.

1.12 Benefit payments

All amounts payable under the Policy will be paid in Australian currency in Australia.

We may delay or withhold paying a benefit under this Policy where doing so may breach any laws or regulations in Australia, including any sanctions' regulations applicable to us. You must provide all information to MetLife which we reasonably require to comply with money-laundering, terrorism funding or economic and trade sanctions regulations.

We will not pay any benefits or other amounts that may breach the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS) or any regulations made pursuant to SIS. In the event we determine a payment may be in breach of SIS or any regulations made pursuant to SIS we will determine the maximum amount payable under SIS or any regulations made pursuant to SIS and will then pay that amount in substitution of the breaching amount.

1.13 Claims support services

MetLife provides a range of support services at claim time that are available at MetLife's sole discretion.

Early intervention

If the Life Insured is experiencing mental health concerns, we may be able to connect them with our partners who offer a functional approach to mental health and can support with recovery.

Where MetLife has agreed, we will arrange for the costs of a program to support the Life Insured's recovery to be paid directly to our partners, up to a total maximum of \$5,000 across all MetLife policies, for each Life Insured.

The Life Insured should first speak with their doctor to assess their situation, and to consider the intervention that is appropriate for them.

Grief counselling

Provision of short term support services to assist the Life Insured cope with loss.

If the Life Insured is diagnosed with a Terminal Illness, we can facilitate the Life Insured attending up to 10 grief counselling sessions. The sessions must be arranged by MetLife with an accredited counsellor of the National Association for Loss and Grief (NALAG). The maximum amount we will pay for grief counselling is \$1,500 across all policies for the Life Insured, and payment will be made directly to the provider. The provision of these services is at the sole discretion of MetLife.

Financial advice after claim

Available after we have paid a lump sum benefit under Life Cover, TPD Cover or Trauma Cover (or associated Extras Cover) on a Policy held outside superannuation. We'll pay up to \$2,000 to help cover fees associated with the preparation of a financial plan by a Financial Adviser for you, or a Nominated Beneficiary (in the event of the Life Insured's death). Payment will be made directly to the provider. We require a detailed invoice to be provided, containing acceptable evidence of the services provided and the costs.

This service remains available for up to 12 months after a claim payment. It is only available once across all MetLife Protect policies for each Life Insured.

2. Life Cover

2.1 Standard Cover

If your Policy Schedule shows that you have Life Cover for a Life Insured and cover is in force, we'll pay a benefit under the following circumstances.

2.1.1 Death Benefit

We'll pay the full Life Cover Amount if the Life Insured dies.

2.1.2 Life Cover - Terminal Illness Benefit

We'll pay the full Life Cover Amount if the Life Insured has a Terminal Illness.

2.1.3 Life Cover - Immediate Expenses Benefit

We'll pay a \$10,000 advance of your Life Cover Amount as an initial payment upon notification of the Life Insured's death. The notification must be supported by satisfactory evidence of the cause of death (for example, an Australian death certificate).

Payment of this benefit will reduce your Life Cover Amount by \$10,000.

Payment of this benefit is not an acceptance, and does not guarantee payment, of the remaining Life Cover Amount.

2.2 Home Loan Extras

Home Loan Extras is only available on a non-superannuation Policy.

2.2.1 Life Cover – Involuntary Unemployment Premium Waiver Feature

We will waive the Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extras Cover) premiums for all policies referable to a Life Insured for a period of up to three months, if we receive suitable evidence that the Life Insured has become Involuntarily Unemployed. Cover will not cease during this period.

This waiver will only apply once in any 12 month period and for up to six months in total over the life of the Policy. The waiver is only available if your premiums are paid up to date at the time the Life Insured becomes Involuntarily Unemployed.

2.2.2 Life Cover – Specified Events Benefit

If the Life Insured suffers a Specified Event as listed in the table below, we will pay the corresponding benefit amount, subject to the maximum limits stated.

Specified Event	Benefit amount (% of the Life Cover Amount)	Maximum limit
Death¹, loss of sight or limb/s		
Death as a result of Accidental Injury	100%	\$750,000
<ul style="list-style-type: none"> Blindness Loss of Use of Limb – <i>two or more limbs</i> 	75%	\$500,000
<ul style="list-style-type: none"> Blindness – <i>partial loss</i> Loss of Use of Limb – <i>single limb</i> 	50%	\$250,000
Severe Burns		
Severe Burns to at least 20% of body surface or 50% of face	75%	\$500,000
Severe Burns to at least 4% but less than 20% of body surface	30%	\$200,000
Severe Burns to at least 50% of hand surface of either hand	15%	\$100,000
Fracture of:		
Hip, pelvis (excluding sacrum), skull (excluding bones of face or nose)	10%	\$30,000
Thigh shaft, vertebrae	4%	\$10,000
Lower leg, arm, sternum	3%	\$7,500
Collarbone, foot, hand, jaw, shoulder bone, wrist	2%	\$5,000
Coccyx, eye socket, sacrum	1%	\$3,000
Dislocation of:		
Hip	5%	\$15,000
Ankle, elbow, knee, wrist, shoulder	1%	\$3,000

1. Death as a result of Accidental Injury under the Life Cover – Specified Events Benefit will be in addition to any other benefit payment available as a result of death available under Life Cover (Standard Cover or Extras Cover).

2.2.3 Life Cover - Immediate Home Expenses

We'll pay a \$20,000 advance of your Life Cover Amount when we are notified of the Life Insured's death. The notification must be supported by satisfactory evidence of the death (for example, an Australian death certificate).

This is in addition to any Life Cover - Immediate Expenses paid under the Standard Cover (section 2.1.3).

Payment of this benefit will reduce your Life Cover Amount by \$20,000.

Payment of this benefit is not an acceptance, and does not guarantee payment, of the Death Benefit.

2.3 Buy/Sell Extras

Buy/Sell Extras is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Buy/Sell Extras, we'll pay a benefit (or Reimburse expenses) under the following circumstances.

2.3.1 Life Cover - Business Exit Expenses Benefit

We'll Reimburse the legal and accounting costs of executing your legally binding Buy/Sell Agreement if the Life Insured exits the Business due to death or Terminal Illness. The maximum amount we'll Reimburse is \$3,000.

2.3.2 Life Cover - Immediate Business Expenses Benefit

We'll pay a \$20,000 advance of your Life Cover Amount upon notification of the Life Insured's death. The notification must be supported by satisfactory evidence of death (for example, an Australian death certificate).

This is in addition to any Life Cover - Immediate Expenses Benefit paid under the Standard Cover (section 2.1.3)

Payment of this benefit will reduce your Life Cover Amount insured by \$20,000.

Payment of this benefit is not an acceptance, and does not guarantee payment, of the Death Benefit.

2.4 Life Cover Exclusions

Exclusions and No-Claim Periods apply to Life Cover, including any Extras Cover, as described in section 6.5.1.

2.5 Life Cover Features

The following features are available with Life Cover and/or certain associated Extras Covers, as described in these Policy Terms:

- Indexation (as referred to in section 7.5).
- Life Events Increases Feature (available with Extras Cover) - (as referred to in section 7.1).

2.6 When Life Cover and Extras Cover ends

Life Cover and Extras Cover end on the Expiry Date, which is:

- For Life Cover (Standard Cover) the date the Life Insured turns age 130;
- For Extras Cover the date the Life Insured turns age 65.

Life Cover and Extras Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6;
- we pay the full Life Cover Amount paid under Life Cover (Standard);
- you ask us to cancel your cover;
- you have a MetLife Protect Super Policy and the relevant Life Insured turns 75 and you are no longer eligible to make personal contributions to superannuation to pay your insurance premiums (unless premiums continue to be paid via rollover);
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due; or
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule.

3. TPD Cover

3.1 Standard Cover

If your Policy Schedule shows that you have TPD Cover for a Life Insured, we'll pay a benefit up to the TPD Cover Amount under the following circumstances (provided the TPD Cover is in force).

3.1.1 TPD Cover – Any Occupation Benefit

We'll pay the full TPD Cover Amount if we determine that the Life Insured:

- has been absent from work for three or more consecutive months, solely due to Illness or Injury; and
- is following the advice of their Medical Practitioner (including any reasonable rehabilitation and treatment); and
- is unlikely, solely due to their Illness or Injury, to ever, be able to work in any occupation to which they are reasonably suited because of education, training or experience.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three month period as part of a rehabilitation program approved in writing by us. Any return to work while participating in the rehabilitation will not restart the three month period.

If a Life Insured has an Occupation Class shown on the Policy Schedule as R or O or has had their cover varied after age 65 in accordance with section 3.1.1.1 we will instead assess the Life Insured's eligibility under the TPD Cover – General Disability Benefit below (section 3.1.2).

3.1.1.1 Cover Variation after age 65 – TPD definition

If the Life Insured is aged 65 or more as at the Date of Disablement, the TPD Cover – Any Occupation Benefit (section 3.1.1) will only be payable if:

- the Life Insured has been working at least 20 hours a week on average in the six months immediately prior to the Date of Disablement; and
- the Life Insured satisfies the criteria set out in section 3.1.1.

If a Life Insured hasn't satisfied the above conditions we'll assess the claim on the basis of the TPD Cover– General Disability Benefit only (section 3.1.2).

3.1.2 TPD Cover – General Disability Benefit

We'll pay the full TPD Cover Amount if we determine that the Life Insured:

- has totally and irreversibly lost the ability to perform, without assistance, any two of the Activities of Daily Living due to Illness or Injury, and has been unable to do so for at least three consecutive months;
- is following the advice of their Medical Practitioner (including any reasonable rehabilitation and treatment); and
- is unlikely, solely due to their Illness or Injury, to ever be able to work in any occupation to which they are reasonably suited because of education, training or experience.

If the Life Insured can perform any Activity of Daily Living on their own by using special equipment (for example, mobility activities with a walking aid), they will be considered able to perform that activity.

3.1.3 Death Benefit

We'll pay \$10,000 upon notification of the Life Insured's death, if it occurred during the term of TPD Cover. If the Life Insured was deemed to have been Totally and Permanently Disabled before passing away and subsequently a full benefit under TPD Cover was paid, or is eligible to be paid, the Death Benefit will not be payable.

The notification must be supported by satisfactory evidence of the cause of death (for example, the full Australian death certificate). This benefit is not available where TPD Cover is Linked to Life Cover.

3.2 Employment Extras

Employment Extras is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Employment Extras, the following benefits are available and are payable in accordance with the terms and conditions listed.

3.2.1 TPD Cover – Physical Disability Benefit

We'll pay 25% of the TPD Cover Amount up to \$500,000 if, solely due to Illness or Injury, the Life Insured suffers:

- Loss of Use of Limb – *single limb*, or
- Blindness – *partial loss*.

Payment of this benefit will reduce your TPD Cover Amount (including any associated Extras Cover) by the benefit amount paid.

3.2.2 TPD Cover – Limited Earnings Benefit

We'll pay the full TPD Cover Amount if the Life Insured was working in a full time capacity in the 12 months immediately prior to Illness or Injury, and we determine the Life Insured:

- has been absent from work for three or more consecutive months due to Illness or Injury; and
- is following the advice of their Medical Practitioner and is undergoing all reasonable treatment (including any reasonable rehabilitation and treatment); and
- is not eligible to be paid a benefit under TPD Standard Cover (section 3.1); and is unlikely ever to be able to work again in any occupation for which they are reasonably suited by education, training or experience which would pay remuneration at a rate greater than 25% of their personal exertion earnings during their last 12 consecutive months of work.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three month period as part of a rehabilitation program approved in writing by us. Any return to work while participating in the rehabilitation will not restart the three month period.

3.3 Specialist Extras

Specialist Extras is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Specialist Extras, we'll pay a benefit under the following circumstances.

3.3.1 TPD Cover – Own Occupation Benefit

We'll pay the full TPD Cover Amount if we determine that the Life Insured:

- has been absent from their occupation for at least three consecutive months, solely due to Illness or Injury;
- is following the advice of their Medical Practitioner (including any reasonable rehabilitation and treatment);
- is not eligible to be paid a benefit under section 3.1; and
- is unlikely ever to be able to work in their Own Occupation again, solely due to their Illness or Injury.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three month period as part of a rehabilitation program approved in writing by us. Any return to work while participating in the rehabilitation will not restart the three month period.

3.4 Business Extras

Business Extras is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Business Extras, we'll pay a benefit under the following circumstances.

3.4.1 TPD Cover – Own Business Benefit

We'll pay the full TPD Cover Amount if we determine that the Life Insured:

- has been absent from their Business for at least three consecutive months, solely due to Illness or Injury;
- is following the advice of their Medical Practitioner (including any reasonable rehabilitation and treatment);
- is not eligible for a benefit payment under the TPD Cover Any Occupation Benefit (section 3.1.1); and
- is unlikely ever to be able to return to work at their Business, or perform their Usual Occupation in any similar Business, solely due to their Illness or Injury.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three month period as part of a rehabilitation program approved in writing by us. Any return to work while participating in the rehabilitation will not restart the three month period.

3.5 Order of claims assessment

If a Life Insured holds TPD Cover inside superannuation, any associated Extras Cover will be held on a Policy outside superannuation.

In the event of a claim where entitlement to a benefit exists under both policies, we'll firstly assess the claim in respect of benefits available on the Policy held in superannuation, before considering the Life Insured's eligibility to get paid a benefit under Extras Cover (held outside superannuation).

Only one payment will be made in the above scenario.

3.6 TPD Cover Exclusions

Exclusions and No-Claim Periods apply to TPD Cover, including any Extras Cover, as described in section 6.5.2.

3.7 TPD Cover Features

The following features are available with TPD Cover and/or certain associated Extras Covers, as described in these Policy Terms:

- Indexation – refer to section 7.5.
- Life Events Increases Feature (available with Extras Cover) – refer to section 7.1.
- Life Events Extras Feature – refer to section 7.2.
- Restoration of Life Cover Feature (TPD) – refer to section 3.7.1 below.

3.7.1 Restoration of Life Cover Feature (TPD) (available with Extras Cover)

If the Accidental Injury Cover definition applies to Linked Life Cover following a Linked TPD Cover benefit payment, this will cease to apply 14 days following payment. This is only available with TPD Extras Cover.

3.8 When TPD Cover and Extras Cover ends

TPD Cover and Extras Cover end on the Expiry Date, which is:

- for any Extras Cover– the date the Life Insured turns age 65; and
- for TPD Covers (Standard Cover) – the date the Life Insured turns age 75.

TPD Cover may end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6;
- we pay the full TPD Cover Amount;
- you ask us to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- you have a MetLife Protect Super Policy the relevant Life Insured turns 75 and you are no longer eligible to make personal contributions to superannuation to pay your insurance premiums (unless premiums continue to be paid via rollover);
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule; or
- where TPD Cover is Linked to Life Cover, when the Linked Life Cover ends.

4. Trauma Cover

This cover is only available on a non-superannuation Policy.

4.1 Standard Cover

The minimum benefit we will pay for any Trauma Condition is \$10,000.

If your Policy Schedule shows that you have Trauma Cover for a Life Insured, we'll pay a benefit under the following circumstances subject to all other terms and conditions being satisfied, including the No-Claim Period.

4.1.1 Tier 1 Benefit

We'll pay the full Trauma Cover Amount (subject to the maximums for further Trauma Cover claims under section 4.1.4 and any other applicable exclusions under section 6.5.3) if the Life Insured meets criteria for any of the following Trauma Conditions while the Policy is in force:

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.1.1	Cancer Conditions	<ul style="list-style-type: none">Cancer – <i>advanced</i>
4.1.1.2	Heart Conditions	<ul style="list-style-type: none">Heart Condition – <i>significantly impaired heart function</i>
4.1.1.3	Neurological Conditions	<ul style="list-style-type: none">Neurological Condition – <i>permanent neurological deficit</i>
4.1.1.4	Vital Organ and Digestive System Disorders	<ul style="list-style-type: none">Vital Organ or Digestive System Disorder – <i>end stage</i>
4.1.1.5	Disability Conditions and Accidental Incidents	<ul style="list-style-type: none">BlindnessLoss of IndependenceLoss of Use of Limb – <i>two or more limbs</i>

4.1.2 Tier 2 Benefit

We'll pay up to 50% of your Trauma Cover Amount (subject to the maximums for further Trauma Cover claims under section 4.1.4 and any other applicable exclusions under section 6.5.3) if the Life Insured meets criteria for any of the following Trauma Conditions while the Policy is in force:

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.2.1	Cancer Conditions	<ul style="list-style-type: none"> • Cancer – <i>excluding specified early stage cancers.</i>
4.1.2.2	Heart Conditions	<ul style="list-style-type: none"> • Angioplasty – <i>triple vessel</i>; • Cardiomyopathy; • Coronary Artery Bypass Surgery; • Heart Attack – <i>with specified clinical evidence</i>; • Heart Surgery – <i>open heart surgery</i>; and • Pulmonary Arterial Hypertension.
4.1.2.3	Neurological Conditions	<ul style="list-style-type: none"> • Alzheimer's Disease; • Coma – <i>96 hours</i>; • Motor Neurone Disease; • Multiple Sclerosis; • Muscular Dystrophy; • Parkinson's Disease – <i>unknown cause</i>; and • Stroke – <i>with persisting clinical symptoms.</i>
4.1.2.4	Vital Organ and Digestive System Disorders	<ul style="list-style-type: none"> • Lung Removal – <i>excluding donors.</i>
4.1.2.5	Disability Conditions and Accidental Incidents	<ul style="list-style-type: none"> • Burns – <i>third degree</i>; • Deafness; and • Osteoporosis – <i>before age 50.</i>

4.1.3 Tier 3 Benefit

We'll pay a partial amount of your Trauma Cover Amount (subject to the relevant benefit cap and to the maximums for further Trauma Cover claims under section 4.1.4 and any other applicable exclusions under section 6.5.3) if the Life Insured meets criteria for any of the following Trauma Conditions while the Policy is in force:

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.3.1	Cancer Conditions <i>(benefit capped at 10% of the Trauma Cover Amount and \$50,000)</i>	<ul style="list-style-type: none"> Cancer – <i>early stage cancers.</i>
4.1.3.2	Heart Conditions <i>(benefit capped at 25% of the Trauma Cover Amount and \$25,000)</i>	<ul style="list-style-type: none"> Angioplasty – <i>single or double vessel</i>¹; and Heart Surgery – <i>keyhole procedure.</i>
4.1.3.3	Neurological Conditions <i>(benefit capped at 25% of the Trauma Cover Amount and \$100,000)</i>	<ul style="list-style-type: none"> Bacterial Meningitis or Viral Encephalitis; Benign Brain Tumour; and Hydrocephalus – <i>requiring surgery.</i>
4.1.3.4	Vital Organ and Digestive System Disorders <i>(benefit capped at 25% of the Trauma Cover Amount and \$100,000)</i>	<ul style="list-style-type: none"> Aplastic Anaemia; Colostomy or Ileostomy; Crohn's Disease – <i>severe</i>; Diabetes – <i>insulin dependent with complications</i>; and Ulcerative Colitis – <i>severe.</i>
4.1.3.5	Disability Conditions and Accidental Incidents <i>(benefit capped at 25% of the Trauma Cover Amount and \$100,000)</i>	<ul style="list-style-type: none"> Blindness – <i>partial loss</i>; Deafness – <i>partial hearing loss</i>; HIV Infection – <i>acquired medically, at work or from an assault</i>; and Loss of Use of Limb – <i>single limb.</i>

1. Subject to eligibility criteria, for the listed Trauma Condition Angioplasty – *single or double vessel*, an angioplasty on each of the three main coronary arteries, either in a single procedure, or multiple procedures within two months of the original procedure, qualifies for a Tier 2 benefit under the listed Trauma Condition Angioplasty – *triple vessel*

4.1.4 Further Trauma Cover claims

Certain limitations apply to benefits payments for Trauma Cover. These are:

4.1.4.1 Maximum benefits payable per Trauma Category

The maximum benefit amount we will pay over the life of the Policy for Trauma Conditions in any one Trauma Category is the Trauma Cover Amount per Life Insured.

If the Life Insured receives benefit payments equal to the Trauma Cover Amount in relation to Trauma Conditions in a single Trauma Category then cover for that Trauma Category will end for the Life Insured.

4.1.4.2 Related or Progressive Trauma Conditions

The maximum benefit amount we will pay over the life of the Policy for Related or Progressive Trauma Conditions is the Trauma Cover Amount.

If you or a Life Insured has received a benefit payment for a Trauma Condition and suffer a Related or Progressive Trauma Condition any benefit payment in relation to that Related or Progressive Trauma Condition will be offset against the benefit payment for the original Trauma Condition and any other Related or Progressive Trauma Condition so that you cannot exceed the maximum benefit amount payable under this section.

4.1.4.3 Accidental Injury Cover definition

If we have previously paid a benefit for a Trauma Condition we will apply an Accidental Injury Cover definition to any new claims for Trauma Conditions that are not Related or Progressive Trauma Conditions. The Accidental Injury Cover definition will apply to the relevant Life Insured's Trauma Cover Amount that corresponds to the previously paid benefit.

The Accidental Injury Cover definition will apply for 12 months from the date of the benefit payment that triggered its application. On the day after the 12 month anniversary of the benefit payment the Accidental Injury Cover definition will be removed.

4.1.4.4 Trauma Cover claim timing

We will assess Trauma Cover claims and apply the rules set out in this section (section 4) to claims in the date and time order the event, occurrence, circumstance or incidence leading to the claim arose. We will do this even after a Trauma Cover benefit has been paid and we have subsequently been notified of a claim.

4.1.4.5 Trauma Cover multiple claims for the same event

In the event a Life Insured suffers from two or more Trauma Conditions, which occurred as a result of one single event, occurrence, circumstance or incidence, we will only pay the larger of the two or more Trauma Condition benefits that the Life Insured would otherwise be entitled to.

4.2 Individual Extras

This feature is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Individual Extras for a Life Insured, we'll pay a benefit under the following circumstances.

4.2.1 Trauma Cover - Booster Benefit

If we are paying a Tier 2 Benefit for the Life Insured, we'll pay an additional 50% of the Trauma Cover Amount (subject to the maximums for further Trauma claims under section 4.1.4).

This additional amount may increase the total amount paid across all cover to up to 100% of the Trauma Cover Amount, after including any previous claims under the same Trauma Category (for example, Cancer Conditions).

This benefit is only available twice over the life of the Policy.

4.2.2 Trauma Cover - Unrelated Cancer Benefit

We will pay 100% of the Trauma Cover Amount if the Life

Insured is diagnosed with a new primary Tier 1 or Tier 2 Cancer Condition (see section 4.1.1.1 or section 4.1.2.1) at least 12 months after a previous benefit payment for a Tier 1 Cancer Condition or Tier 2 Cancer Condition, provided it is not a Related or Progressive Trauma Condition.

This benefit is available once only over the life of the Policy.

4.2.3 Trauma Cover - Related Cancer Benefit

If the Life Insured is diagnosed with a Tier 1 or Tier 2 Cancer Condition (section 4.1.1.1 or 4.1.2.1) at least 12 months after a previous benefit was paid for a Related or Progressive Trauma Condition, we'll pay 10% of the Trauma Cover Amount, up to \$50,000. This benefit is available only once over the life of the Policy.

4.2.4 Trauma Cover - Related Heart Condition Benefit

If the Life Insured is diagnosed with a Tier 1 or Tier 2 Heart Condition (section 4.1.1.2 or section 4.1.2.2) at least 12 months after a benefit was paid for a Related or Progressive Trauma Condition, we'll pay 10% of the Trauma Cover Amount, up to \$50,000. This benefit is available only once over the life of the Policy.

4.2.5 Trauma Cover - Repeat Angioplasty Benefit

If the Life Insured undergoes Angioplasty – single or double vessel – to treat a narrowing or blockage of one or more coronary arteries after we have paid a benefit 12 months or more ago for the same procedure, we'll pay another 25% of the Trauma Cover Amount, up to \$25,000. This benefit is available only once over the life of the Policy.

4.3 Family Extras

This feature is only available on a non-superannuation Policy.

If your Policy Schedule shows that you have Family Extras for a Life Insured, we'll pay a benefit (or Reimburse expenses) under the following circumstances.

4.3.1 Trauma Cover - Child Trauma Benefit

We'll pay 10% of the Trauma Cover Amount, up to \$50,000, if a Dependent Child is first diagnosed with any of the following while the Family Extras is in force:

- Bacterial Meningitis
- Cancer – excluding specified early stage cancers
- Crohn's Disease – severe

- Cystic Fibrosis
- Epilepsy, or
- Ulcerative Colitis – severe.

Payment of this benefit does not reduce the Trauma Cover Amount.

This benefit is payable only once in respect of any one Dependent Child. Multiple benefit payments are otherwise available up to a total maximum of \$50,000 over the life of the Policy.

The Child Trauma Benefit is subject to a three month No-Claim Period (section 6.5.3.4).

4.3.2 Trauma Cover - Family Assistance Expenses

We'll Reimburse up to \$500 per day in accommodation expenses if an immediate family member travels more than 100km to help care for a Dependent Child after we have paid a claim under the Trauma Cover - Child Trauma Benefit (section 4.3.1). This benefit is payable on multiple occasions, subject to an overall maximum total of \$5,000 over the life of the Policy.

4.3.3 Trauma Cover - Medical Travel Expenses

We'll Reimburse up to \$5,000 in travel expenses after we have paid a benefit under Trauma Cover (including associated Extras Cover) for a Life Insured or a Dependent Child. This benefit is payable if the Life Insured or Dependent Child requires medical treatment (for the same Illness or Injury or a Related or Progressive Trauma Condition for which we paid the aforementioned benefit) in a hospital that is more than 100km from their residential address. A Medical Practitioner must certify that the required medical treatment is not available in a hospital that is within 100km from their residential address.

These travel expenses may include the costs of any form of public transport (not including ambulance) for the Life Insured or Dependent Child and one accompanying adult on any one occasion. It may be Reimbursed on multiple occasions up to a total maximum of \$5,000 over the life of the Policy.

4.4 Cover restrictions after age 70

Tier 1 conditions are the only conditions that may be claimed from the Life Insured's 70th birthday onwards.

Cover for Tier 2 and 3 conditions cease to be available at this time.

4.5 Trauma Cover exclusions

Exclusions and No-Claim Periods apply to Trauma Cover, including any Extras Cover, as described in section 6.5.3.

4.6 Trauma Cover features

The following features are available with Trauma Cover and/or certain associated Extras Covers, as described in these Policy Terms:

- Indexation – refer to section 7.5.
- Life Events Extras Feature – refer to section 7.2.
- Restoration of Life Cover Feature (Trauma) – refer to section 4.6.1 below.

4.6.1 Restoration of Life Cover Feature (Trauma)

If an Accidental Injury Cover definition applies to Linked Life Cover following a Linked Trauma Cover benefit payment, this definition will cease to apply 12 months following benefit payment.

4.7 When Trauma Cover and Extras Cover ends

Trauma Cover and Extras Cover ends on the Expiry Date, which is:

- for Extras Cover – the date the Life Insured turns age 65; and
- for Trauma Cover (Standard Cover) – the date the Life Insured turns age 75.

Trauma Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6;
- we receive notification from you to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule; or
- where Trauma Cover is Linked to Life Cover, when the Linked Life Cover ends.

5. Income Cover

5.1 Key concepts

5.1.1 Excess Period

Your Policy Schedule shows the Excess Period that applies to your Income Cover. This is the minimum number of continuous days that must fully elapse before any entitlement to a Total Disability Benefit, or Partial Disability Benefit, begins to accrue.

The Excess Period starts on the date a Medical Practitioner certifies the Life Insured as unable to work in full capacity due to Illness or Injury, and on which date the Life Insured is Partially Disabled or Totally Disabled.

The Life Insured must be continuously Totally Disabled or Partially Disabled for the duration of the Excess Period.

It is a condition of the Excess Period for any Policy held inside superannuation that the Life Insured must have ceased Gainful Employment for at least one day during the Excess Period, solely due to their Illness or Injury, to become eligible to receive Total Disability Benefit or Partial Disability Benefit payments.

5.1.2 Benefit Period

Your Policy Schedule will show the Benefit Period that applies to a Life Insured's Income Cover. The Benefit Period represents the maximum duration that Total Disability Benefits or Partial Disability Benefits can be payable for any one Illness or Injury (including a Recurrent Disability), over the life of the Policy. The Benefit Period starts on the day after the Excess Period ends.

5.1.2.1 Duration of payments

While the Life Insured remains Totally Disabled or Partially Disabled, the maximum duration that we will pay benefits in relation to any one Illness or Injury (including a Recurrent Disability) is:

- For Policies with a 1 year Benefit Period, one year.
- For Policies with a 5 year Benefit Period, five years, or until the Life Insured turns 65, whichever occurs first.¹
- For Policies with a 'to age 65' Benefit Period, until the Life Insured turns 65.¹
- For Policies with a 'to age 70' Benefit Period, until the Life Insured turn 70.²

¹For claims where the Life Insured's Benefit Period starts after they have turned 64, benefits are payable for up to one year only.

²For claims where the Life Insured's Benefit Period starts after they have turned 65, benefits are payable for up to one year only.

Note: Any additional benefits payable under associated Extras Cover, for new claims, ceases at age 65 (as Extras Cover ends at age 65).

5.1.3 The amount we pay - Monthly Benefit and Monthly Cover Amount

The amount we pay for individual benefits provided under Income Cover (Standard Cover and Extras Cover) will be based upon either:

- the Monthly Benefit; or
- the Monthly Cover Amount.

The Monthly Benefit (less any applicable Offsets) determines the Total Disability Benefit or Partial Disability Benefit payment offered by your Policy. The Monthly Benefit is a value calculated at time of claim, and varies depending on whether you have an Indemnity, Agreed Value or Endorsed Agreed Value definition associated with your cover.

The Monthly Benefit also includes any amounts we may contribute to superannuation as set-out in section 5.2.4.

The Monthly Cover Amount is the amount we have agreed to insure, as reflected on your Policy Schedule, and used in the payment of some ancillary benefits on your Policy.

5.1.3.1 Indemnity

If an Indemnity definition applies to your Policy, the formula used to calculate the maximum Monthly Benefit payable is the lesser of the Monthly Cover Amount shown on the Policy Schedule and 75% of the Life Insured's highest average Monthly Income for any consecutive 12 month period in the three years before the Excess Period starts.

If the Life Insured becomes disabled while on parental, sabbatical or long service leave, then we calculate their Monthly Income using the higher of:

- their average Monthly Income in the 12 month period before they went on leave; and
- their highest average Monthly Income for any consecutive 12 month period in the three years before the Excess Period starts.

5.1.3.2 Agreed Value

If an Agreed Value definition applies to your Policy, the Monthly Benefit we pay will be based upon the Monthly Cover Amount that we agreed to insure the Life Insured for, including any subsequent Indexation. This is provided the Life Insured's Pre-application Income disclosed to us was complete and accurate.

If the Life Insured's Pre-application Income disclosed to us was over-stated, we may reduce the Monthly Benefit we pay you to an amount that is less than the Monthly Cover Amount, at the time of claim, to reflect this overstatement.

Financial evidence to confirm the Life Insured's Pre-application Income will be requested at time of claim, and is required to be submitted in a form satisfactory to us before we can pay any Agreed Value benefits under Income Cover.

If we cannot verify the Life Insured's Pre-application Income, we will use the Indemnity definition in place of Agreed Value.

5.1.3.3 Endorsed Agreed Value

This refers to an endorsement of the Agreed Value definition and occurs following receipt by us of satisfactory financial evidence that supports the Life Insured's Pre-application Income. We will confirm the endorsement in writing. Where your Policy Schedule reflects an Endorsed Agreed Value definition, the Monthly Benefit we pay will be based upon the Monthly Cover Amount that we agreed to insure the Life Insured for, including subsequent Indexation.

You can provide evidence of the Life Insured's Pre-application Income, at any time before or after your Policy starts.

5.1.4 Offsets

The Monthly Benefit that we pay may be reduced by payments from other sources, where they are for income replacement or expense purposes in relation to the same Illness or Injury that resulted in the Life Insured's Total Disability or Partial Disability. These other sources may include, but are not limited to:

- sick leave payments received by the Life Insured. Note, this does not include an entitlement to sick leave that is not received or taken by the Life Insured;
- other disability, group, sickness or accident insurance cover, including those provided through a mortgage replacement policy or a superannuation fund, held by the Life Insured, that was not disclosed to us at the time you applied for cover;
- any payments received by the Life Insured from workers' compensation schemes and accident compensation schemes, in respect of any part that is attributable to the same period as income replacement; and
- any payments received by the Life Insured from other sources agreed as part of your application for cover and noted on your Policy Schedule.

In calculating Offsets we'll convert any regular payments that the Life Insured receives at intervals other than monthly into equivalent monthly amounts.

If any compensation for loss of earnings is made as a lump sum, it will be treated as having a monthly amount equivalent to 1/60th of the lump sum over a period of 60 months. Where the amount of the lump sum which relates to loss of earnings is not separately identified, we will determine on a reasonable basis how much of that lump sum represents compensation for loss of earnings in order to determine the Offset that applies.

5.2 Standard Cover

If your Policy Schedule shows that you have Income Cover in respect of a Life Insured, the following benefits and features are available (provided the event giving rise to the claim occurred before the cover has ended).

5.2.1 Total Disability Benefit

The Total Disability Benefit applies if the Life Insured is Totally Disabled.

Payment of the Total Disability Benefit will commence at the expiration of the Excess Period.

The Total Disability Benefit is paid monthly in arrears and will end at the earliest of:

- the date the Life Insured is no longer Totally Disabled,
- the end of the Benefit Period;
- the Life Insured reaching the Expiry Date; and
- the Life Insured dies.

The amount we will pay is the Monthly Benefit, subject to any Offsets.

If a period of payment is less than a month, we will pay a pro-rata amount (for example if the period is one day in September we will pay 1/30th of the Monthly Benefit).

5.2.2 Partial Disability Benefit

Payment of the Partial Disability Benefit will commence at the latest of:

- the expiration of the Excess Period; or
- the date the Life Insured ceases to be Totally Disabled if the Life Insured is Partially Disabled at that date.

The Partial Disability Benefit is paid monthly in arrears and will end at the earliest of:

- the date that the Life Insured is no longer Partially Disabled; or
- the end of the Benefit Period

5.2.2.1 Partial Disability Monthly Benefit

This is the monthly amount we pay (less Offsets) if the Life Insured is Partially Disabled.

Subject to an overall maximum of the Monthly Benefit, we pay the higher of the following:

1. The Monthly Benefit less 75% of the income that the Life Insured is still receiving while on claim; and
2. 75% of the life insured's highest average Monthly Income for any consecutive 12 month period in the three years prior to becoming Totally Disabled or Partially Disabled less the income that the Life Insured is still receiving while on claim.

5.2.3 Death Benefit

We'll pay three times the Monthly Cover Amount upon notification of the Life Insured's death. The notification must be supported by evidence of the cause of death that is satisfactory to us (for example, an Australian death certificate).

5.2.4 On Claim Super

If we are paying you Total Disability Benefits or Partial Disability Benefits in respect of the Life Insured, and your Monthly Cover Amount includes superannuation contributions, we will direct a portion of your Monthly Benefit to be paid to your nominated superannuation fund on your behalf.

The superannuation fund you nominate must be a regulated superannuation fund or retirement savings account or another superannuation plan we approve.

The amount we allocate to superannuation will be an amount representing the superannuation contribution percentage (SG rate), as prescribed under superannuation law. The SG rate is 9.5% at the time of publication and is subject to change.

We won't be able to make any payments to a superannuation account if superannuation or taxation laws prevent us from making the payment. In this event, these amounts will be paid directly to you.

5.2.5 Income Cover - On Claim Premium Waiver Feature

You don't have to pay premiums for Income Cover and corresponding Extras Cover while we are paying a Total Disability Benefit or Partial Disability Benefit in respect of the Life Insured.

Note, cover continues while we are paying a Total Disability Benefit or Partial Disability Benefit.

5.2.6 Income Cover – Claim Indexation Feature

While a Life Insured is receiving a benefit payment, we'll automatically adjust their Monthly Benefit and pre-disablement income for CPI Claim Indexation, after each full year of receiving a payment.

5.2.7 Income Cover – Recurrent Disability Feature

We will waive the Excess Period if the Life Insured suffers a Recurrent Disability within 12 months after we have ceased paying a Total Disability Benefit or Partial Disability Benefit.

5.3 Professional Extras

Professional Extras is only available on a non-superannuation Policy.

If your Policy Schedule shows you have Professional Extras, the Life Insured has access to the following benefits and features:

5.3.1 Agreed Value (including Endorsed Agreed Value)

We will use an Agreed Value definition for the purposes of calculating the Monthly Benefit payable for any applicable benefits under either Standard Cover or Extras Cover.

Important: If you have Income Cover in superannuation, we will first pay any Total Disability Benefits or Partial Disability Benefits you are entitled to under the Policy in superannuation, to the maximum amount permitted under law. Any benefits or amounts payable in excess of that will be paid under your Professional Extras Policy outside superannuation. Your overall Monthly Benefit across the two policies will not be reduced as a result of the above.

5.3.2 Income Cover - Retraining Expenses Benefit

We'll Reimburse retraining expenses up to six times the Monthly Benefit if the Life Insured has been receiving benefits under the Total Disability Benefit for six months or more.

The retraining plan must be agreed in writing with MetLife before it starts.

5.3.3 Income Cover – Total Disability Assessment Feature

Under this feature, the definition of Total Disability will be altered to mean the Life Insured is, solely due to Illness or Injury:

- totally unable to perform at least one of the income producing activities from their Usual Occupation; and is not generating any income from personal exertion; or
- unable to perform the income producing activities from their Usual Occupation for no more than 10 hours a week (or 5 hours a week if the Life Insured is working in a part-time capacity before becoming Totally Disabled); or
- Partially Disabled and unable to generate more than 20% of the earnings which they were receiving prior to becoming Partially Disabled

Conditions of this feature are:

- a Medical Practitioner has certified that the Life Insured was unfit to work in a full capacity solely due to Illness or Injury during the month for which there is a claim for a Total Disability Benefit; and
- that the Life Insured has been under the regular care of a Medical Practitioner and following medical advice, including any reasonable rehabilitation, treatment or counselling that may assist in their return to work.

Important: If you have Income Cover in superannuation, we will first pay any Total Disability Benefits or Partial Disability Benefits you are entitled to under the Policy in superannuation, to the maximum amount permitted under law. Any benefits or amounts payable in excess of that will be paid under your Professional Extras Policy outside superannuation. Your overall Monthly Benefit across the two policies will not be reduced as a result of the above.

5.3.4 Income Cover - Medical Trauma Benefit

We'll pay three times the Monthly Benefit (as a lump sum) if the Life Insured suffers one of the following specified medical conditions:

- Cancer – *excluding specified early stage cancers,*
- Heart Attack – *with specified clinical evidence,*
- Stroke – *with persisting clinical symptoms, or*
- Coronary Artery Bypass Surgery.

The Medical Trauma Benefit is subject to a 90 day No-Claim Period (section 6.5.4.4).

This benefit is payable only once over the life of the Policy and replaces all other benefits under Income Cover for the three months following payment.

5.3.5 Income Cover - Return to Work Benefit

We'll pay the Monthly Benefit amount if we have been paying Total Disability Benefits for the Life Insured continuously for six months or longer and the Life Insured returns to full time Gainful Employment for a minimum of 30 days, after participating in an approved rehabilitation program for three months or more.

This benefit starts to accrue when the Life Insured commences Gainful Employment; is paid in arrears; and is payable only once over the life of the Policy.

5.3.6 Income Cover – Involuntary Unemployment Premium Waiver Benefit

Income Cover premiums will be waived for a period of up to three months if we receive suitable evidence that the Life Insured has become Involuntarily Unemployed. Cover will not cease during this period.

We'll only provide this benefit once in any 12 month period and for up to six months in total over the life of the Policy. The waiver is only available if your premiums are paid up to date at the time you become Involuntarily Unemployed.

5.4 Provide & Care Extras

This feature is only available on a non-superannuation Policy.

If your Policy Schedule shows you have Provide & Care Extras, we'll pay a benefit (or Reimburse expenses) under the following circumstances:

5.4.1 Income Cover - Child Illness or Injury Benefit

We'll pay the Income Cover - Child Illness or Injury Benefit where the Life Insured is on unpaid carer's leave to take care of a Dependent Child that is suffering from an Illness or Accidental Injury.

The benefit is only available in relation to a Dependent Child suffering an Illness, which is first diagnosed, or an Accidental Injury, which first occurs while Provide & Care Extras is in force. It does not include:

- any Illness, Accidental Injury or surgery that is a Pre-Existing Condition that existed before, or at the time of application; or
- any congenital conditions.

The Income Cover - Child Illness or Injury Benefit is not payable for the first 30 days of unpaid carer's leave. Benefits will only accrue from the end of this period and are paid monthly in arrears for each month (or part thereof) the Life Insured is caring for their Dependent Child on a full time basis.

The amount of the Income Cover - Child Illness or Injury Benefit we will pay is the lesser of:

- 50% of the Monthly Benefit; or
- \$5,000.

The Life Insured is on unpaid carer's leave for the purpose of this benefit if:

- they were in continuous employment (for an average of at least 15 hours per week) for at least 180 days immediately prior to their Dependent Child suffering an Accidental Injury or Illness;
- the Dependent Child is unable to attend school or any other child care (if not enrolled at school) due to their Illness or Accidental Injury, as confirmed by a Medical Practitioner; and
- it relates only to a period of claim where there is no other compensation for loss of income (including any other Total Disability Benefits or Partial Disability Benefits under the Policy).

The Income Cover - Child Illness or Injury Benefit may be payable on multiple occasions to a total maximum of three months in any 12 month period, and up to six months in total over the life of the Policy. The maximum payment rules apply once for all claims under the Policy, even if they are made in respect of more than one Dependent Child.

The Child Illness or Injury Benefit is subject to a 90 day No-Claim Period (section 6.5.4.4).

5.4.2 Income Cover - Home Help Expenses Benefit

We'll Reimburse up to 100% of the Monthly Benefit, per month (capped at a maximum of \$5,000 per month) for specified home assistance while the Life Insured is confined to bed for three consecutive days or more solely due to an Illness or an Injury and requires the daily care of a registered nurse (who is not a Spouse, parent, child, sibling or business partner of the Life Insured or Policy Owner).

The following home assistance expenses may be Reimbursed for the Life Insured:

- child care expenses (for the Life Insured's Dependent Children);
- cleaning and garden maintenance (for the Life Insured's domestic residence);

- pet care (for example, dog walking or bird cage cleaning);
- fresh food delivery (delivery charges only; does not include the cost of items); and
- transportation (public transportation, including taxi).

We require a paid invoice from a licensed business to provide the service that is being claimed. This must be provided within 90 days of the date of service. We will only cover costs that aren't recoverable from any other source, and that are additional to regular expenses.

This benefit is payable on multiple occasions, up to a total maximum of three times the Monthly Benefit over the life of the Policy.

Income Cover - Home Help Expenses Benefit is subject to a six month No-Claim Period (section 6.5.4.4).

5.4.3 Income Cover - Family Provision Benefit

We will pay nine times the Monthly Cover Amount if the Life Insured dies while the Policy is in force. This is in addition to any benefits payable under the Death Benefit (section 5.2.3).

5.5 Key Person Extras

This feature is only available on a non-superannuation Policy. It is not available in conjunction with Sole Trader Extras.

If your Policy Schedule shows you have Key Person Extras, we will pay a benefit (or Reimburse expenses) under the following circumstances;

5.5.1 Income Cover - Recruitment Expenses Benefit

We will Reimburse up to 50% of your Monthly Benefit in any one month if the Life Insured, who is a Key Person in the Business has been Totally Disabled or Partially Disabled for at least 30 days; and the Business incurs expenses for maintaining the Life Insured's role in the Business with recruitment, replacement or contract hire.

We require receipts within 90 days of the date the expenses were incurred. We will only Reimburse actual costs incurred at the time of claim.

This benefit is only payable while the Life Insured is on claim for Total Disability Benefits or Partial Disability Benefits and continues to be Totally Disabled or Partially Disabled. The benefit may be payable on multiple occasions, but is limited to being paid over a maximum period of 12 months, over the life of the Policy.

5.5.2 Income Cover - Business Expenses Benefit

We'll Reimburse up to 100% of your Monthly Benefit in any one month if the Life Insured has been Totally Disabled or Partially Disabled for at least 30 days; and the Business incurs expenses to be able to continue running.

The following business expenses may be Reimbursed for the Life Insured's Business relating to fixed and ongoing business expenses only:

- salaries and superannuation contributions for employees not directly involved in the generation of revenue;
- property lease continuation;
- ongoing equipment hire;
- ongoing motor vehicle leases; and
- regular accounting fees.

We require receipts within 90 days of the date the expenses were incurred. We'll only Reimburse actual costs incurred at the time of claim.

Income Cover - Business Expenses Benefit is only payable while the Life Insured is on claim for Total Disability Benefits or Partial Disability Benefits and continues to be Totally Disabled or Partially Disabled. The benefit is payable on multiple occasions, over a maximum period of 12 months in total, over the life of the Policy.

5.5.3 Income Cover - Day 1 Revenue Benefit

We'll pay a benefit if the Life Insured suffers a specified Illness or Injury listed below:

- an Accidental Injury where the Life Insured has been Totally Disabled for at least 14 consecutive days during the Excess Period;
- a bone Fracture;
- a new Diagnosis of Cancer – *excluding specified early stage cancers*;
- Heart Attack – *with specified clinical evidence*;
- Stroke – *with persisting clinical symptoms*;
- the undergoing of Coronary Artery Bypass Surgery;
- an Illness or Injury that results in the Life Insured being confined to bed for at least three consecutive days under the continuous care of a registered nurse (who is not a Spouse, parent, child, sibling or business partner of the Life Insured or Policy Owner);
- Loss of Use of Limb – *single limb*;

- Loss of Use of Limb – *two or more limbs*;
- Blindness; and
- Blindness – *partial loss*.

This benefit will apply on a pro-rata basis (for example, 1/30th of the Monthly Benefit) for each day that the Life Insured is Totally Disabled or Partially Disabled, up to a total of 30 days for any one benefit payment.

The benefit payable is the Total Disability Benefit or Partial Disability Benefit (as applicable) in relation to one Monthly Benefit only and is payable once only for any one benefit (including any continuation of a benefit payment).

5.5.4 Income Cover - Loss of Key Person Benefit

We'll pay nine times the Monthly Cover Amount if the Life Insured who is a Key Person in the Business dies while the Policy is in force, in addition to any benefits payable under the Death Benefit (section 5.2.3).

5.6 Sole Trader Extras

This feature is only available on a non-superannuation Policy. It is not available in conjunction with Key Person Extras.

If your Policy Schedule shows you have Sole Trader Extras, we'll pay a benefit (or Reimburse expenses) under the following circumstances;

5.6.1 Income Cover - Equipment Lease Expenses Benefit

We'll Reimburse up to 100% of your Monthly Benefit each month (to a maximum of \$3,000 a month) if the Life Insured incurs specified lease expenses for the continuation of their Business while they are receiving Total Disability Benefits or Partial Disability Benefits.

The following lease expenses may be Reimbursed for the Life Insured's Business, for fixed and ongoing business lease expenses only:

- equipment hire; and
- motor vehicle lease.

We require receipts within 90 days of the date the expenses were incurred.

Income Cover - Equipment Lease Expenses Benefit is only payable while the Life Insured remains on claim for Total Disability Benefits or Partial Disability Benefits and continues to be Totally Disabled or Partially Disabled. The benefit is payable for up to six months in total over the life of the Policy.

5.6.2 Income Cover - Day 1 Cash Flow Benefit

We'll pay a benefit if the Life Insured suffers a specified Illness or Injury listed below:

- an Accidental Injury where the Life Insured has been Totally Disabled for at least 14 consecutive days during the Excess Period;
- a bone Fracture;
- Loss of Use of Limb – *single limb*;
- Loss of Use of Limb – *two or more limbs*;
- Blindness; and
- Blindness – *partial loss*.

This benefit will apply on a pro-rata basis (for example, 1/30th of the Monthly Benefit) for each day that the Life Insured is Totally Disabled or Partially Disabled, and is payable for a total of 30 days for any one benefit payment.

The benefit payable is the Total Disability Benefit or Partial Disability Benefit (as applicable) Monthly Benefit and is payable once only for any one benefit payment (including any continuation of a benefit payment).

5.7 Cover variation after age 65

Income Cover will vary automatically from the Life Insured's 65th birthday. At this time, the following changes take effect:

- the Life Insured is required to have been working at least 20 hours a week on average in the six months prior to the claim under the Total Disability Benefit or the Partial Disability Benefit;
- the Benefit Period changes to one year; and
- claims may only be made for Illnesses or Injuries which first occur after the Life Insured's 65th birthday.

If an Agreed Value or Endorsed Agreed Value definition applied for the Life Insured, this will not apply for any new claims after age 65. They will be assessed under the Indemnity definition.

5.8 Income Cover Exclusions

Exclusions and No-Claim Periods apply to Income Cover, including any Extras Cover, as described in section 6.5.4.

5.9 Income Cover Features

The following features are available with Income Cover and/or certain Extras Covers, as described in these Policy Terms:

- Indexation - refer to section 7.5.
- Income Cover – Claim Indexation Feature - refer to section 5.2.6.
- Income Cover – Cover Pause Feature - refer to section 7.3.
- Income Cover – On Claim Premium Waiver Feature - refer to section 5.2.5.
- Income Cover – Involuntary Unemployment Premium Waiver (Professional Extras only) - refer to section 5.3.6.
- Life Events Increases Feature (Professional Extras only) - refer to section 7.1.
- Life Events Extras Feature - refer to section 7.2.

5.10 When Income Cover and Extras Cover ends

Income Cover and Extras Cover ends on the Expiry Date, which is:

- for Extras Cover, the date the Life Insured turns age 65;
- for Income Cover (Standard Cover), the date the Life Insured turns age 75.

Income Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6;
- you ask us to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- you have a MetLife Protect Super Policy and are no longer eligible to make personal contributions to superannuation to pay your insurance premiums (unless premiums continue to be paid via rollover); or
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule.

6. Underwriting and exclusions

6.1 Underwritten Cover

Underwriting involves an assessment of the Life Insured's health history, occupation, financial position, income, family medical history, and pastimes. After we have completed this assessment in full, we'll either accept the application for cover under the standard terms of the Policy or offer amended terms where additional loadings and/or exclusions will apply. We'll notify you of any offer of amended terms for you to consider if you would like to proceed. In some circumstances, we'll decline cover altogether.

When applying for underwritten cover, or any increase in underwritten cover, the Life Insured is bound by a duty of disclosure.

6.2 Interim Cover

Interim Cover is provided to you at no charge when you submit your completed application for cover, and have fully completed the personal statement. The following conditions also apply:

- The application must include a valid direct debit authority, credit card authorisation, or superannuation rollover request (as applicable), for the payment of the first premium.
- Benefit limits apply (see 'benefit limits – unassessed cover, section 6.4.1). The amount we will pay is the lower of the amount of cover you applied for and the applicable benefit limit. No cover is available for amounts exceeding the Interim Cover limits until the underwriting assessment is complete and a Policy has been issued.
- Additional terms apply (see Exclusions – Interim Cover, section 6.4.2).
- If the cover applied for is through MetLife Protect Super the Interim Cover will be issued outside superannuation to the Life Insured. Any benefits payable under the Interim Cover in this circumstance are payable directly to the Life Insured.

Interim Cover in respect of the cover applied for, will automatically cease on the earliest of:

- the date we accept or decline the application for cover in respect of the Life Insured;

- the date you withdraw the application;
- 90 days after the completed application was submitted;
- the date we cancel the Interim Cover in accordance with our legal rights by written notice to you; or
- 14 days from the date we offer varied terms of acceptance of the application, such as a premium loading or exclusion, with your acceptance.

Interim Cover does not apply if the cover applied for is to replace existing insurance that is still in force (whether with MetLife or another insurer); or would normally be declined under MetLife's current underwriting rules at the time the application is submitted to MetLife.

If multiple policies are applied for, the total maximum payable across all policies shall be equal to the maximum benefit across one Policy.

The Policy exclusions applicable to all cover will also apply to Interim Cover (section 6.5).

6.3 Packaged Cover Applications

Where one of the Packaged Covers (page 14 of the PDS) is selected, cover may be issued without needing to complete a full personal statement. The following conditions also apply:

- A premium loading is applied to the cover to account for assumed risks.
- Benefit limits apply (see 'benefit limits – unassessed cover, section 6.4.1). These are the maximum amounts of cover you can apply for without full underwriting. Additional terms apply (see 6.5.5 Packaged Cover Exclusions).

Once your application for Packaged Cover has been accepted and your Policy has commenced, you are able to subsequently get an underwriting assessment completed by submitting a full personal statement. If you accept our assessment, whether under standard or varied terms, the terms we offer will apply to your Policy. In these circumstances, we'll issue you with an updated Policy Schedule and the premium will be adjusted effective from the next policy month.

If you do not accept our assessment, you can continue your cover under a Packaged Cover Policy unchanged.

6.4 Restrictions on Interim Cover and Packaged Cover applications

6.4.1 Benefit Limits – Interim Cover and Packaged Cover

The limits for Interim Cover and Packaged Cover applications are as follows:

Cover type	Interim Cover – benefits available	Packaged Cover applications – benefits available	Maximum benefit (excluding automatic Indexation increases)
Life Cover	Death Benefit only	All Benefits	\$1,000,000
TPD Cover	TPD Cover – Any Occupation Benefit only	All Benefits	\$1,000,000
Trauma Cover	Tier 1 or Tier 2 Benefits only for conditions arising as a result of an Accidental Injury only	All Benefits	\$500,000
Income Cover ¹	<ul style="list-style-type: none">Total Disability BenefitMaximum six month Benefit Period	<ul style="list-style-type: none">All Benefits applied forMaximum 12 months Benefit Period	<p>\$7,500 per month</p> <p>(maximum of \$5,000 per month for occupations we classify as 'R').</p>

¹ Note: the Excess Period that will apply to Interim Cover for the relevant Life Insured will correspond with the Excess Period selected on the application for insurance.

6.4.2 Exclusions – Interim Cover

If you claim for Interim Cover, we will not commence assessing the claim until our underwriting assessment of the application is complete. Where under our current underwriting assessment rules on the day the Interim Cover started we would have offered cover subject to cover limits and/or special terms and conditions, those cover limits and/or special terms and conditions will apply to the Interim Cover. If, under our underwriting assessment, we would not have offered any cover, your Interim Cover claim will not be payable.

In addition to the above, no benefit will be payable under Interim Cover if a claim results directly or indirectly from:

- an act of War; or
- taking part in a sport, pastime or occupation that would not normally be covered or would not normally be accepted on standard terms or at standard price under MetLife's underwriting rules that applied at the time of the application.

The Policy exclusions applicable to all cover (section 6.5) will also apply to Interim Cover.

6.5 Policy exclusions

General

- We won't pay a benefit for anything we have specifically excluded the Life Insured for, as noted on the Policy Schedule.
- We won't pay claims for anything we have automatically excluded, as detailed below in:
 - Section 6.5.1 Life Cover Exclusions;
 - Section 6.5.2 TPD Cover Exclusions;
 - Section 6.5.3 Trauma Cover Exclusions;
 - Section 6.5.4 Income Cover exclusions; and
 - Section 6.5.5 Packaged Cover Exclusions
- We can't Reimburse expenses or pay benefits that we are not permitted by law to Reimburse or which are regulated by the National Health Act 1953 or the Private Health Insurance Act 2007. We also will not Reimburse any expenses that may be Reimbursed from another source.

6.5.1 Life Cover (including Extras Cover) Exclusions

The below exclusions apply to Life Cover and associated Buy/Sell Extras and Home/Loan Extras cover, as specified.

<p>6.5.1.1</p> <p><i>Suicide exclusion</i></p>	<p>The following exclusion applies with respect to Life Cover including any associated Extras Cover.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover).</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the 13 month exclusion period for an equivalent amount of Life Cover, as that which is being replaced.</p> <p>We will reduce the exclusion period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less.</p> <p>Note that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two.</p> <p>This exclusion does not apply to the Life Cover - Immediate Expenses Benefit; the Life Cover - Immediate Home Expenses Benefit (available under Home Loan Extras cover); or the Life Cover – Immediate Business Expenses Benefit (available under Buy/Sell Extras Cover).</p>
<p>6.5.1.2</p> <p><i>Self-inflicted Injury exclusion</i></p>	<p>The following exclusion applies to the Specified Events Benefit available under Home Loan Extras.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of attempted suicide or an intentional, self-inflicted Injury.</p>
<p>6.5.1.3</p> <p><i>Specified Events Benefit (Osteoporosis)</i></p>	<p>The following exclusion applies to the Specified Events Benefit available under Home Loan Extras.</p> <p>If the Life Insured has been diagnosed with Osteoporosis (either before Cover Commencement or afterwards), then following Diagnosis, the maximum number of Specified Event benefit payments which can be made for any listed Fracture over the life of the Policy is two. This includes any benefit payments that immediately preceded or led to the Diagnosis of Osteoporosis.</p>
<p>6.5.1.4</p> <p><i>Specified Events Benefit (Multiple Dislocation claims)</i></p>	<p>The following exclusion applies to the Specified Events Benefit available under Home Loan Extras.</p> <p>A benefit payment for Dislocations will only be paid once for each individual body part (i.e. left/right hip, ankle, elbow, knee, wrist and shoulder) over the life of the Policy.</p>
<p>6.5.1.5</p> <p><i>Specified Events Benefit (Multiple claims originating from the same incident)</i></p>	<p>The following exclusion applies to the Specified Events Benefit available under Home Loan Extras.</p> <p>If there are multiple Specified Events occurring as a result of a single incident, we will pay for the single Specified Event that renders the highest payment. You may be entitled to be paid a benefit multiple times for the same Specified Event over the life of the Policy, provided they are triggered by different incidents.</p>
<p>6.5.1.6</p> <p><i>Accidental Injury Cover definition following Linked TPD Cover benefit payment</i></p>	<p>The following applies exclusion applies to Life Cover and associated Buy/Sell Extras Cover.</p> <p>An Accidental Injury Cover definition will apply following a benefit payment under Linked TPD Cover (including associated Extras Cover), which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover impacted by this definition will directly correspond with the Linked TPD Cover amount paid.</p> <p>The Accidental Injury Cover definition remains in place for 14 days from the date we paid the benefit under Linked TPD Cover, provided the Policy includes TPD Extras Cover. Otherwise, the Accidental Injury Cover definition will apply permanently.</p>

<p>6.5.1.7</p> <p><i>Accidental Injury Cover definition following Linked Trauma Cover benefit payment</i></p>	<p>The following exclusion applies to Life Cover and associated Buy/Sell Extras Cover.</p> <p>An Accidental Injury Cover definition will apply following a benefit payment under Linked Trauma Cover (including associated Extras Cover), which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover impacted by this limitation will directly correspond with the Linked Trauma Cover Amount paid.</p> <p>The Accidental Injury Cover definition remains in place for 12 months from the date we paid the benefit under Linked Trauma Cover (or associated Extras Cover).</p>
<p>6.5.1.8</p> <p><i>Accidental Injury Cover definition following exercise of the Life Events Increases Feature</i></p>	<p>The following exclusion applies to Life Cover and all associated Extras Cover.</p> <p>For a period of six months following the date you increase your Cover Amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased Cover Amount for claims arising as a direct result of an Accidental Injury.</p>

6.5.2 TPD Cover (including Extras Cover) Exclusions

The below exclusions apply to TPD Cover and associated Employment Extras, Specialist Extras and Business Extras cover, as specified.

<p>6.5.2.1</p> <p><i>Suicide exclusion</i></p>	<p>The following exclusion to the Death Benefit available under TPD Cover.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover).</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the 13 month exclusion period for an equivalent amount of Life Cover, as that which is being replaced.</p> <p>We will reduce the exclusion period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less.</p> <p>Note that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two.</p>
<p>6.5.2.2</p> <p><i>Self-inflicted Injury exclusion</i></p>	<p>The following exclusion applies to TPD Cover and all associated Extras Cover.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of attempted suicide or an intentional, self-inflicted Injury.</p> <p>This exclusion does not apply to the Death Benefit available with TPD Cover (which is instead subject to 6.5.2.1 Suicide exclusion).</p>
<p>6.5.2.3</p> <p><i>Accidental Injury Cover definition following Linked Trauma Cover benefit payment</i></p>	<p>The following exclusion applies to Linked TPD Cover and all associated Extras Cover.</p> <p>An Accidental Injury Cover definition will apply following a Linked Trauma Cover benefit payment, which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Linked TPD Cover impacted by this limitation will directly correspond with the Linked Trauma Cover Amount paid.</p> <p>The Accidental Injury Cover definition remains in place permanently.</p>

<p>6.5.2.4</p> <p><i>Accidental Injury Cover definition following exercise of the Life Events Increases Feature</i></p>	<p>The following exclusion applies to TPD Cover and all associated Extras Cover.</p> <p>For a period of six months following the date you increase your Cover Amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased Cover Amount for claims arising as a direct result of an Accidental Injury.</p>
<p>6.5.2.5</p> <p><i>Accidental Injury Cover definition following exercise of the Life Events Extras Feature</i></p>	<p>The following exclusion applies to Employment Extras, Specialist Extras and Business Extras available with TPD Cover.</p> <p>For a period of six months following the date you add Extras Cover to your TPD Cover by exercising the Life Events Extras Feature, a benefit will only be payable under that additional Extras Cover for claims arising as a direct result of an Accidental Injury.</p>

6.5.3 Trauma Cover (including Extras Cover) Exclusions

The below exclusions apply to Trauma Cover and associated Individual Extras and Family Extras cover, as specified.

<p>6.5.3.1</p> <p><i>Self-inflicted Injury exclusion</i></p>	<p>The following exclusion applies to Trauma Cover and all associated Extras Cover.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of attempted suicide or an intentional, self-inflicted Injury.</p>
<p>6.5.3.2</p> <p><i>Survival period</i></p>	<p>The following exclusion applies to Standalone Trauma Cover and associated Individual Extras.</p> <p>We won't pay any benefits if the Life Insured suffers a Trauma Condition but does not survive for at least 14 days from the date they first meet the definition of the Trauma Condition.</p>
<p>6.5.3.3</p> <p><i>No-Claim Period (Trauma Cover)</i></p>	<p>The following exclusion applies to Trauma Cover and associated Individual Extras, in relation to any Trauma Conditions which fall into the below Trauma Categories, or any Related Conditions:</p> <ul style="list-style-type: none"> • Cancer Conditions; • Heart Conditions; and • Neurological Conditions. <p>No benefits are payable for any such Trauma Conditions for which the symptoms, Diagnosis, treatment or surgery occurred prior to the end of the No-Claim Period. The No-Claim Period runs for 90 days from Cover Commencement or Reinstatement.</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the No-Claim Period which otherwise applies for an equivalent amount of cover as that which is being replaced.</p> <p>We will reduce your No-Claim Period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.</p>

<p>6.5.3.4</p> <p><i>No-Claim Period (Trauma Cover – Child Trauma Benefit)</i></p>	<p>The following exclusion applies to the Trauma Cover - Child Trauma Benefit available with Family Extras.</p> <p>No benefits are payable for any condition for which a Dependent Child was first diagnosed, prior to the end of the No-Claim Period. The No-Claim period runs for 90 days from Cover Commencement or Reinstatement of the Trauma Cover, Family Extras Cover.</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the No-Claim Period which otherwise applies for an equivalent amount cover as that which is being replaced.</p> <p>We will reduce your No-Claim Period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.</p>
<p>6.5.3.5</p> <p><i>Trauma Cover Category Limit</i></p>	<p>The following exclusion applies to Trauma Cover and associated Individual Extras.</p> <p>We won't pay a benefit for any Trauma Condition within a Trauma Category, once the Life Insured has been paid 100% of the Trauma Cover Amount for any Trauma Condition/s within that same Trauma Category.</p> <p>If Individual Extras is attached to Trauma Cover for a Life Insured, the Trauma Cover Category Limit Exclusion will not apply in respect of the following benefits:</p> <ul style="list-style-type: none"> • Trauma Cover - Unrelated Cancer Benefit • Trauma Cover – Related Cancer Benefit • Trauma Cover – Related Heart Benefit
<p>6.5.3.6</p> <p><i>Accidental Injury Cover definition following Trauma Condition benefit payment</i></p>	<p>The following exclusion applies to Trauma Cover and associated Individual Extras.</p> <p>An Accidental Injury Cover definition will apply following a benefit payment under Trauma Cover (including associated Extras Cover), which means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Trauma Cover impacted by this definition will directly correspond with the Trauma Cover Amount paid.</p> <p>The Accidental Injury Cover definition remains in place for 12 months from the date we paid the benefit under Trauma Cover (or associated Extras Cover).</p> <p>The Accidental Cover definition will not apply in respect of future claims for Related and Progressive Conditions.</p>
<p>6.5.3.7</p> <p><i>Multiple Trauma Cover claims - impact of claim order and cause of claim</i></p>	<p>The following exclusion applies to Trauma Cover and associated Individual Extras.</p> <p>If a benefit is paid for a Trauma Condition, and we are notified of a subsequent claim for a Trauma Condition with a Claim Event Date that precedes the date of the afore-mentioned benefit payment, any benefit payable under the second claim will be no greater than the amount that would otherwise be payable, had the claims been notified and paid in the Claim Event Date order of occurrence.</p> <p>If you are claiming for two or more Trauma Conditions which have occurred as a result of one single event, occurrence, or incidence, we will pay you for the Trauma Condition which offers the greatest benefit payment.</p>
<p>6.5.3.8</p> <p><i>Accidental Injury Cover definition following Linked TPD Cover benefit payment</i></p>	<p>The following exclusion applies to Linked Trauma Cover and associated Individual Extras.</p> <p>An Accidental Injury Cover definition will apply following a benefit payment under Linked TPD Cover (including associated Extras Cover), which means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Linked Trauma Cover impacted by this definition will directly correspond with the Linked TPD Cover amount paid.</p> <p>The Accidental Injury Cover definition remains in place permanently.</p>

6.5.4 Income Cover (including Extras Cover) exclusions

The below exclusions apply to Income Cover and associated Professional Extras, Provide & Care Extras, Key Person Extras and Sole Trader Extras cover, as specified.

6.5.4.1 <i>Suicide exclusion</i>	<p>The following exclusion applies to these benefits:</p> <ul style="list-style-type: none">• Death Benefit available with Income Cover;• Income Cover - Family Provision Benefit available with Provide & Care Extras; and• Income Cover - Loss of Key Person Benefit available with Key Person Extras. <p>No benefits are payable if a claim arises as a direct or indirect result of suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover).</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the 13 month exclusion period for an equivalent amount of Life Cover, as that which is being replaced.</p> <p>We will reduce the exclusion period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less. Note that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two.</p>
6.5.4.2 <i>Income Cover General Exclusions</i>	<p>The following exclusion applies to Income Cover and all associated Extras Cover.</p> <p>No benefits are payable for claims arising:</p> <ul style="list-style-type: none">• directly or indirectly from War;• from Uncomplicated Pregnancy or childbirth; or• from the Life Insured's participation in any criminal activity.
6.5.4.3 <i>Self-inflicted Injury exclusion</i>	<p>The following exclusion applies to Income Cover and all associated Extras Cover.</p> <p>No benefits are payable if a claim arises as a direct or indirect result of attempted suicide or an intentional, self-inflicted Injury.</p> <p>This exclusion does not apply to the Death Benefit available with Income Cover, the Income Cover - Family Provision Benefit available with Provide & Care Extras or the Income Cover - Loss of Key Person Benefit available with Key Person Extras (which are instead subject to 6.5.4.1 Suicide exclusion).</p>

<p>6.5.4.4</p> <p><i>No-Claim Period</i></p>	<p>The following exclusion applies to these benefits:</p> <ul style="list-style-type: none"> • Income Cover - Medical Trauma Benefit available under Professional Extras; • Income Cover - Child Illness or Injury Benefit available under Provide & Care Extras; and • Income Cover - Home Help Expenses Benefit available under Provide & Care Extras. <p>No benefits are payable in relation to any Illness or Injury suffered by the Life Insured or a Dependent Child, for which the symptoms, Diagnosis, treatment or surgery first occurred prior to the end of the No-Claim Period. The No-Claim Period starts on Cover Commencement or Reinstatement of the relevant Extras Cover, and extends for a duration of 90 days for the Income Cover - Medical Trauma Benefit and the Income Cover - Child Illness or Injury Benefit, and six months for the Income Cover Home Help Expenses Benefit.</p> <p>If this Policy is replacing similar existing cover (held with MetLife or another insurer), we'll reduce the No-Claim Period, which otherwise applies, for an equivalent amount cover as that which is being replaced.</p> <p>We will reduce your No-Claim Period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.</p>
<p>6.5.4.5</p> <p><i>Accidental Injury Cover definition following exercise of the Life Events Increases Feature</i></p>	<p>The following exclusion applies to Income Cover and all associated Extras Cover.</p> <p>For a period of six months following the date you increase your Monthly Cover Amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased Monthly Cover Amount for claims arising as a direct result of an Accidental Injury.</p>
<p>6.5.4.6</p> <p><i>Accidental Injury Cover definition following exercise of the Life Events Extras Feature</i></p>	<p>The following exclusion applies to Professional Extras, Provide & Care Extras, Key Person Extras and Sole Trader Extras available with Income Cover.</p> <p>For a period of six months following the date you add Extras Cover to your Income Cover by exercising the Life Events Extras Feature, a benefit will only be payable under that additional Extras Cover for claims arising as a direct result of an Accidental Injury.</p> <p>The Accidental Injury Cover definition does not apply to the following benefits that are already subject to a No-Claim Period:</p> <ul style="list-style-type: none"> • Income Cover - Medical Trauma Benefit available under Professional Extras; • Income Cover - Child Illness or Injury Benefit available under Provide & Care Extras; and • Income Cover - Home Help Expenses Benefit available under Provide & Care Extras.
<p>6.5.4.7</p> <p><i>Accidental Injury Cover definition following exercise of the Income Cover – Cover Pause Feature</i></p>	<p>The following exclusion applies to Income Cover and associated Extras Cover.</p> <p>For a period of six months following the date that you increase your Monthly Cover Amount as a result of exercising the Income Cover - Cover Pause Feature, a benefit is only payable under that increased portion of your Monthly Cover Amount for claims arising as a direct result of an Accidental Injury.</p>
<p>6.5.4.8</p> <p><i>Unemployment</i></p>	<p>The following exclusion applies to Income Cover held on a Policy inside superannuation.</p> <p>No benefits are payable if the Life Insured was not employed immediately prior to the Date of Disability, in accordance with relevant superannuation legislation.</p>

6.5.5 Packaged Cover exclusions

The below exclusions apply to any Standard Cover and/or Extras Cover that has been purchased as part of a Packaged Cover application.

6.5.5.1 <i>Packaged Cover specific exclusions</i>	No benefit will be payable if a claim results directly or indirectly from: <ul style="list-style-type: none">• an act of War;• the Life Insured taking part in a sport, pastime or occupation which would not normally be covered or would not normally be accepted on standard terms or at standard price under MetLife's underwriting rules that applied at the time of the application; or• any Pre-Existing Conditions.
6.5.5.2 <i>Packaged Cover – general exclusions</i>	All Policy Exclusions specified in the sections below apply to any corresponding Standard Cover and Extras Cover that have been purchased as part of a Packaged Cover application: <ul style="list-style-type: none">• Section 6.5.1;• Section 6.5.2;• Section 6.5.3; and• Section 6.5.4.

7. Variations to the cover amount

7.1 Life Events Increases Feature

The Life Events Increases Feature allows you to increase your cover within approved limits when certain life or business events occur without needing to undergo further medical underwriting. You may apply for an increase using this feature within 30 days of the Policy Anniversary following the event. Your premium will increase to correspond with the increased Life, TPD and/or Trauma Cover Amount, and/or increased Income Cover Monthly Cover Amount effective from the increased Cover Commencement.

Life Events Increases are automatically available on your Policy for the following events, if you have the applicable cover as shown on your Policy Schedule.

7.1.1 Life Events Increase Events

Event type	Description	Available if you have the following Extras Cover	Increase available (cover types and maximum amounts)
Salary	The Life Insured's salary increases (including superannuation) by 15% or more in a 12 month period.	TPD Cover – Employment Extras or TPD Cover – Specialist Extras	TPD Cover and any Linked Life Cover 5 times salary increase, up to \$250,000.
		Income Cover – Professional Extras	Income Cover 75% of the monthly salary increase (including superannuation), provided the total Monthly Cover Amount (which includes superannuation) does not exceed 75% of your gross Monthly Income.
Home loan	The Life Insured takes out a new home loan or increases the home loan on their principal place of residence.	Life Cover – Home Loan Extras	Life Cover, and any Linked TPD Cover The home loan amount (for new mortgages) or the increase amount (for increases), up to 50% of the original Life and Linked TPD Cover Amount and up to \$500,000.
Business loan	The Life Insured takes out a new Business loan or increases the Business loan amount on their Business.	TPD Cover – Business Extras	TPD Cover, and any Linked Life Cover The Business loan amount (for new loans) or the increase amount (for increases), up to 50% of the original TPD and Linked Life Cover Amount to a maximum of \$1,000,000.
Business equity	The Life Insured is a Business owner and their share of their Business increases, by percentage and/or by size.	Life Cover – Buy/Sell Extras	Life Cover, and any Linked TPD Cover The actual increased value of Business equity, up to 50% of the original Life and Linked TPD Cover Amount to a maximum of \$1,000,000.

The Life Events Increases Feature may be exercised up to four times over the life of the Policy, while the applicable Extras Cover remains in force. Please note that in exercising this feature, the total cover amount on your Policy will not be allowed to exceed the product maximums as specified in Table 4 in the PDS on page 18, "Applying for Cover".

This feature is not available if:

- medical loadings above 100% applied to the Life Insured; or
- the Life Insured is on claim, has claimed, or is eligible to claim under the applicable cover (including any Linked Covers and Extras Covers) at the time of the Life Events Increases request.

For the first six months after you increase your cover using Life Events Increases Feature, a benefit is only payable under that increased Life, TPD and/or Trauma Cover Amount, and Income Cover Monthly Cover Amount for claims arising as a result of an Accidental Injury. See Section 6.5 for full details.

Any exclusions and loadings that applied on the original cover will also apply on the increased cover amount.

7.2 Life Events Extras Feature

The Life Events Extras Feature is the ability to add Extras Cover to a Policy, with limited underwriting. You may request to add Extras Cover where you have TPD, Trauma and/or Income Cover in place, without the usual underwriting, if a listed event occurs for the Life Insured. All other eligibility of the Extras Cover must be satisfied.

The request to exercise the Life Events Extras Feature must be made within 30 days of the Policy Anniversary following the event occurring for the Life Insured, and is subject to a maximum entry age of 59 for the Extras Cover (age 54 if the associated Standard Cover is currently under a 5 year or 10 year Fixed Term Option).

Event type	Description	If you have which cover types:	You can add which cover Extras Covers:
Salary	The Life Insured's income (including superannuation) first exceeds \$120,000.	TPD Cover	Employment Extras
	The Life Insured's income (including superannuation) first exceeds \$120,000.	Income Cover	Professional Extras
Professional registration	The Life Insured first graduates or first receives registration in their professional field.	TPD Cover	Specialist Extras
Tradesperson experience	The Life Insured attains two years of experience as a qualified tradesperson.	TPD Cover	Specialist Extras
Birth or adoption of a child	The Life Insured or their Spouse gives birth to a child or legally adopts a child.	Trauma Cover	Family Extras
	The Life Insured or their Spouse gives birth to a child or legally adopts a child.	Income Cover	Provide & Care Extras
Marriage or civil union	The Life Insured marries or enters into a civil union.	Trauma Cover	Family Extras
Self-employment	The Life Insured commences their own Business and has been successfully trading for 12 months since registration.	Income Cover (Benefit Period 5 years, to age 65 or to age 70)	Sole Trader Extras or Key Person Extras
Child starts school for the first time	The Life Insured's child starts school for the first time.	Income Cover	Provide & Care Extras

This feature is not available if:

- medical loadings above 100% applied to the Life Insured; or
- the Life Insured is being or been paid a benefit, has claimed for a benefit, or is eligible to claim for a benefit under the applicable cover (including any Linked Covers and Extras Cover) at the time of the request to exercise the Life Events Extras Feature.

For the first six months after you add Extras Cover using the Life Events Extras Feature, unless specified otherwise, a benefit may only be payable under that additional Extras Cover for claims arising as a result of an Accidental Injury. See Section 6.5 for full details.

Any exclusions and loadings that applied on your Standard Cover, will also apply to any associated Extras Cover.

7.3 Income Cover - Cover Pause Feature

Applicable for Professional Extras only

If the Life Insured takes unpaid parental leave or unpaid sabbatical leave from their employer, the Income Cover - Cover Pause Feature enables you to request to reduce your Income Cover Amount to 25% of the existing Monthly Cover Amount. Under this feature you can subsequently increase the Income Cover Amount again up to the original Monthly Cover Amount, without medical underwriting, on the earlier of:

- 30 days of the Life Insured's return to work or
- within 12 months from first using the Income Cover - Cover Pause Feature

To exercise this feature, your Professional Extras cover must have been in force for at least 24 consecutive months and is paid up to date. In addition, the Life Insured must remain employed throughout the duration of unpaid leave and the leave approval must be evidenced in writing from the Life Insured's employer.

For the first six months after you increase the Monthly Cover Amount using the feature, a benefit is only payable under the increase in Monthly Cover Amount for claims arising as a result of an Accidental Injury.

7.4 Cover variation evidence

When you request to increase or vary your cover using the Life Events Increases Feature or Life Events Extras Feature, you will need to supply us with satisfactory evidence of the event. We require a copy of certain documentation (which will be outlined in the application to increase cover) confirming the life or business event. This must be provided to us with your request to increase or vary your cover.

7.5 Indexation

If your Policy Schedule shows that Indexation increases apply to your cover, we'll automatically increase your Life, TPD and Trauma Cover Amounts and Income Cover Monthly Cover Amount each year by the increase in CPI. We'll do this on each Policy Anniversary date from 1 March onwards, using the CPI for the 12 month period ending 30 September of the previous calendar year. As your Life, TPD and Trauma Cover Amounts and Income Cover Monthly Cover Amounts are increased in line with CPI, your premium will be adjusted to reflect the new increased amounts.

The amount we will increase your cover by is the percentage increase in the CPI, as published by the Australian Bureau of Statistics. If the CPI decreases over the relevant period, we will consider CPI to be nil and your cover amount will not change.

You may decline Indexation in any year by notifying us that you do not want the increase to your Life, TPD and Trauma Cover Amounts or Income Cover Monthly Cover Amount. This must be done no later than one month after the increase was to take effect. Please note, Indexation is available on an 'all or nothing' basis which means it will apply to all covers on your Policy, including any Linked TPD and/or Linked Trauma and/or Extras Cover you have taken outside superannuation, connected to your superannuation Policy (and vice versa). You can decline Indexation permanently or on a one-off basis. If you want Indexation to apply to your Policy, you may request this without requiring further underwriting. The next Indexation increase will take effect at the Policy Anniversary following a 12 month waiting period, using the CPI rate for the 12 month period ending 30 September in the previous calendar year.

If one of the Fixed Term Options is selected or if your Policy is attached to a Policy with a Fixed Term Option, Indexation does not apply.

7.6 Other requests for increases and decreases in cover

You may request to increase, decrease or alter your cover during the course of the Policy.

- Requests to reduce your cover, or remove covers, do not require any further underwriting; you simply need to notify us of the change in writing.
- Improved cover options or increases in cover (other than automatic increases under Indexation) must be applied for and may require further underwriting, and confirmation from you that the premium increase is accepted.
- If you have a Packaged Cover Policy (section 6.3), you may increase or add other cover, but it will be subject to full underwriting. If the Packaged Cover hasn't as yet been underwritten, then this underwriting assessment will apply to all of the cover.
- If we accept variations to your Policy, we will issue a revised Policy Schedule containing updated cover and premium details.



8. Premiums, charges and fees

8.1 About the premium

The premium for the Policy includes the cost of cover selected for each Life Insured under the Policy. The premium also includes any government charges and administration charges.

The premium is calculated by us at the Policy Commencement date and at each Policy Anniversary. The premium payable will be shown on the Policy Schedule.

8.2 Reviewable premium rates

We calculate the premium by reference to a table of premium rates for the covers (and any options) selected. In setting the premium rates, we take into consideration the risk group and the cost of administering the Policy.

We may change the premium rates or vary any applicable premium factors (which includes loadings and discounts) at any time, but only after giving you 30 days' notice of the change and only with effect from the Policy Anniversary after the change. Premium rates can't increase for an individual Policy within a defined risk group unless all premium rates for all policies in that risk group are increased.

The 5 year and 10 year Fixed Term Options use a guaranteed premium rate for any Life Cover and any TPD Cover. The guaranteed premium rate means we will not pass on any variation in rates.

We will pass on any applicable changes in the rates of Government charges, stamp duty or tax for all premium structures.

8.3 Premium structure

The way we calculate the premium depends on the premium type you select. The premium type applying to each cover under the Policy is shown on the Policy Schedule. The premium structures are:

- **Stepped premium** – the premium is recalculated on each Policy Anniversary, based on the Life Insured's age at that time. Premiums will also change when cover changes (including Indexation increases and other requested changes to the amount insured). Premium rate reviews may apply for stepped premiums (see section 8.2).

- **Level age 65** – the premium is calculated on an age-based premium rate determined by the Life Insured's age as at the cover start date. This rate will apply on this basis until the Policy Anniversary before the Life Insured is age 65, and will also extend to any automatic Indexation increases. If any premiums are payable beyond this date the premiums will be calculated as a stepped premium. If the amount insured is increased due to requested changes then the increase portion of cover will be based on the Life Insured's age at the time of increase and the level premium rate for that age. Premium rate reviews may apply for level premiums (see section 8.2).
- **Level age 70** – as for Level age 65, however the rate will apply until the Policy Anniversary before the Life Insured is age 70.
- **5 year Fixed Term Option** – premiums are adjusted to avoid age-based increases on the selected level of cover for five years. At the end of the five years, your Policy will switch to stepped premiums, and your cover amount will be adjusted to the level of cover available for the premium you have been paying. If your Extras Cover is on a Fixed Term Option and the Standard Cover it is attached to is not on a Fixed Term Option, we will not alter your cover amount at the end of the Fixed Term. Premium rates are fixed for Life and TPD Cover for the 5 year period, however premium rate reviews may still apply to any Trauma Cover (see section 8.2) with the Fixed Term Option. The 5 year Fixed Term Option is not available for Income Cover.
- **10 year Fixed Term Option** – as for the 5 year Fixed Term Option; however premiums are adjusted to avoid age-based increases on the selected level of cover for ten years.

8.4 Government charges

We will pay any stamp duty, tax, excise or other charges of the Commonwealth, or of a State or Territory Government, which may apply to the Policy. However, we reserve the right to recoup these charges through the premium, and the right to increase the premium to cover any increase in, or addition to, these charges.

We reserve the right to charge a fee to recoup the costs of administering any function required of us in respect of the Policy, by any Commonwealth, State or Territory Government.

9. Claims and payments

We must be satisfied of our liability to pay a benefit under the Policy. If you are making a claim to receive benefits under the Policy you should notify us as soon as reasonably possible, and you must provide the information required by us to establish the occurrence of the event giving rise to the claim. The payment of a benefit under the Policy is also subject to proof of eligibility and entitlement, including proof of the Life Insured's age, for example their birth certificate.

If the Life Insured's age has been mis-stated, we will either

- Adjust the benefits under the Policy to those that the premium paid would have purchased for the Life Insured's correct age or;
- Refund any overpaid premium.

In the event of a claim, you must (at your expense) provide us with all the information and details that we may reasonably require to assess the claim. Depending on the type of claim made we may require the Life Insured to be examined by a Medical Practitioner or by an assessor as to the Life Insured's current and vocational capacity.

If the Life Insured is required to undergo any medical examinations or current or vocational capacity assessment at our request, these will be conducted at our expense, unless the costs can be recovered from another source.

For financial based claims we may need you or the Life Insured to verify financials provided to us. We may need to audit Business or personal finances depending on the type of claim made.

All amounts payable under the Policy will be paid in Australian currency in Australia.

9.1 Additional requirements for Income Cover claims

In addition to the requirements listed above, you must:

- tell us immediately if the Life Insured is Totally Disabled or Partially Disabled for more than seven days. We will then send you the necessary claim forms;
- give us full information if there is a claim. This includes any medical reports from people who have treated the Life Insured for the Illness or Injury; and
- ensure the Life Insured seeks regular medical advice and treatment from a Medical Practitioner for as long as the Life Insured is receiving a benefit payment. We require this to pay the benefit.

During the course of a claim we are entitled to ask for proof that the Life Insured is disabled and that you are still entitled to receive benefits. If proof is not provided or you are no longer entitled to benefits, we may reduce or cease paying benefits under the Policy.

9.2 Taxes and other government charges

If we are required to pay any tax, duty or government charge or levy in respect of any payment to the Policy Owner or a Nominated Beneficiary under the Policy, we may reduce the amount paid by the amount of the tax, duty or government charge or levy.

10. Definitions

A

Accidental Injury

Means a bodily injury sustained during the period of the Policy, solely and directly as a result of external, violent and visible means, arising from an event which is unintended and unexpected. Suicide, self-inflicted Injury (whether intended or not), Injury arising from Illness, and Injury arising as a direct or indirect result of criminal activity are excluded.

Accidental Injury Cover

Means an amendment to Standard and/or Extras Cover (as specified), whereby benefits will only be payable if a claim arises as a result of suffering a new Accidental Injury (i.e. one which occurs once the Accidental Injury Cover amendment has commenced applying).

Activities of Daily Living

The Activities of Daily Living are:

- **bathing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- **dressing** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- **feeding** – the ability to feed yourself when food has been prepared and made available;
- **toileting** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function; and
- **mobility** – the ability to get out of bed into an upright chair or wheelchair and back again.

Agreed Value

Has the meaning as outlined in the Policy Terms, sections 5.1.3.2 and 5.3.1.

Australian Resident

Means an Australian or New Zealand citizen, or Australian permanent resident. The applicant must have a residential address in Australia and must be in Australia when they apply for cover.

B

Benefit Period

This is the maximum period of time commencing from the day after the end of the Excess Period, for which a Total Disability Benefit or Partial Disability Benefit will be paid for any one Illness or Injury, or Recurrent Disability, over the life of the Policy. The Benefit Period is shown in the Policy Schedule.

Business

Means the Life Insured's primary business, profession or occupation at Cover Commencement.

C

Cancer Conditions

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1

Claim Event Date

With respect to Trauma Cover (and associated Extras Cover), the date on which the Life Insured first meets the definition of the Trauma Condition to which his/her claim relates.

Cover Commencement

Means the 'Cover start date' as shown in your most recent Policy Schedule.

CPI

Means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12 month period ending 30 September each year. The CPI will apply for the subsequent year commencing 1 March.

If the CPI is not published, or is considered by us to be inappropriate, the percentage increase shall be calculated by reference to such other index of inflation as, in our opinion, most nearly replaces it. If the CPI is negative, we will consider it to be zero.

CPI Claim Indexation

Means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12 month period ending on the final day of the preceding calendar quarter applicable to the Income Cover – Claim Indexation Feature, as specified in section 5.2.6.

If the CPI is not published, or is considered by us to be inappropriate, the percentage increase shall be calculated by reference to such other index of inflation as, in our opinion, most nearly replaces it. If the CPI is negative, we will consider it to be zero.

D

Date of Disability

Means with respect to Income Cover (and any associated Extras Cover), the date that the definition of Total Disability or Partial Disability is first satisfied with respect to any one Illness or Injury, including any Recurrent Disabilities.

Date of Disablement

Means with respect to TPD Cover (and any associated Extras Cover), the date that the definition of Total and Permanent Disability or Totally and Permanently Disabled is first satisfied.

Death Benefit

Means the lump sum benefit we will pay if the Life Insured dies.

Dependent Child

Means either:

- in relation to the **Income Cover – Child Illness or Injury Benefit** any natural, step or adopted child of the Life Insured who is aged between 2 and 16 years old and lives with the Life Insured on a full time or shared basis; or
- for all other features and benefits, any natural, step or adopted child of the Life Insured who is aged 16 years old or under and lives with the Life Insured on a full time or shared basis.

Diagnosis

Means an unequivocal diagnosis by an appropriate Medical Specialist approved by us.

Disability Conditions and Accidental Incidents

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1.

E

Employment Type

Means one of the following four categories with respect to a Life Insured and the nature of his/her employment: Employee, Business Owner, Sole Trader or Non-working. Employment Type is one of the criteria which determine a Life Insured's eligibility for Extras Cover.

Endorsed Agreed Value

Has the meaning as outlined in the Policy Terms, sections 5.1.3.3 and 5.3.1.

The Policy Schedule will show when an Endorsed Agreed Value definition applies.

Excess Period

Has the meaning as outlined in the Policy Terms, section 5.1.1 Excess Period.

The Excess Period is shown on your Policy Schedule.

Expiry Date

Means the date the Policy comes to an end or a particular cover comes to an end, and which is recorded on your Policy Schedule. Your Policy or cover may end sooner than the Expiry Date in certain circumstances, as set out within these Policy Terms or according to law.

Extras Cover

Means optional cover that may only be taken out when you have Standard Cover and is attached to the relevant Standard Cover. For example, if you have Life Cover you can only take out Extras Cover relevant to Life Cover.

Your Policy Schedule lists any Extras Cover you have selected in relation to your Standard Cover/s.

F

Financial Adviser

Means an authorised representative of an Australian Financial Services Licensee.

Fixed Term Option

Means the 5 year Fixed Term Option and/or the 10 year Fixed Term Option as the context requires, as specified in section 8.3.

G

Gainful Employment and Gainfully Employed

Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

H

Health Professional

Means a recognised health professional registered with the Australian Health Practitioner Regulation Agency (or, at our discretion, an equivalent body in another country).

Heart Conditions

Means one of the five Trauma Categories, which encompasses a range of Trauma Conditions, as specified in section 4.1.

I

Illness

Means a sickness or disease, as confirmed by a Medical Practitioner.

Income Cover

Means insurance cover provided in accordance with section 5.1.

Income Cover - Business Expenses Benefit

Means an inbuilt benefit of Key Person Extras, payable in accordance with section 5.5.2.

Income Cover - Child Illness or Injury Benefit

Means the benefit payable in accordance with section 5.4.1.

Income Cover – Claim Indexation Feature

Means an inbuilt feature of Income Cover that is able to be exercised in accordance with section 5.2.6.

Income Cover - Cover Pause Feature

Means an inbuilt feature of Professional Extras that is able to be exercised in accordance with section 7.3.

Income Cover - Day 1 Cash Flow Benefit

Means an inbuilt benefit of Sole Trader Extras, payable in accordance with section 5.6.2.

Income Cover - Day 1 Revenue Benefit

Means an inbuilt benefit of Key Person Extras, payable in accordance with section 5.5.3.

Income Cover - Equipment Lease Expenses Benefit

Means an inbuilt benefit of Sole Trader Extras, payable in accordance with section 5.6.1.

Income Cover - Family Provision Benefit

Means an inbuilt benefit of Provide & Care Extras, payable in accordance with section 5.4.3.

Income Cover - Home Help Expenses Benefit

Means an inbuilt benefit of Provide & Care Extras, payable in accordance with section 5.4.2.

Income Cover – Involuntary Unemployment Premium Waiver Benefit

Means an inbuilt benefit of Professional Extras, payable in accordance with section 5.3.6.

Income Cover- Loss of Key Person Benefit

Means an inbuilt benefit of Key Person Extras, payable in accordance with section 5.5.4.

Income Cover – Medical Trauma Benefit

Means an inbuilt benefit of Professional Extras, payable in accordance with section 5.3.4.

Income Cover – On Claim Premium Waiver Feature

Means an inbuilt feature of Income Cover which enables premiums to be waived, when exercised in accordance with section 5.2.5.

Income Cover – Recruitment Expenses Benefit

Means an inbuilt benefit of Key Person Extras, payable in accordance with section 5.5.1.

Income Cover – Recurrent Disability Feature

Means an inbuilt feature of Income Cover which waives the Excess Period, in accordance with section 5.2.7.

Income Cover – Retraining Expenses Benefit

Means an inbuilt benefit of Professional Extras, payable in accordance with section 5.3.2.

Income Cover – Return to Work Benefit

Means an inbuilt benefit of Professional Extras, payable in accordance with section 5.3.5.

Income Cover – Total Disability Assessment Feature

Means an inbuilt feature of Professional Extras, able to be exercised in accordance with section 5.3.3.

Indemnity

Has the meaning as outlined in section 5.1.3.1.

The Policy Schedule will show when an Indemnity definition applies.

Indexation

An inbuilt feature available with all Standard Covers that has the meaning as outlined in section 7.5.

Injury

Means a bodily Injury.

Interim Cover

Means the cover provided in accordance with section 6.2.

Involuntarily Unemployed or Involuntary Unemployment

Means the Life Insured is:

- entirely without Gainful Employment;
- applying for and making all reasonable efforts to seek work; and
 - for a Life Insured who was a permanent employee working a minimum average of 30 hours per week, the Life Insured has been made involuntarily unemployed or has been involuntarily dismissed from employment through no fault nor choice of his or her own but solely because an employer has unexpectedly terminated the Life Insured's employment; or
 - for a Life Insured who is self-employed, the Life Insured's Business or the Life Insured has been placed into any form of insolvency or bankruptcy administration, except where this is due to personal debts.

K

Key Person

Means a director, officer, senior manager or person employed to perform services by a Business and who is responsible for at least 20% of the Business revenue. A key person has specialist skills, knowledge or business relationships that are not able to be continued by another person in the Business.

L

Life Cover

Means insurance cover provided in accordance with section 2.1.

Life Cover Amount

Means the maximum amount of Life Cover we have agreed to insure you for, as shown in your most recent Policy Schedule.

Life Cover - Business Exit Expenses Benefit

Means an inbuilt benefit of Buy/Sell Extras, payable in accordance with section 2.3.1.

Life Cover - Immediate Business Expenses Benefit

Means an inbuilt benefit of Buy/Sell Extras, payable in accordance with section 2.3.2.

Life Cover - Immediate Expenses Benefit

Means an inbuilt benefit of Life Cover, payable in accordance with section 2.1.3.

Life Cover - Immediate Home Expenses Benefit

Means an inbuilt benefit of Home Loan Extras, payable in accordance with section 2.2.3.

Life Cover - Involuntary Unemployment Premium Waiver Feature

Means an inbuilt feature of Home Loan Extras, payable in accordance with section 2.2.1.

Life Cover – Specified Events Benefit

Means an inbuilt feature of Home Loan Extras, payable in accordance with section 2.2.2.

Life Cover - Terminal Illness Benefit

Means an inbuilt benefit of Life Cover, payable in accordance with section 2.1.2.

Life Events Extras Feature

Means an inbuilt feature of all Standard Covers which enables additional Extras Cover to be purchased, on the occurrence of Specified Events, with no medical underwriting. The feature must be exercised in accordance with section 7.2.

Life Events Increases Feature

Means an inbuilt feature that enables certain cover to be increased (within defined limits) on the occurrence of Specified Events, with no medical underwriting. The feature must be exercised in accordance with section 7.1.

Life Insured

Means the person covered by the insurance, as shown on the Policy Schedule.

Link, Linked, Linked Cover and Linking Cover

Means covers within the same Policy or covers in different Policies that are linked together and have special rules (found on page 26) in relation to those covers. Covers that are linked in this manner are shown on the Policy Schedule

M

Medical Practitioner

Means a general practitioner or Medical Specialist who is not the Life Insured or the Policy Owner, and is not the Spouse, parent, child, sibling or business partner of either the Life Insured or the Policy Owner.

They must be currently registered with the Medical Board of Australia (or an equivalent body in another country we approve in writing).

Medical Specialist

Means a Medical Practitioner who is a fellow of the relevant college that specialises in the Life Insured's Illness or Injury, registered in Australia (or an equivalent body in another country we approve in writing).

Monthly Benefit

The benefit amount we will pay in a single instalment under Income Cover, before taking into account any applicable Offsets. This is calculated in accordance with the Policy Terms, section 5.1.3.

Monthly Cover Amount

This is the Monthly Income amount we have agreed to insure which is reflected on your Policy Schedule.

Monthly Income

Employees

Means if the Life Insured is an employee, their monthly total remuneration from personal exertion (including superannuation, where applicable).

Business owners

Means, if the:

- Life Insured is self-employed and has an ownership interest in the Business; or
- the Business is operating as a sole trader or under a partnership, company and/or trust structure (including if they are an employee of their own company or trust);

then the monthly income is the Life Insured's share of the gross business revenue less business expenses. The monthly income does not include ongoing income that is excluded from the Monthly Cover Amount. These exclusions include income generated from sources other than personal exertion or vocational activities such as, but not limited to, shareholder dividends, trailing commissions, licence fees, letting fees or royalties.

N

Neurological Conditions

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1.

No-Claim Period

Means a specified period of time from Cover Commencement (or, where specified, following Reinstatement of cover) during which no cover is available and no benefits will be payable for any Illness, Injury or Related Condition that the Life Insured sought or obtained advice or treatment or surgery for, or had symptoms of, during that period.

Nominated Beneficiary

Means a person who has been nominated by the Policy Owner to receive all or part of the benefits payable in the event of the death of the Life Insured, in such proportions as is nominated by the Policy Owner and confirmed by us in writing to the Policy Owner.

O

Occupation Class

Means the classification of the Life Insured's occupation into one of eight groups. These are denoted as P, W, G, L, B, D, O and R. The Occupation Class is one of several eligibility criteria that apply to in relation to accessing different cover types and, for TPD and Income Cover, relevant for determining premiums.

Offsets

Has the meaning as outlined in section 5.1.4.

Own Occupation

The occupation the Life Insured was engaged in at the time they were accepted for cover under Specialist Extras.

P

Packaged Covers

Means the pre-defined combinations of Standard Cover and Extras Cover which have been designed to serve specific insurance needs and can be purchased without full personal advice or completing the full underwriting questionnaire. Packaged Covers are subject to an additional premium loading along with additional exclusions as defined on page 15. The five Packaged Covers available are Home Loan Cover, Buy/Sell Cover, Business Loan Cover, Sole Trader Income and Key Person Revenue.

Partial Disability and Partially Disabled

Means the Life Insured, solely due to Illness or Injury is:

- performing all of the income producing activities of their Usual Occupation in a reduced capacity with reduced earnings; or
- totally unable to perform at least one of the income producing activities of their Usual Occupation and working in their Usual occupation with reduced earnings; or
- totally unable to perform at least one of the income producing activities of their Usual Occupation and is working in another occupation with reduced earnings.

We require that:

- a Medical Practitioner has certified that the Life Insured was unfit to work in their full capacity solely due to Illness or Injury during the month for which you are claiming a benefit in relation to Partial Disability; and
- that the Life Insured has been under the regular care of a Medical Practitioner, and following the medical advice, including any reasonable rehabilitation, treatment or counselling.

Partial Disability Benefit

Means a benefit payable when the Life Insured is suffering from Partial Disability, in accordance with section 5.2.2.

Partial Disability Monthly Benefit

Means the amount we pay, in accordance with section 5.2.2.1.

Policy

Means the contract of insurance between us and the Policy Owner or us and the Trustee for MetLife Protect Super comprising of the Policy Terms and the Policy Schedule/s.

Policy Anniversary

Means the annual anniversary date of the Policy Commencement.

Policy Commencement

Means the date your Policy commences, shown as the 'Policy start date' on your Policy Schedule.

Policy Owner

Means the person/s or entity shown on the Policy Schedule as being the Policy Owner and who is a party to the contract of insurance.

Where the entity is a superannuation fund, the Policy Owner is the Trustee (as defined in these Policy Terms).

Policy Schedule

Means the document that we send you that sets out the specific details of the cover and options that apply to you and the Life Insured (as applicable), together with the Policy Terms, make up your Policy.

Policy Terms

Means the section of this document entitled 'Policy Terms' that sets out the standard terms and conditions of your Policy and which, together with any subsequent upgrade notices and your Policy Schedule, makes up your Policy.

Pre-application Income

In the context of Income Cover – Agreed Value only, this means the Life Insured's highest average Monthly Income for any consecutive 12 month period in the two years prior to Cover Commencement, including any applications we have accepted for increases in cover.

Pre-Existing Condition

Means any Injury, Illness or symptom for which, prior to Cover Commencement the Life Insured:

- was aware of, or a reasonable person should have been aware of;
- consulted with a Medical Practitioner or Health Professional and/or received advice, care or treatment (with or without a Diagnosis), or was recommended to seek advice, care or treatment; or
- should have sought advice, care or treatment from a Medical Practitioner or Health Professional (where a reasonable person in the same circumstances would have sought advice, care or treatment).

With respect to the Income Cover – Child Illness or Injury Benefit, Pre-Existing Condition means any Injury, Illness or symptom (in relation to a Dependent Child) for which, prior to commencement of Provide & Care Extras:

- you, a carer or a Dependent Child were aware of, or a reasonable person should have been aware of;
- you, a carer or a Dependent Child consulted with a Medical Practitioner or Health Professional and/or received advice, care or treatment (with or without a Diagnosis), or was recommended to seek advice, care or treatment; or
- you, a carer or a Dependent Child should have sought advice, care or treatment from a Medical Practitioner or Health Professional (where a reasonable person in the same circumstances would have sought advice, care or treatment).

R

Recurrent Disability

Means in relation to Income Cover (and associated Extras Cover), a reoccurrence of the same Illness or Injury or Related Condition for which we have previously paid Total Disability or Partial Disability Benefits and those payments have ceased. The reoccurrence must occur within 12 months of the Total or Partial Disability Benefits payments having ceased.

Reimburse or Reimbursement

If we agree in advance to the use of a service provider that you pay for directly, we will Reimburse the cost up to the amount we agreed after you provide evidence that you have paid.

Where we have a direct relationship with the service provider, we will pay the service provider directly.

If your Policy is in superannuation, you can still access the services we agree to, but we are required to pay the service provider directly. These are a claims expense, and made at our discretion.

We can't Reimburse any expenses that we are not permitted by law to Reimburse, or are regulated by the National Health Act 1953 (Cth) or the Private Health Insurance Act 2007 (Cth).

We will not Reimburse any expenses that another service provider has agreed to Reimburse.

Reinstatement

Means the recommencement of cover after a period of lapse and/or cancellation as confirmed by us in writing.

Related Condition

Means any Illness or Injury which is symptomatic of, secondary to, or otherwise connected with the original Illness or Injury.

Related or Progressive Trauma Condition

In the context of Trauma Cover, this means any Trauma Condition that is symptomatic of, secondary to or otherwise connected with the underlying condition, medical cause or pathology as another Trauma Condition for which we have paid a Trauma Cover benefit.

Restoration of Life Cover Feature (TPD)

Means an inbuilt feature of Business Extras, Specialist Extras and Employment Extras which operates in accordance with section 3.8.

S

Specified Event

Means, in relation to the Life Cover – Specified Events Benefit available under Home Loan Extras, any event as listed in the table in section 2.2.2 for which a corresponding benefit amount is payable.

Spouse

Means a husband or wife by marriage, or a de facto partner living in a bona fide domestic arrangement, irrespective of their gender.

Standalone and Standalone Cover

Means Standard Cover that is not Linked.

Standard and Standard Cover

Means any one of: Life Cover, TPD Cover, Trauma Cover and Income Cover, excluding any Extras Cover associated with these cover types

Your Policy Schedule will reflect all Standard Covers that apply to a Policy.

T

Terminal Illness

Means any Illness which is likely to lead to death within 24 months despite reasonable, maximal medical treatment. The Illness must be certified by two independent Medical Practitioners, one of whom is a Medical Specialist approved by us, with each Medical Practitioner certifying that the Illness is likely to result in death within 24 months.

For each of the certificates, the certification period must not have expired.

Tier 1 Benefit

Means a benefit which pays up to 100% of the Trauma Cover Amount for specified Trauma Conditions.

Tier 2 Benefit

Means a benefit which pays up to 50% of the Trauma Cover Amount for specified Trauma Conditions.

Tier 3 Benefit

Means a benefit which pays a specified percentage, of the Trauma Cover Amount for specified Trauma Conditions.

Total and Permanent Disability and Totally and Permanently Disabled

Means the Life Insured meets criteria for any one or more of the following:

- Entitlement to the TPD Cover – Any Occupation Benefit, in accordance with section 3.1.1;
- Entitlement to the TPD Cover – General Disability Benefit, in accordance with section 3.1.2; and
- Entitlement to the TPD Cover – Limited Earnings Benefit, in accordance with section 3.2.2.

Total Disability and Totally Disabled

Means the Life Insured is, solely due to Illness or Injury:

- totally unable to perform at least one of the income producing activities from their Usual Occupation; and
- is not generating any income from personal exertion.

We require that:

- a Medical Practitioner has certified that the Life Insured was unfit to work solely due to Illness or Injury during the month for which you are claiming a benefit in relation to Total Disability; and
- the Life Insured has been under the regular care of a Medical Practitioner and following medical advice, including any reasonable rehabilitation, treatment or counselling which may assist in their return to work.

Total Disability Benefit

Means a benefit payable when the Life Insured is suffering from Total Disability, in accordance with section 5.2.1.

TPD Cover

Means insurance cover provided in accordance with section 3.1.

TPD Cover Amount

Means the maximum amount of TPD Cover we have agreed to insure you for, as shown in your most recent Policy Schedule.

TPD Cover - Any Occupation Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.1.

TPD Cover – General Disability Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.2.

TPD Cover – Limited Earnings Benefit

Means an inbuilt benefit of Employment Extras, payable in accordance with section 3.2.2.

TPD Cover – Own Business Benefit

Means an inbuilt benefit of Business Extras, payable in accordance with section 3.4.1.

TPD Cover – Own Occupation Benefit

Means an inbuilt benefit of Specialist Extras, payable in accordance with section 3.3.1.

TPD Cover – Physical Disability Benefit

Means an inbuilt benefit of Employment Extras, payable in accordance with section 3.2.1.

Trauma Category

Means Trauma Conditions that have been pooled together into a group. There are 5 Trauma Categories: Cancer Conditions; Heart Conditions; Neurological Conditions; Vital Organ and Digestive System Disorders; and Disability Conditions and Accidental Incidents and these are set out in section 4.1.

Trauma Conditions

Means a listed condition as shown in sections 4.1.1, 4.1.2 and 4.1.3 that we will pay a benefit for under Trauma Cover.

Trauma Cover

Means insurance cover provided in accordance with section 4.1

Trauma Cover Amount

Means the maximum amount of Trauma Cover we have agreed to insure you for, as shown in your most recent Policy Schedule.

Trauma Cover – Booster Benefit

Means an inbuilt benefit of Individual Extras, payable in accordance with section 4.2.1.

Trauma Cover - Child Trauma Benefit

Means an inbuilt benefit of Family Extras, payable in accordance with section 4.3.1.

Trauma Cover - Family Assistance Expenses Benefit

Means an inbuilt benefit of Family Extras, payable in accordance with section 4.3.2.

Trauma Cover - Medical Travel Expenses Benefit

Means an inbuilt benefit of Family Extras, payable in accordance with section 4.3.3.

Trauma Cover - Related Cancer Benefit

Means an inbuilt benefit of Individual Extras, payable in accordance with section 4.2.3.

Trauma Cover - Related Heart Condition Benefit

Means an inbuilt benefit of Individual Extras, payable in accordance with section 4.2.4.

Trauma Cover - Repeat Angioplasty Benefit

Means an inbuilt benefit of Individual Extras, payable in accordance with section 4.2.5.

Trauma Cover – Unrelated Cancer Benefit

Means an inbuilt benefit of Individual Extras, payable in accordance with section 4.2.2.

Trustee

Means the responsible entity that is legally authorised to act on behalf of the superannuation fund, including administering benefits for the members.

U

Usual Occupation

Means, for all Occupation Classes:

- the occupation the Life Insured was employed in immediately before the onset of the Total or Partial Disability, or
- if the Life Insured was unemployed at the Date of Disability the occupation the Life Insured was most recently employed in.

V

Vital Organ and Digestive System Disorders

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1.2.4.

W

War

Means any act of war (declared or undeclared) or terrorism, revolution, invasion, rebellion or civil unrest. War also includes any peace keeping or national service activity in a country outside of Australia.

11. Medical Definitions

A

Alzheimer's Disease

Means the Diagnosis of Alzheimer's disease resulting in a permanent loss of cognitive function, for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 20 or less out of 30, or evidence from another neuropsychometric test that is acceptable to us is required.

Angioplasty - *single or double vessel*

Means undergoing angioplasty on one or two arteries in a single procedure to treat coronary artery disease.

The procedure must be considered the necessary and appropriate treatment by a Medical Specialist, and supported by angiographic evidence of the coronary artery disease.

Angioplasty - *triple vessel*

Means undergoing an angioplasty on each of the three main coronary arteries (left anterior descending, left circumflex, right coronary), either in a single procedure, or multiple procedures within two months of the original procedure.

The procedure must be considered the necessary and appropriate treatment by a Medical Specialist, and supported by angiographic evidence of coronary artery disease in each of the three main coronary arteries.

It specifically excludes any other angioplasty, intra-arterial procedures and other non-surgical procedures.

Aplastic Anaemia

Means the Diagnosis of aplastic anaemia that results in anaemia, neutropenia and thrombocytopenia and requires interventionist treatment, such as a bone marrow transplant, the use of immunosuppressive agents or marrow stimulating agents.

B

Bacterial Meningitis

Means the Diagnosis of bacterial meningitis, causing Permanent Neurological Deficit.

It specifically excludes bacterial meningitis in the presence of HIV infection and all other forms of meningitis, including viral and other immunocompromised states.

Benign Brain Tumour

Means the Diagnosis of a non-cancerous tumour of the brain (or a tumour of the spinal cord or other central nervous system) evidenced by imaging studies such as CT or MRI scan.

The Medical Specialist must recommend surgery, radiotherapy, chemotherapy, laser therapy or equivalent medical intervention as necessary and appropriate.

It specifically excludes cysts, granulomas and cerebral abscesses, malformations of the arteries or veins, and haematomas.

Blindness

Means the permanent loss of sight in both eyes, whether aided or unaided, as a result of Injury or Illness such that visual acuity is reduced to 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Blindness – *partial loss*

Means the partial loss of sight, whether aided or unaided, as a result of Injury or Illness such that:

- visual acuity is reduced to 6/60 or less in one eye, or the visual field of one eye is reduced to 20 degrees or less of arc, or
- visual acuity is reduced to 6/24 in both eyes.

Burns

Means burns that involve damage or destruction of the skin to its full depth through to the underlying tissue.

Burns – *third degree*

Means burns through the full thickness of the skin to:

- at least 9% of the body as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart;
- 50% or more of both hands, requiring surgical debridement and/or grafting;
- 50% or more of both feet, requiring surgical debridement and/or grafting;
- 50% or more of the face, requiring surgical debridement and/or grafting; or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

C

Cancer – *advanced*

Means the Diagnosis of one of the following advanced cancers where all treatment options have been exhausted and there is evidence of progression, and the condition is unlikely to be cured:

- any carcinoma which has metastasised to another part of the body and classified as at least Stage III using the TNM clinical staging system;
- lymphoma with a Lugano Classification III or above;
- leukaemia having progressed to at least RAI stage 3; or
- sarcoma having progressed to at least Stage III using the TNM clinical staging system.

Cancer – *early stage cancers*

Means the Diagnosis of any of the following early stage cancers, characterised by the uncontrolled growth and spread of malignant cells:

- Carcinoma In Situ of the breast where there is no immediate requirement for Major Cancer Treatment;
- cervical adenocarcinoma in situ or cervical intraepithelial neoplasia at stage CIN III;
- Carcinoma In Situ of the testicle or ovary;
- prostate cancer – diagnosed after age 55 as clinical stage T1a using the TNM clinical staging system, or T1c where no immediate treatment is recommended;
- melanomas where the Breslow thickness is less than 1mm; or
- cutaneous lymphoma at Ann Arbor Stage 1.

It specifically excludes all tumours which are histologically classified as any of the following:

- pre-malignant;
- non-invasive;
- high-grade dysplasia; or
- having either borderline malignancy or low malignant potential.

Cancer – *excluding specified early stage cancers*

Means the Diagnosis of a malignant cancer positively diagnosed with histological or cytological confirmation and characterised by the uncontrolled growth of malignant cells and invasion and destruction of normal tissue.

The term ‘malignant cancer’ includes carcinoma, leukaemia, sarcoma and lymphoma.

It specifically excludes:

- all tumours which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - high-grade dysplasia;
 - having borderline malignancy or low malignant potential;
- Carcinoma In Situ, except where it requires Major Cancer Treatment
- all cancers of the prostate unless:
 - diagnosed before age 55 and progressed to at least clinical stage T1a, T1b or T1c using the TNM clinical staging system;
 - progressed to at least clinical stage T1b or T1c on the TNM clinical staging system;
 - histologically classified as having a Gleason score of 7 or above; or
 - Major Cancer Treatment is required.
- cutaneous lymphoma (lymphoma confined to the skin) unless having progressed beyond Ann Arbor Stage 1;
- chronic lymphocytic leukaemia unless progressed to at least RAI stage 1;
- squamous cell carcinoma of the skin unless there has been a spread to other organs (including bone or lymph nodes);
- all hyperkeratosis or basal cell carcinomas of the skin; and
- all melanoma skin cancers, unless the Breslow thickness is 1mm or more or ulceration is present.

Carcinoma In Situ

Means a cancer diagnosed as carcinoma in situ (including cervical dysplasia), or which is classified as FIGO Stage 0, or which has a TNM classification as Tis.

Cardiomyopathy

Means the Diagnosis of cardiomyopathy with permanently impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of Class 3 or more of the New York Heart Association or equivalent classification of cardiac impairment.

Colostomy or Ileostomy

Means the creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma – 96 hours

Means the total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less with the use of a life support system, for a continuous period of at least 96 hours.

It specifically excludes medically induced comas.

Coronary Artery Bypass Surgery

Means the undergoing of coronary artery bypass surgery to one or more coronary arteries as the necessary and appropriate treatment of coronary artery disease.

Crohn's disease - severe

Means the Diagnosis of Crohn's disease that has failed to be controlled by first line treatments (for example, cortisone treatment) and requires ongoing treatment with IV glucocorticoids or permanent immunosuppressive medication.

Cystic Fibrosis

Means the Diagnosis of cystic fibrosis.

D

Deafness

Means the permanent loss of hearing through Illness or Injury so that, even with a hearing device, the loss is at least 91 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz as confirmed by a Medical Specialist.

Deafness – *partial hearing loss*

Means the permanent loss of hearing through Illness or Injury so that, even with a hearing device, the loss is at least:

- 91 dB in one ear, or
- 71 dB in both ears,

averaged over frequencies of 500Hz, 1000Hz and 2000Hz as confirmed by a Medical Specialist.

Diabetes – *insulin dependent with complications*

Means the Diagnosis of type 1 insulin dependent diabetes mellitus, first diagnosed after age 30 with complications of the eye, kidney or heart disease, and not caused by, or related to, substance abuse.

Dislocate or Dislocation

Means damage to a joint where one or more bones are completely out of place. It excludes partial dislocations, for example where the bone ends are out of place but still touching.

E

Epilepsy

Means the Diagnosis of epilepsy, after two or more observed generalised motor seizures and as confirmed by standardised neurological testing.

F

Fracture

Means the disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning techniques. Stress fractures are excluded.

H

Heart Attack – *with specified clinical evidence*

Means the Diagnosis of myocardial infarction (death of a portion of the heart muscle) as a result of inadequate blood supply to the relevant area, as measured by the tests specified below. The Diagnosis must be supported by a diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- symptoms of ischaemia consistent with myocardial infarction
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block);
- development of new pathological Q waves on the ECG;
- new regional wall motion abnormality persisting for at least six weeks and confirmed on cardiac imaging including echocardiogram, cardiac CT, cardiac MRI or cardiac radio nuclear scan.

If the above tests are inconclusive or unable to be met we will consider other appropriate and medically recognised tests.

The above specifically excludes:

- a rise in biological markers as a result of an elective keyhole procedure for coronary artery disease;
- pulmonary embolisms; and
- other acute coronary syndromes including but not limited to angina pectoris.

Heart Condition – *significantly impaired heart function*

Means the Diagnosis of a heart condition which has resulted in permanent physical impairment of at least Class 3 of the New York Heart Association classification of cardiac impairment and the left ventricular ejection fraction is less than 40% tested twice at least three months apart.

Heart Surgery – *keyhole procedure*

Means the undergoing of heart surgery using an endoscopic procedure, or via a catheter, or endovascular method, to treat a heart valve defect or abnormality.

Heart Surgery – *open heart surgery*

Means surgery with a sternotomy or thoracotomy (surgical division of the breast bone) to the heart, heart valves or aorta confirmed by a Medical Specialist as the necessary and appropriate treatment.

It specifically excludes angioplasty, intra-arterial procedures and treatment without surgery, even where these are necessary and recommended.

HIV Infection – *acquired medically, at work or from an assault*

Means the Human Immunodeficiency Virus (HIV) acquired:

- from a blood transfusion or organ transplant performed by a registered Health Professional in Australia, where the relevant Statutory Health Authority provides proof that the procedure caused the infection;
- while performing the normal duties of the Life Insured's Usual Occupation with appropriate care; or
- as a victim of a physical or sexual assault.

There must have been a negative HIV antibody test within 14 days of the relevant incident, followed by a positive HIV antibody test within six months. We must have access to all the blood test results and blood samples used.

It specifically excludes HIV infection from any other cause, such as recreational intravenous drug use.

Hydrocephalus – *requiring surgery*

Means a Diagnosis of hydrocephalus resulting from injury, infection or tumour, where there is excessive cerebrospinal fluid within the brain causing increased intra-cranial pressure. A Medical Specialist must certify that surgery is needed to treat the condition.

L

Limb

Means an arm (including the wrist and entire hand) or a leg (including the knee and the entire foot).

Loss of Independence

Means the Diagnosis of an Illness or Injury which results in deteriorated functional ability to the extent that the Life Insured has totally and irreversibly lost the ability to perform any two of the Activities of Daily Living.

The loss of independence must be verified by a Medical Specialist or occupational therapist we approve.

Loss of Use of Limb – *single limb*

Means the total and permanent loss of use of a whole Limb, due to paralysis or physical loss.

Loss of Use of Limb – *two or more limbs*

Means the total and permanent loss of use of two or more Limbs, due to paralysis or physical loss.

Lung Removal – *excluding donors*

Means undergoing surgery to remove an entire lung, confirmed by a Medical Specialist as the necessary and appropriate treatment.

It specifically excludes lung removal as a donor.

M

Major Cancer Treatment

Means any of the following as the necessary and appropriate treatment to arrest the spread of malignancy of a cancer:

- surgery to remove the entire prostate to treat prostate cancer;
- surgery to remove all breast tissue to treat breast cancer (including where performed with nipple and skin sparing surgery) to treat breast cancer;
- breast conserving surgery accompanied by adjuvant therapy (such as radiotherapy and/or chemotherapy). The surgery and treatment must be undertaken specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment as confirmed by an appropriate specialist doctor acceptable to us;
- radiotherapy; or
- chemotherapy.

Motor Neurone Disease

Means the Diagnosis of a permanent and progressive form of motor neurone disease confirmed by neurological investigation.

Multiple Sclerosis

Means the Diagnosis of a permanent and progressive form of multiple sclerosis.

Muscular Dystrophy

Means the Diagnosis of a muscular dystrophy resulting in a Permanent Neurological Deficit.

N

Neurological Condition – *permanent neurological deficit*

Means the Diagnosis of a recognised neurological condition, for example a stroke, with Permanent Neurological Deficit with deteriorating function, as clinically evidenced over a period of at least six consecutive months.

O

Osteoporosis

Means the Diagnosis of osteoporosis, being a condition where the bones become brittle and fragile from loss of tissue.

Osteoporosis – *before age 50*

Means the Diagnosis of osteoporosis before age 50:

- that has caused at least two vertebral body fractures or a fracture in the neck of femur; and
- with bone mineral density reading with a T-score of less than -2.5 bone density (that is, 2.5 standard deviations below the young adult mean for bone density), measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

P

Parkinson's Disease – *unknown cause*

Means the Diagnosis of degenerative idiopathic Parkinson's disease.

It specifically excludes all other types of Parkinsonism, such as secondary to medication.

Permanent Neurological Deficit

Means dysfunction of the nervous system that is present on clinical examination and the prognosis is that it will last throughout life.

Examples of dysfunction include impairment to:

- motor function (due to hemiplegia, monoplegia, hemiparesis, monoparesis, paralysis, lack of co-ordination, tremors, numbness or localised weakness); or
- communication (due to dysarthria, aphasia, dysphagia).

The following are excluded:

- an abnormality seen on brain or other scans without definite related clinical symptoms;
- neurological signs occurring without symptomatic abnormality, for example brisk reflexes without other symptoms; and
- symptoms of psychological or psychiatric origin.

Pulmonary Arterial Hypertension

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

S

Stroke – *with persisting clinical symptoms*

Means the Diagnosis of a stroke with an acute onset of new objective neurological symptoms lasting more than 24 hours.

The Diagnosis must be supported by neuroimaging evidence of a lesion consistent with the neurological symptoms.

It specifically excludes:

- transient ischaemic attacks;
- brain or spinal cord damage due to an accident, injury, infection, or non-vasculitic inflammatory disease;
- vascular disease affecting the eye or optic nerve;
- ischaemic disorders of the vestibular system;
- strokes caused by or related to illicit drug use or substance abuse;
- migraine; and
- hypoxic events.

U

Ulcerative Colitis – *severe*

Means the Diagnosis of ulcerative colitis that has failed to be controlled by first line treatments (for example, cortisone treatment) and requires ongoing treatment with IV glucocorticoids or permanent immunosuppressive medication.

Uncomplicated Pregnancy

Means pregnancy which may include circumstances such as morning sickness, backache, varicose veins, ankle swelling, bowel or bladder problems, multiple pregnancy, threatened miscarriage, and participation in an IVF or similar program.

V

Vital Organ or Digestive System Disorder – *end stage*

Means the Diagnosis of any of the following:

- being on an Australian waiting list to receive a transplant of a heart, kidney, liver, lung, pancreas, small bowel, or bone marrow;
- end stage liver failure with permanent jaundice and presenting with ascites or encephalopathy;
- end stage renal failure with chronic irreversible failure of both kidneys that needs permanent dialysis or renal transplantation;
- end stage lung disease requiring permanent supplementary oxygen, confirmed by a Medical Specialist;
- end stage chronic obstructive pulmonary disease (COPD) with a persistent FEV1 less than 30% predicted or DLCO less than 40% predicted (according to current Thoracic Society of Australia and New Zealand treatment guidelines) measured on two separate occasions at least three months apart while on optimal therapy.

Viral Encephalitis

Means the Diagnosis of viral encephalitis, causing Permanent Neurological Deficit.



If you need assistance

If you have any questions about MetLife Protect or MetLife Protect Super, please contact the Customer Experience Team:

Phone: 1800 523 523 (8.00 am to 6.00 pm ADT/AEST)

Email: auprotect@metlife.com

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