

integrity.

Integrity's Here for You.



Product Disclosure Statement

Issued: 1 April 2020

ABOUT THIS DOCUMENT

Product Disclosure Statement (PDS)

This PDS provides important information about Integrity's Here for You life insurance, including the number of cover types you can have and the available options.

Integrity's Here for You can be held inside superannuation – including within your self-managed superannuation fund (SMSF) – or outside superannuation.

Integrity's Here for You is issued by Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492) ('Integrity', 'us', 'we', 'our').

We take full responsibility for the information contained in this PDS.

Please read the PDS carefully before making any decision about Integrity's Here for You and the life insurance that you require.

The issue date of this PDS is 1 April 2020.

This document is designed to help you decide whether this product is appropriate for you.

Expressions which have a special meaning

When reading this PDS, some words or expressions (usually indicated by an initial capital letter) have a defined meaning which is explained in the Definitions section from page 70 of this PDS.

The Policy

The terms and conditions of the Insurance Cover available through Integrity's Here for You are documented in the Policy Document.

The Policy Schedule provides key details of the Cover for each person whose life is insured.

Together, the Policy Document and Policy Schedule make up what we refer to as the Policy. They are issued to you when cover for the life insured starts.

General advice

The information within this PDS is general in nature and does not consider your individual needs or circumstances. You should read this PDS carefully and speak to your financial adviser to decide whether this product is appropriate for your needs. Consider your own needs and circumstances, or obtain advice before you make any decision about this product.

Life Insurance Code of Practice

Integrity is a signatory to the Financial Services Council's Life Insurance Code of Practice (Code). This means that we will comply with all our obligations as outlined within the Code as we interact with you. For more information, please refer to www.fsc.org.au/policy/life-insurance/code-of-practice/life-code-of-practice.

Changes to information

The information in this PDS is current as at the date of issue. Certain information in this PDS, including taxation information, is based on present laws and how we interpret those laws. We will issue a supplementary or replacement PDS if there is a materially adverse change to, or omission of, information in this PDS.

If we make any changes that are not material, or do not have any adverse effects on you, we will publish these changes to the PDS on our website.

You can request a free paper copy of any updated information by contacting us.

Integrity's contact details

Your first point of contact for making informed decisions about your life insurance should be your financial adviser who will be able to consider your current financial situation, needs and objectives.

When you need to contact us, our contact details are:

Phone: 1300 543 366

Email: hello@integritylife.com.au

Web: integritylife.com.au

**Post: PO Box R1741
Royal Exchange NSW 1225**

Your financial adviser

Integrity's Here for You can only be acquired through a financial adviser. Please contact your financial adviser if you wish to discuss your insurance.

CONTENTS

ABOUT THIS DOCUMENT	1
Product Disclosure Statement (PDS).....	1
Expressions which have a special meaning.....	1
The Policy.....	1
General advice.....	1
Life Insurance Code of Practice.....	1
Changes to information.....	1
Integrity's contact details.....	2
Your financial adviser	2
CONTENTS	3
WHAT YOU NEED TO KNOW	5
What is Integrity's Here for You?	5
What are the risks?.....	6
Premiums	6
Cooling-off period	7
No cash value	7
Replacing Existing Cover	7
Personal Information.....	7
Disclosure	7
Complaints	9
OVERVIEW	11
STRUCTURING YOUR COVER	12
PRODUCT FEATURES	12
COMBINING COVER	15
APPLYING FOR COVER	17
Residency eligibility	17
Entry ages and Cover expiry.....	17
Explaining occupational classes	18
Minimum and Maximum Cover amounts	19
How to apply	20
It is important to understand exclusions when you apply	20
When will the Policy start and end?	20
Understanding your Duty of Disclosure when you apply	21
Interim Accident Cover	21

SHARED PRODUCT FEATURES	24
Interim Accident Cover	24
Guaranteed Renewable.....	24
Guaranteed Upgrade.....	24
Easy increases for life events	24
Premium relief	27
Policy provides protection anytime, anywhere	28
CPI increases for cover	28
INCOME INSURANCE	30
Who can apply?	30
When does Income Insurance end?.....	30
Features of Income Insurance	30
LIFE COVER	40
Who can apply?	40
When does Life Cover end?.....	40
Features of Life Cover.....	40
Life Cover optional extras	42
When we won't pay a claim – Life Cover exclusions	42
How Combined Cover works.....	43
Continuation option.....	43
CRITICAL ILLNESS COVER	45
Who can apply?	45
When does Critical Illness end?.....	45
Features of Critical Illness.....	45
Critical Illness optional extras	46
Where A Qualifying Period applies	50
When we won't pay a claim – Critical Illness Cover exclusions.....	51
When we will not pay a claim under reset Critical Illness – Exclusions.....	51
When we will adjust Critical Illness Cover.....	52
TPD COVER	54
Who can apply?	54
When does your TPD Cover end?.....	54
Features of TPD Cover	54
TPD optional extras	56
When we will adjust the amount we pay.....	57

When we won't pay a claim – TPD Cover exclusions	57
CARE SUPPORT PACKAGE	59
Who can apply?	59
When does Care Support Package Cover end?	59
Care Support Package optional extras	62
MAKING A CLAIM	64
Who we will pay?	64
Nominations	65
WHAT YOU PAY	65
Premiums	65
Premium Structure	66
Government taxes and charges – stamp duty	66
Taxation	66
Direct debit request service agreement	67
Maintaining the Policy	67
Cancelling the Policy	67
PRIVACY	68
Access, corrections and complaints	68
Privacy Policy	68
NON-MEDICAL DEFINITIONS	70
MEDICAL DEFINITIONS	75

WHAT YOU NEED TO KNOW

This section outlines important information that will be useful to you and help you understand the features of Integrity's Here for You.

What is Integrity's Here for You?

Integrity's Here for You provides a range of insurance cover types that can be customised to suit your needs.

There are four Core Cover types available within Integrity's Here for You. You can choose one, all or any combination of these Core Cover types:



Income Insurance – helps protect the Life Insured's income if the Life Insured becomes Totally or Partially Disabled and is unable to work in their Occupation through sickness or injury.



Life – provides a lump sum in the event of the Life Insured's death or diagnosis of a Terminal Illness.



Critical Illness – provides a lump sum in the event of the Life Insured being diagnosed with a Specified Medical Condition.



Total and Permanent Disablement (TPD) – provides a lump sum in the event of the Life Insured becoming Totally and Permanently Disabled.

There are also options and extra benefits available to customise the Policy.



Our **Care Support Package** – is available as an additional benefit and provides support and reimbursement of expenses if the Life Insured suffers a Care Support Event.

For more information on the types of Cover available, please see the 'Overview' section from page 11.

What are the risks?

Some of the risks associated with purchasing Integrity's Here for You include:

- The type and amount of cover you apply for is not in line with what you need and with what you can afford.
- If you have Income Insurance, not monitoring changes in your/Life Insured's income and cover levels to ensure that the level of cover you have remains appropriate. Your financial adviser can help you with this.
- The Policy may be cancelled if you don't pay your premium by the due date.
- The terms and conditions of some benefits change when the Life Insured/you reaches a certain age so you may not be covered for what you thought you were.
- If your/the Life Insured's age has been understated then the Cover Amount will be recalculated based on the amount that the premium you paid would have purchased if the correct age had been provided.
- Premium rates are not guaranteed, and we may increase or decrease your premium in the future, regardless of which premium type you select.

Additional risks exist where Cover is held through super including:

- Depending on your tax circumstances, a benefit paid from a Policy under superannuation may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside superannuation.
- Amounts contributed to your superannuation account to pay insurance premiums will reduce the amount you may be able to contribute for retirement savings purposes, and the premiums paid reduce the savings that would otherwise be available on retirement.
- Taxation or superannuation laws may change in the future, altering the suitability of holding insurance in superannuation in your situation.

Please consider these risks when selecting the type and amount of cover, and whether the cover is held under superannuation, for your situation.

Premiums

Your premium is the amount that you will pay to maintain the cover for each Life Insured. It is important that you pay the premium on or before the due date to ensure that your cover will remain in place. If the premium is not paid in full, we may cancel the Policy, which means that all cover will end.

If the Policy is held under superannuation, the Life Insured is a member of the superannuation scheme and the trustee of that scheme owns the Policy under the trusts of the scheme for the Life Insured. Premiums are paid from contributions or rollovers made by, or on behalf of, the Life Insured to the superannuation scheme.

We can provide you with premium relief through difficult or changing times. This may include suspending Cover for the Life Insured, applying a freeze on premiums or waiving premiums for up

to 3 months if the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave. More information on premium relief can be found on page 27 of this PDS.

Cooling-off period

As long as you haven't made a claim, you may cancel the Policy within 30 days of the date of commencement, which is recorded in your Policy Schedule.

If you do cancel your Policy within the cooling off period we will refund any money you have paid. If the Policy is under superannuation, the refund will be made to the trustee of the Life Insured's superannuation scheme.

No cash value

The premiums you pay are used to provide the cover for each Life Insured and your Policy will not have a cash-in value or surrender value.

Replacing Existing Cover

You should always ensure that your new cover for a Life Insured is in place before cancelling your existing cover.

Prior to selecting your new cover with Integrity's Here for You, you should carefully consider the terms and conditions of your current insurance product(s) and the consequences and implications of replacing them. Your financial adviser can help make this assessment.

Personal Information

We may use your personal information to provide you with up to date information regarding the products and services that we offer.

Please contact us if you wish to opt out of these marketing communications.

For more information on Integrity's privacy and information handling practices, read our information handling policy at integritylife.com.au/privacy-policy or call **1300 54 33 66** for a copy.

Disclosure

Please read your **duty of disclosure** carefully and understand that we will rely on the information submitted to us. It is your responsibility to ensure that the information you have given us, or the information given to us on your behalf, is complete and accurate. Your duty of disclosure continues, after your application, until we agree to insure the Life Insured.

If the cover being applied is not on your life, or you are applying for cover to be held under superannuation, it is crucial that the person whose life is being insured also reads this duty of

disclosure and gives complete and accurate information to you so you are able to provide the information to us in accordance with your **duty of disclosure**.

Your duty of disclosure

Before you enter into a contract of life insurance with us, you have a duty under the Insurance Contracts Act 1984 to tell us anything that you know, or could reasonably be expected to know, may affect our decision whether or not to insure a Life Insured and, if so on what terms. You have the same duty before you extend, vary or reinstate this Policy.

Your duty, however, does not require you to tell us anything that:

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

When you are not the Life Insured, and the Life Insured does not tell us anything that they know or could reasonably be expected to know may affect our decision whether or not to insure them and, if so on what terms, this may be treated as a failure of your duty of disclosure.

Non-disclosure

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 such contract.

If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract at any time.

If we avoid the contract we will not pay any claim under that contract.

If we do not avoid the contract:

- unless the contract provides cover on death, we may at any time reduce the cover amount under the contract using a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure. If the contract provides cover on death, we may only exercise this right within three years of entering into the contract; or
- unless the contract provides cover on death, we may at any time vary the contract in such a way that places us in the same position that we would have been in if you had complied with your duty of disclosure. We do not have this right if the contract provides cover on death.

For more information on Integrity's privacy and information handling practices, read our information handling policy at integritylife.com.au/privacy-policy or call **1300 54 33 66** for a copy.

Complaints

Integrity is committed to handling your enquiries, feedback and complaints in a reasonable and timely manner. If something goes wrong and you aren't happy with our products or services, we would like to know straight away so we can work with you to find a resolution. In the first instance, please contact us to tell us about your complaint:

Phone: 1300 543 366
Email: hello@integritylife.com.au
Web: integritylife.com.au
Post: PO Box R1741
Royal Exchange NSW 1225

Your complaint will be assigned to one of our staff who is independent of the cause of complaint and we will keep you up to date on the progress of your complaint resolution. As a signatory of the Life Insurance Code of Practice, we will comply with the processes outlined within the Code.

If you aren't satisfied with our response or if we have been unable to resolve your concerns, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an independent complaint resolution body whose services are free.

To contact the Australian Financial Complaints Authority (AFCA):

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

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Overview.



OVERVIEW

Integrity's Here for You provides a range of insurance cover types that can be customised to suit your needs.

If your application is approved for an Integrity's Here for You Policy you become the Policy Owner. The person whose life you are insuring is referred to as the Life Insured. This can be you, a family member, or someone else. If the Policy is to be held under superannuation, the Policy Owner must be the trustee of the Life Insured's superannuation scheme.

There are four Core Cover types available within Integrity's Here for You. You can choose one, all or any combination of these Core Cover types:



Income Insurance – helps protect the Life Insured's income if the Life Insured becomes Totally or Partially Disabled and is unable to work in their Occupation through sickness or injury.



Life – provides a lump sum in the event of the Life Insured's death or diagnosis of a Terminal Illness.



Critical Illness – provides a lump sum in the event of the Life Insured being diagnosed with a Specified Medical Condition.



Total and Permanent Disablement (TPD) – provides a lump sum in the event of the Life Insured becoming Totally and Permanently Disabled.

There are also options and extra benefits available to customise the Policy.



Our **Care Support Package** – is available as an additional benefit and provides support and reimbursement of expenses if the Life Insured suffers a Care Support Event.

STRUCTURING YOUR COVER

Integrity's Here for You provides the flexibility allowing you to choose how you structure your insurance. You can also select to hold cover inside superannuation. Your financial adviser will be able to provide guidance on how to combine the different cover options that are available.

Where the Policy is held under superannuation, Critical Illness and the Care Support Package cannot be included and different terms apply to Life, Income Insurance and TPD cover.

Table 1 below shows the cover that is available, depending on whether the Policy is held inside or outside superannuation.

Table 1. Types of cover available

Cover type	Outside superannuation	Inside superannuation
Income Insurance	Y	Y
Life	Y	Y
Critical Illness	Y	X
TPD	Y	Y
Care Support Package	Y	X

PRODUCT FEATURES

The Tables below provide an overview of the product features, the Core Cover types, and the additional options and extras available. Where the Policy is held under superannuation, some of these features, cover or options may not be available.

Table 2. Product Overview

Shared Core Cover features						
Premium relief	Easy increases for life events	Interim accident cover	Guaranteed renewable	Guaranteed upgrade	24 hours worldwide protection	CPI Rate increases

Core Cover types			
Income	Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Income replacement benefit - Total Disability & Partial Disability benefits - Rehabilitation support - CPI Rate increases during claim - Premium waiver when on claim 	<ul style="list-style-type: none"> - Death or Terminal illness benefit - Advance payments for funeral costs 	<ul style="list-style-type: none"> - Cover for defined medical conditions - Changes from age 70 when then limited to Activities of Daily Living or Cognitive Loss definition 	<ul style="list-style-type: none"> - Any Occupation definition - Partial TPD payments - Changes from age 65 when then limited to Activities of Daily Living or Cognitive Loss definition

Options			
Income Insurance	Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Waiting Period <ul style="list-style-type: none"> - 30 days - 60 days - 90 days - 1 year, or - 2 years - Payment Period <ul style="list-style-type: none"> - 2 years - 5 years - to age 65 - to age 70 - Cover type <ul style="list-style-type: none"> - Indemnity 12 months - Indemnity 3 years - Extended Income Cover from age 65 to age 70 <p>If under superannuation:</p> <ul style="list-style-type: none"> - Split Income Insurance - Continuation option 	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine Life Cover with Critical Illness and/or TPD¹ <p>If under superannuation:</p> <ul style="list-style-type: none"> - Continuation option 	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine Critical Illness Cover with Life and/or TPD¹ 	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine TPD Cover with Life and/or Critical Illness¹ <p>If under superannuation:</p> <ul style="list-style-type: none"> - Split TPD - Continuation option

¹ Where Life, Critical Illness and/or TPD are combined, payment of one benefit will reduce the other combined covers by the amount paid.

Extras – Available for additional cost			
Income Insurance	Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Superannuation Contributions cover - Specified Injuries and Specified Medical Conditions cover 	<ul style="list-style-type: none"> - Life premium waiver when Totally Disabled or Partially Disabled - If Life Cover is combined with Critical Illness and/or TPD, and Life Cover is reduced², the reduced Cover can be reset*. 	<ul style="list-style-type: none"> - Extra Medical conditions - Critical Illness premium waiver when Totally Disabled or Partially Disabled - Critical Illness Reset If a Critical Illness benefit is paid in full, you can reset* the Critical Illness amount paid for new or unrelated conditions. Life Cover will also then be reset*. - Critical Illness Relapse. If a Critical Illness benefit is paid in full, you can reset* the Critical Illness amount paid with limited cover for certain conditions if the Life Insured suffers a relapse. Life Cover will also then be reset*. 	<ul style="list-style-type: none"> - TPD Own occupation definition - Premium waiver when Totally Disabled or Partially Disabled

² Where Life, Critical Illness and/or TPD are combined, payment of one benefit will reduce the others by the amount paid.

* Limitations apply to cover which is reset.

Care Support Package				
The following benefits are available if the Life Insured suffers a Care Support Event				
Accommodation	Grief Support	Professional Services	Overseas Assistance	Bed Confinement
Family Support	Terminal Illness Care	Home Care	Premium waiver	

COMBINING COVER

We offer different ways for you to arrange cover under Integrity's Here for You, allowing you to tailor cover to your individual needs.

Table 3. How cover can be held

Type of Cover	What it is	How it works
Single Cover	Cover that isn't combined with any other cover. This is also known as stand-alone cover. A benefit paid under single cover won't affect or reduce any other cover on the Life Insured.	Jacqui has \$1 million Life Cover and \$500,000 of Critical Illness Cover. If Jacqui receives a Critical Illness benefit, her Life Cover remains at \$1 million
Combined Cover	This is cover that is combined with another type of cover under the same Policy or across two separate Policies. If a benefit is paid under cover which is combined, the Insured Amount under the other combined covers will reduce by the amount of the benefit paid.	Ash has \$1 million Life Cover and he has combined this with \$600,000 of TPD Cover. He receives a TPD benefit of \$600,000 which reduces his Life Cover to \$400,000 from the original \$1 million.
Split Cover	Instead of having all your TPD or Income Insurance under one Policy, the cover can be split across two separate Policies. One Policy is held under superannuation and is owned by the trustee of the Life Insured's superannuation fund, and the other Policy is owned outside superannuation.	Because limitations apply to Income Insurance and TPD cover held under superannuation, splitting your Income Insurance and TPD lets you access cover under the Policy held outside superannuation where the benefit may not be payable from the Policy held under superannuation. For information on split Income Insurance, please see page 32. For information on split TPD, please see page 56.

Even if you don't need all of these options when you apply for your initial Policy, you may be able to combine or split your cover at a later time. Your financial adviser will be able to provide guidance on how to combine the different cover available within this PDS.

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Applying for cover.



APPLYING FOR COVER

There are a number of eligibility requirements you should be aware of before applying for Cover.

Residency eligibility

In order for the Cover on the Life Insured to be effective, the person whose life is to be insured must be an Australian Resident at the time your application for Cover is accepted by us.

Entry ages and Cover expiry

There are entry age requirements that apply for the Cover types you select for the Life Insured. Any cover ceases when the Life insured reaches the expiry age for the cover type. If the Policy is held under superannuation, earlier expiry ages may apply. The expiry date for cover will be shown on your Policy Schedule.

Table 4 below shows the entry ages and expiry ages for Integrity's Here for You. Entry age and cover expiry may change based on the premium type you select. Premium types are explained on page 65 of this PDS.

Table 4. Overview of entry and expiry ages by cover type

Cover type	Premium type	Entry ages	Expiry ages
Income Insurance	Stepped	18-59	The Life Insured's 65th birthday, or
	Level ¹	18-59	The Life Insured's 70th birthday
Life	Stepped	18-75	The Life Insured's 135th birthday
	Level ¹	18-59	For a Policy held under superannuation, cover ends at the Life Insured's 100th birthday
Critical Illness	Stepped	18-59	The Life Insured's 75th birthday
	Level ¹	18-59	
TPD	Stepped	18-59	The Life Insured's 75th birthday
	Level ¹	18-59	Split TPD ends on the Life Insured's 65th birthday
Care Support Package	Stepped	18-59	The Life Insured's 65th birthday

* Level premiums are replaced by Stepped premiums if you continue Cover beyond the Life Insured's 65th birthday. The only exception to this is if you choose Level premiums for Income Cover to age 70.

Explaining occupational classes

When you apply for cover, you will be asked to provide the occupation of the person whose life is to be insured. Based on this occupation we will assign an occupation class to the Life Insured. We do this because some occupations have more risks than others. As a result, the occupation class we assign to the Life Insured will impact the premiums you pay and the type of cover available. Table 5 below shows Integrity's occupation classes and Table 6 shows the available cover by occupation class.

Table 5. Occupation classes

Occupation class	Occupation class description
1 – Professional/ White	Degree qualified white collar professionals and high income earning senior business executives. Clerical and managerial occupations.
2 – Light Blue	A broad range of occupations with low physical activity.
3 – Blue	Qualified trades with a minimum 2-years' experience, not working at heights above 10 metres.
4 – Heavy Blue	A range of blue collar occupations including trades without qualifications.
5 – Red	High risk / special risk occupations.

Table 6. Cover available by Occupation class

Occupation class	Income Insurance				TPD		Care Support Package
	2 year payment period	5 year payment period	To Age 65	To Age 70	TPD Any Occupation	TPD Own Occupation	
1 Professional / White	✓	✓	✓	✓	✓	✓	✓
2 Light Blue	✓	✓	✓	✓	✓	✓	✓
3 Blue	✓	✓	✓	x	✓	✓	✓
4 Heavy Blue	✓	✓	x	x	✓	x	✓
5 Red	x	x	x	x	x	x	x

Minimum and Maximum Cover amounts

There are minimum and maximum Cover Amounts applicable to each cover type, as explained in Table 7.

Once the Policy is in-force, your Insured Amount will adjust each year in line with the CPI Rate unless you contact us to decline the increase or the maximum limit is reached. This is explained on page 28.

You can also apply to increase cover for a Life Insured:

- when certain events occur, such as marriage or having a child, with limited health information (explained at page 24); or
- at any time by providing full health information.

You can also reduce cover for a Life Insured.

At all times, the amount of cover you hold must be within the minimum and maximum limits.

Table 7. Minimum and maximum Cover Amounts

Cover type	Minimum and Maximum Cover Amounts ¹
Income Insurance	Minimum \$1,500 per month Maximum: The lesser of <ul style="list-style-type: none"> - \$30,000 per month, and - 75% of the Life Insured's Monthly Earnings subject to the following: <ul style="list-style-type: none"> ○ 75% up to \$26,667 of Monthly Earnings, and ○ 50% of the next \$20,000 of Monthly Earnings.
Life	Minimum cover amount \$50,000
	No maximum for Life Cover
Critical Illness	Minimum cover amount \$30,000
	Maximum cover amount \$2,000,000
TPD	Minimum cover amount \$50,000
	Maximum cover amount \$5,000,000
Care Support Package	Refer to page 59 for details of coverage under Care Support Package

1_We may also limit the maximum cover amounts according to financial circumstances and the total Cover for a Life Insured.

How to apply

You can only apply for Integrity's Here for You through your financial adviser.

During the application process your financial adviser can provide you with guidance on:

- which Core Cover types you need
- the options and extras available
- the amount of the cover and the cost
- choosing the Care Support Package
- choosing the best premium structure for you.

It is important to understand exclusions when you apply

There are some situations and conditions for each type of cover which are listed as exclusions. This means we will not pay a claim if the event giving rise to the claim is subject to an exclusion.

Exclusions for each type of cover can be found in this PDS in the following sections:

- Interim Accident Cover page 24
- Income Insurance page 30
- Life Cover page 40
- Critical Illness page 45
- Total and Permanent Disability (TPD) Page 54

In addition to the exclusions that apply for a type of cover, when we assess an application, we may only offer cover if it is subject to a further exclusion related to the Life Insured's health and/or personal circumstances. You will be told if any exclusions apply when we offer cover and, if you agree, it will then be included as a special condition on your Policy Schedule.

When will the Policy start and end?

If your application is successful, we will issue you a Policy Document and Policy Schedule which will show the cover provided and the expiry ages applying.

Your Policy will end on the date:

- you cancel all cover on your Policy, by phone or email;
- we cancel the Policy because you have not paid premiums when they were due or we cancel or avoid your Policy in accordance with our legal rights; or
- the date all cover on your Policy ends for any reason, such as the Life Insured reaching the expiry age.

Understanding your Duty of Disclosure when you apply

Your duty of disclosure, outlined on page 7 of this PDS is important to read and understand.

Interim Accident Cover

Interim Accident Cover provides the life to be insured with some cover while an application for cover is being considered. Interim Accident Cover starts when we receive your application for an eligible person completed in full with valid payment details and ends on the earliest of:

- 90 days from the commencement date of the Interim Accident Cover;
- the date we accept or reject your application;
- the date your application is withdrawn; or
- the date we cancel your Interim Accident Cover.

Table 8. Interim Accident Cover eligibility and maximums

Cover type	When we will pay	What we will pay
Income Insurance	<p>We will pay a monthly benefit if the person whose life you are applying to insure becomes Totally Disabled as the result of an Accident which occurs while Interim Accident Cover is in force and Total Disability occurs within 90 days of the Accident.</p> <p>The Cover Amount is payable monthly, from the end of the Waiting Period you selected, while the person remains Totally Disabled, for a maximum payment period of 6 months.</p>	<p>The lowest of:</p> <ul style="list-style-type: none"> – the total of the monthly cover amount applied for; – the total of the monthly Cover amount which would be offered by us based on our underwriting rules in normal circumstances; – the average monthly income you received during the 12 months before your Total Disability and – \$5,000.
Life	<p>We will pay a benefit if the person whose life you are applying to insure dies as the result of an Accident which occurs while Interim Accident Cover is in force and death occurs within 90 days of the Accident.</p>	<p>The lower of:</p> <ul style="list-style-type: none"> – the cover amount applied for; and – \$1,000,000.
Critical Illness	<p>We will pay a benefit if the person whose life you are applying to insure suffers one of the following critical illness conditions as the result of an Accident which occurs while Interim Accident Cover is in force,</p>	<p>The lower of:</p> <ul style="list-style-type: none"> – the Cover amount applied for; and – \$1,000,000.

Cover type	When we will pay	What we will pay
	and the person survives 14 days after the Accident: <ul style="list-style-type: none"> - Major Head Trauma - Paralysis - Blindness - Loss of Hearing - Severe Burns - Loss of Limbs or Sight. 	
TPD	We will pay a benefit if the person whose life you are applying to insure becomes Totally and Permanently Disabled as the result of an Accident which occurs while Interim Accident Cover is in force.	The lower of: <ul style="list-style-type: none"> - The Cover amount applied for; and - \$1,000,000.

Interim Accident Cover Exclusions

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

- an Accident that occurred before the Interim Accident Cover started;
- suicide or any intentional self-inflicted act;
- an act of war (whether declared or not); or
- the Life Insured's participation in any occupation, sport or activity that we would not normally cover on standard terms.

Claims

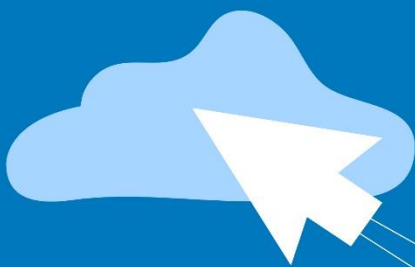
You must meet our normal claim requirements – see page 64 for more information.

Your Application

We will take the consequences of the Accident into account when assessing the application for Cover.

integrity.

Shared Product Features.



SHARED PRODUCT FEATURES

Shared Product features are features that apply to all Core Cover types.

Interim Accident Cover

If you are eligible to apply for new type of cover or an increase in cover, we will provide Interim Accident Cover for the type and amount of the cover, or the increased cover, applied for while we assess your application.

See Table 8 and page 21 for additional information on Interim Accident Cover.

Guaranteed Renewable

Your Policy will renew each year without you needing to provide health or financial information. When you apply for new or increased cover, we will ask for more information, and base this new or increased cover on the Life Insured's situation at that time.

Guaranteed Upgrade

Whenever we make improvements to a type of cover without adjusting premium rates to reflect the improvement, and that type of cover is provided under your Policy, we will let you know and make the improved terms available to you. This applies to Policy terms and conditions, including Medical Conditions.

If you believe that any improvement is less favourable for you in the event of a claim, we will assess your claim against the terms of your Policy prior to the upgrade.

Any changes that we make to your Policy will not apply to a Life Insured if you have made, or are eligible to make, a claim for that Life Insured prior to the upgrade occurring.

Easy increases for life events

Life does change. Sometimes you need more insurance and sometimes you need less.

You can request an increase in cover when certain life events happen to a Life Insured. These events, and the maximum and minimum limits that apply, are explained in Table 9. You also cannot increase your insurance beyond the maximum amount of cover available for that type of insurance as set out in Table 4 on page 17.

You must apply for a Life Event increase within the later of 30 days of the Life Event or 30 days prior to your next Policy Anniversary.

The new premium will be calculated as per the Life Insured's age at the time of acceptance of the life event increase.

You cannot request a life event increase:

- if the Life Insured is aged 60 or older,
- if the Life Insured has made, or is eligible to make, a claim under the type of cover being increased; or
- for the Care Support Package as the benefits under this package are fixed.

The below table outlines how life event increases work.

Table 9. Easy Increases for specific Life events that happen to the Life Insured

Cover Type	Specific Event	Maximum and minimum limits	How many times can you apply
Income Insurance	– Increase in Monthly Earnings	<p>Maximum amount:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> – 15% of the Life Insured’s Income Insurance Amount at the cover start date; or – 75% of the increase in Monthly Earnings. <p>Minimum amount:</p> <p>\$250 per month.</p> <p>The total of all Life Event Increases for each Life Insured cannot exceed the original amount of cover at the cover start date.</p>	One increase per life event in any 12 month period.

Cover Type	Specific Event	Maximum and minimum limits	How many times can you apply
<p>Life</p> <p>Critical Illness</p> <p>TPD</p>	<ul style="list-style-type: none"> - marriage or divorce - birth or adoption of a Child - dependent Child starts secondary school - completion of an undergraduate degree at a government recognised Australian university - spouse dies - becomes a carer for an Immediate Family Member for the first time - take out or increase a mortgage over principal place of residence with an accredited mortgage provider - receive an increase of 15% or more to base annual salary (excluding irregular items like bonuses and commissions). 	<p>Maximum amount:</p> <p>Lowest of \$200,000, 25% of cover at the cover start date, and the limit for the particular Life Event.</p> <p>In the case of new or increase in mortgage the increase in cover is limited to the amount or increase in the mortgage.</p> <p>In the case of increase of 15% or more to base annual salary, the increase in cover is limited to 10 times the amount of the increase.</p> <p>The total of all Life Event Increases for each Life Insured cannot exceed the lesser of the original amount of cover at the cover start date and \$1m.</p> <p>If the Life Insured has Critical Illness Insurance and/or Total and Permanent Disability Insurance combined with the Life Insurance, the Life Insurance must be at least equal to the Critical Illness Insurance and/or Total and Permanent Disability Insurance after the Life Event increase</p> <p>Minimum amount:</p> <p>\$10,000.</p> <p>Restriction</p> <p>During the first 6 months after a Life Event increase in Critical Illness Insurance, TPD and Life Insurance for a Life Insured, the increased amount is only payable if the cause of the event giving rise to the claim is the direct result of an Accident.</p>	<p>One increase per life event in any 12 month period.</p>

Premium relief

We can help you by providing premium relief through difficult or changing times, as explained in Table 10.

Table 10. Premium relief

Premium relief	Cover type	When to tell us by	What rules apply?
Premium freeze	<p>Applies to all cover types except for Care Support Package.</p> <p>Applies to Stepped premium only.</p>	45 days prior to your next Policy anniversary.	<ul style="list-style-type: none"> – The premium will be fixed at the level that applied prior to your next Policy anniversary; and – The cover amount will reduce each year to an amount that could be purchased by the frozen premium at each Policy anniversary while the freeze continues. <p>You can end your premium freeze at a Policy anniversary by notifying us at least 45 days prior to that anniversary.</p> <p>If the cover amount will reduce to less than the minimum of \$50,000, the premium freeze will cease at the Policy anniversary and cover will end if you do not pay the required premium.</p>
Suspended cover	<p>Applies to all cover types.</p> <p>Applies to Stepped or Level premiums.</p>	At any time with effect from the next premium due date.	<p>If you have had cover for a Life Insured in place for at least 12 months, you can put the cover on hold for up to 12 months.</p> <p>If you suspend any cover you will not pay premiums for the suspended cover, but the Life Insured will not be covered for a claim if the event giving rise to the claim occurs during the suspension period.</p>
Involuntary unemployment and parental leave waiver	<p>Applies to all cover types.</p> <p>Applies to Stepped or Level premiums.</p>	At any time with effect from the next premium due date, or the date we agree with you.	<p>If you have had cover for a Life Insured in place for at least 12 months, and the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave, we will waive future premiums for the Life Insured for up to 3 months while Involuntary Unemployment or Parental Leave continues. The Life Insured will remain covered during this period.</p> <p>You will need to provide evidence of the event when you request the waiver.</p>

Policy provides protection anytime, anywhere

Cover under Integrity's Here for You protects the Life Insured 24 hours a day, 7 days a week, worldwide.

CPI increases for cover

Your Cover Amount will adjust each year in line with the CPI Rate unless you contact us to decline the increase.

By adjusting your Cover Amount by the CPI Rate each year, your Cover keeps up with the cost of living. When a Cover Amount increases each year, so will your premiums.

If a Life Insured is covered for Income Insurance (Indemnity 12 months or Indemnity 3 years), the Life Insured's income may not increase as much as the CPI Rate. Therefore, to avoid over insurance, it is important that you ensure that the Cover Amount does not exceed 75% of the Life Insured's Pre-Disability Income.

If a Life Insured is covered for the Care Support Package, the benefits are fixed and will not increase in line with the CPI Rate, although these amounts may increase in the future, in accordance with our upgrade guarantee.

If you have suspended Cover for a Life Insured, we will not increase the Cover Amount while Cover is on hold. Cover will not increase above the maximum cover limit as set out in Table 4 on page 17.

integrity.

Income Insurance.



INCOME INSURANCE



Income Insurance helps protect the Life Insured's income if the Life Insured becomes Totally Disabled or Partially Disabled through sickness or injury while the cover is in force.

Who can apply?

You can apply for Income Insurance if the person whose life is being insured is:

- between 18 and 59 years of age, and
- an Australian Resident.

When does Income Insurance end?

Income Insurance will end:

- on the Life Insured's 70th birthday if you have chosen a To Age 70 Payment Period;
- on the Life Insured's 65th birthday if you have chosen a To Age 65 Payment Period;
- on the date all entitlements under the Cover are paid; or
- when the Life Insured dies.

Features of Income Insurance

A monthly benefit is payable if the Life Insured is Totally Disabled or Partially Disabled after the Waiting Period.

The amount we pay depends on the type of Income Cover held. There are two types of Cover available, as follows:

Indemnity 12 months; and

Indemnity 3 years.

If the Policy is held under superannuation:

- a monthly benefit is only payable if the Life Insured meets the Superannuation Act condition of release on *Temporary Incapacity* and any other applicable requirements under superannuation laws; and,
- Indemnity 12 Months is the only type of cover option available unless the Life Insured has split Income Insurance.

Total Disability

If the Life Insured is Totally Disabled after the Waiting Period, or after a period during which a Partial Disability benefit has been paid, the Total Disability monthly benefit amount will be the lesser of:

- the Income Insurance Cover Amount for the Life Insured; and
- 75% of the Life Insured's Pre-Disability Income.

When and how long we pay a Total Disability benefit is explained on page 34.

In some circumstances, we will reduce the monthly benefit payable, as explained on page 33.

Partial Disability

If the Life Insured is Partially Disabled after the Waiting Period, or after a period during which a Total Disability benefit has been paid, the Partial Disability monthly benefit payable will be the lesser of:

- i. the Income Insurance Cover Amount $\times (A - B) / A$; and
- ii. $75\% \times (A - B)$

where:

A = the Life Insured's Pre-Disability Income; and

B = the Life Insured's Monthly Earnings while Partially Disabled.

When and how long we pay a Partial Disability benefit is explained on page 34.

In some circumstances, we will reduce the monthly benefit payable, as explained on page 33.

Waiting Period

The Waiting Period is the number of consecutive days which the Life Insured must continually be either Totally Disabled or Partially Disabled before a monthly benefit is payable. No monthly benefit is payable during, or in respect of, the waiting period.

You have a choice of waiting periods: 30, 60, 90 days, 1 year or 2 years.

Where a Waiting Period of greater than 90 days is selected, the Waiting Period will restart if the Life insured returns to work at full capacity for a period longer than 10 consecutive days during the Waiting Period.

Pre-Disability Income

The monthly benefit payable depends upon the Life Insured's Pre-Disability Income, which depends upon the type of cover held, as follows.

- **Indemnity 12 months:** Pre-Disability Income is the Life Insured's average Monthly Earnings for the 12 months immediately prior to the date on which the Life Insured became Totally Disabled or Partially Disabled. If this occurred while the Life Insured was Unemployed, on Parental Leave, sabbatical or long service leave, Pre-Disability Income will be based on the Life Insured's average Monthly Earnings for the 12 months before the period of Unemployment or leave commenced.
- **Indemnity 3 years:** Pre-Disability Income is the Life Insured's highest average Monthly Earnings for any consecutive 12 month period in the 3 years immediately prior to the date on which the Life Insured became Totally Disabled or Partially Disabled.

If the Superannuation Contribution Cover applies for the Life Insured, Pre-Disability Income is reduced by any superannuation contributions made during the applicable 12 month period.

Split Income Insurance

Split Income Insurance allows Income Insurance cover for the Life Insured to be combined under two Policies – a Policy held under superannuation owned by the trustee of the Life Insured's superannuation fund and another Policy owned outside superannuation. The Policy Schedule issued for each of these two Policies will show if split Income Insurance applies for the Life Insured.

Under split Income Insurance, if the Life Insured qualifies for an Income Insurance benefit which cannot be paid (or paid in full) under the Policy owned by the trustee of the Life Insured's superannuation fund, the benefit (or the balance of the benefit) can be paid under the Policy owned outside superannuation. If an Income Insurance benefit is payable under both Policies, the combined amount payable cannot exceed the amount that would be payable under the Policy owned outside superannuation if split Income Insurance did not apply.

Where split Income Insurance applies, the Policies work together so:

- the type of Income Insurance cover provided must be the same under both Policies;
- both Policies must have the same Insured Cover Amount, Waiting Period, Payment Period, Cover End Date and Policy Anniversary Date;
- any increase or decrease in the Cover Amount, including CPI increases, must be made on both Policies;
- the premium is apportioned between the Policies according to the cover split; and
- split Income Insurance ends if either Policy is cancelled or otherwise ends.

If split Income Insurance ends because one of the combined Policies ends, then:

- if the Policy owned by the trustee of the Life Insured's superannuation fund ends, the Policy owned by the Life Insured outside superannuation can continue on a stand-alone basis at the premium applying for a stand-alone Policy at the time split Income Insurance ends;

- if the Policy owned outside of superannuation ends, the Policy owned by the trustee of the Life Insured's superannuation fund can continue on a stand-alone basis, however the type of cover applying for the Life Insured must be varied, if necessary, to align with the available Income Insurance at the time of the conversion.
- Following the conversion from Split Income Insurance, an Income Insurance benefit is only then payable if the Life Insured meets the Superannuation Act condition of release on *Temporary Incapacity* and any other applicable requirements under superannuation laws.

When we reduce the monthly benefit

We will reduce the monthly benefit payable by any of the following amounts the Life Insured receives:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation in respect of the sickness or injury causing Total Disability or Partial Disability;
- payments received through any other individual or group disability income insurance, credit or mortgage insurance, unless we have expressly agreed not to apply a reduction.

If the Policy is held under superannuation, we will also reduce the monthly benefit payable by sick leave, annual leave or long service leave payments received by the Life Insured. If split Income Insurance applies, the balance of the Insurance Cover Amount (if any) is payable under the policy held outside superannuation.

If the amount received is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

We will reduce the monthly benefit payable so that, when combined with the other amounts received, it does not exceed 100% of the Life Insured's Pre-Disability Income.

Income Insurance – Exclusions

We will not pay a monthly benefit if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:

- intentional self-inflicted injury or attempted suicide;
- normal or uncomplicated pregnancy or childbirth; or
- something that we have specifically excluded.

How long we will pay

Payments begin to accrue from the first day after the end of the Waiting Period. They continue for as long as the Life Insured qualifies for a monthly benefit on Total Disability or Partial Disability until the earliest of:

- the Life Insured is no longer Totally Disabled or Partially Disabled;
- the end of the Payment Period;
- the Income Insurance expiry date; and
- the death of the Life Insured.

The Payment Period is the maximum period during which the monthly benefit is payable. You have a choice of Payment Periods: 2 years, 5 years, To Age 65 or To Age 70, depending upon the Life Insured's Occupation, as explained on page 18.

For 2-year, 5-year and To Age 65 Payment Periods, the Payment Period ends earlier on the date that the Life Insured turns 65 or dies. For the To Age 70 Payment Period, the Payment Period ends earlier on the date that the Life Insured turns 70 or dies.

If the Life Insured is only Totally Disabled or Partially Disabled for part of a month, we will pay 1/30th of the monthly benefit for each day of Total Disability or Partial Disability, as applicable.

Relapse of Total Disability or Partial Disability

The Waiting Period will be waived, and the claim will be treated as a continuation of the previous claim if, after a monthly benefit on Total Disability or Partial Disability has been paid:

- the Life Insured returns to work on the same employment basis (full-time or part-time) they worked prior to being Totally Disabled or Partially Disabled; and
- the Life Insured is no longer under the regular care and advice of a Medical Practitioner in relation to the sickness or injury which caused Total Disability or Partial Disability; and
- the Life Insured suffers a relapse and is again Totally Disabled or Partially Disabled as a result of the same or related sickness or injury as that which caused the previous claim; and
- for a 2 year or 5 year Payment Period, the relapse occurs within 6 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled; or
- for a To Age 65 or To Age 70 Payment Period, the relapse occurs within 12 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled.

When a new claim is treated as the continuation of a previous claim, the new claim is only payable for the remainder, if any, of the Payment Period applicable to the previous claim.

Increasing claim payments for inflation

If we are paying a monthly benefit on Total Disability or Partial Disability, the Income Insurance Cover Amount and any Superannuation Contribution Cover Amount for the Life Insured will still be adjusted on your Policy anniversary by the CPI Rate. We will also adjust the Life Insured's Pre-Disability Income by the CPI Rate.

Superannuation Contribution Cover is explained on page 36.

We will not increase the Insurance Cover Amount above our maximum cover limit explained on page 19, or while Cover is suspended.

When Income Insurance premiums will be waived

We will waive Income Insurance premiums for a Life Insured whilst a monthly benefit on Total Disability or Partial Disability is payable for that Life Insured.

Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.

Rehabilitation and Retraining

If we are paying a monthly benefit for a Life Insured on Total Disability or Partial Disability we will pay for the Life Insured to participate in a rehabilitation or retraining program that we approve, up to a maximum of 12 times the Cover Amount.

We will not cover expenses that the Life Insured is entitled to have reimbursed by any other source.

If we approve the rehabilitation or retraining program, we will pay the provider of the program and/or purchase any equipment required.

Extended Income Insurance

If the Payment Period for a Life Insured is To Age 65 and the Life Insured is still working to their full capability on the Policy anniversary after the Life Insured's 64th birthday, you have the option to extend the Life Insured's Cover up To Age 70 on the following basis:

- the Life Insured must be working full-time in a white-collar Occupation;
- in the event of a claim, the Life Insured's Pre-Disability Income will be their average Monthly Earnings for the 12 months immediately prior to the date on which the Life Insured becomes Totally Disabled or Partially Disabled;
- the monthly Cover Amount will be reduced, if necessary, so that it does not exceed a maximum of \$20,000 per month;
- the Payment Period will be one year;
- the cover and any benefit we are paying will cease on the Life Insured's 70th birthday; and
- you pay the premium applicable to the Life Insured's age.

Superannuation Contribution Cover

Under this option we will pay the Superannuation Contribution Cover benefit as a personal superannuation contribution to the Life Insured's nominated complying superannuation fund when a monthly benefit is payable.

A proportional amount applies if the Life Insured is Partially Disabled.

Any amount we contribute is subject to laws and regulations relating to contributions, taxation and preservation.

This option is only available on a Policy held outside superannuation.

Continuation option

If the Policy is held under superannuation, the Life Insured can, without providing evidence of their health, convert Income Insurance under the Policy to income insurance that we have available under a new policy to be issued at the date of conversion, provided that the:

- owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- Life Insured is 59 years old or less, and
- income insurance under the new policy doesn't exceed the cover amount on the old policy as at the date the Continuation option is completed.

Specified Injuries and Specified Medical Conditions Benefits

Under this option, if the Life Insured suffers any one of the Specified Injuries or Specified Medical Conditions listed in Tables 11 and 12, a monthly benefit is paid for the payment period indicated in the applicable Table and no Waiting Period applies.

This benefit is paid instead of any Total Disability or Partial Disability benefit that might otherwise be payable. You can choose to take this payment as a lump sum, rather than on a monthly basis, at the time of claim.

At the end of the applicable payment period you may be eligible to claim a Total Disability or Partial Disability benefit for the Life Insured without any Waiting Period applying.

If the Life Insured suffers more than one Specified Injury and/or Specified Medical Condition at the same time, we will only pay one benefit for the Specified Injury or Specified Medical Condition, but we will pay it for the longest payment period applicable.

This option is only available on a Policy held outside superannuation with a Waiting Period of 90 days or less.

Table 11. Specified Injuries and Payment Periods

Specified Injury	Payment Period (months)
Total and permanent loss of use of:	
Both feet, both hands, sight in both eyes or hearing in both ears	24
Any combination of two of: <ul style="list-style-type: none"> - a hand - a foot - sight in one eye - hearing in one ear 	24
One arm or one leg	12
Thumb and index finger on the same hand at or above the first joint	6
Fracture requiring the application of a plaster, pin or other immobilising device:	
Spine resulting in paralysis	24 months if the Payment Period for the Life Insured is 2 years or 60 months for all other Payment Periods
Spine not resulting in paralysis	3
Thigh	3
Pelvis	3
Skull (excluding bones of the face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2

Table 12. Specified Medical Conditions* and Payment Period

Specified Medical Condition – Payment Period is 6 months.	
Heart Attack	Cancer
Coronary Artery Bypass Surgery	Severe Benign Brain Tumour or Spinal Cord Tumour
Coronary Artery Angioplasty – Triple Vessel	Multiple Sclerosis
Repair or Replacement of a Heart Valve	End Stage Kidney Disease
Out of Hospital Cardiac Arrest	End Stage Liver Disease
Surgery of the Aorta	End Stage Lung Disease
Cardiomyopathy	Major Organ or Bone Marrow Transplant
Stroke	Muscular Dystrophy
Major Head Trauma	Severe Rheumatoid Arthritis
Motor Neurone Disease	Aplastic Anaemia

* Each Specified Medical Condition has a specific meaning as explained in the Medical Definitions section starting at page 75.

Specified Injuries and Specified Medical Conditions Benefits – Exclusions

We will not pay the benefit if the Life Insured's Specified Injury or Specified Medical Condition is caused directly or indirectly by:

- intentional self-inflicted injury or attempted suicide;
- normal or uncomplicated pregnancy or childbirth; or
- something that we have specifically excluded.

integrity.

Life cover.



LIFE COVER



Life Cover protects by providing a lump sum payment in the event of the Life Insured's death or if they are diagnosed with a Terminal Illness while the Cover is in force.

Who can apply?

You can apply for Life Cover if the person whose life is being insured is an Australian Resident and:

- between 18 and 59 years of age if you have chosen to pay Level premiums; or
- between 18 and 75 years of age if you have chosen to pay Stepped Premiums.

When does Life Cover end?

Life Cover will end on the earliest of:

- on the Life Insured's 135th birthday or, for a Policy held under superannuation, the Life Insured's 99th birthday;
- when the Life Insured dies;
- when Life Cover is reduced to zero, as explained under the heading 'Advantages and Disadvantages of combining cover' on page 43; or
- when all entitlements under the cover are paid.

Features of Life Cover

Table 13 below shows the features of Life Cover.

Table 13. Features

Features		
Cover	Description	How payments work
Life	Provides a lump sum payment in the event of the Life Insured's death while the Cover is in force.	<p>We will pay you* or, in the event that you are a Life Insured and the claim is payable as a result of your death, we will pay:</p> <ul style="list-style-type: none"> - your validly nominated Beneficiary, if any, or if not; - your Legal Personal Representative or other person we are entitled to legally pay <p>For information on nomination of Beneficiaries refer to page 65.</p>
Terminal Illness	Provides a lump sum payment in the event of the Life Insured being diagnosed with a Terminal Illness while the Cover is in force.	We will pay you*.
Advance Payment for funeral costs or other end of life expenses	An advance payment of \$25,000 from the Life Cover Amount.	This advance is payable to you or, in the event that you are a Life Insured, your Legal Personal Representative to help with immediate expenses at the time of the Life Insured's death. An advance payment will not be made if the Policy is held under superannuation.
If Combined Cover with TPD and/or Critical Illness Cover	Life Cover can be combined with TPD and/or Critical Illness to reduce the overall premium you pay.	If combined with TPD and/or Critical Illness, we will reduce the Life Cover Amount Payable by the amount of any TPD Insurance and/or Critical Illness Insurance that has been paid for the Life Insured.

* If the Policy is held under superannuation, the payment will be applied by the trustee of the Life Insured's superannuation fund in accordance with the governing rules of that fund and superannuation laws.

Life Cover optional extras

You can customise your Life Cover for a Life Insured with the optional extras explained in Table 14.

Table 14. Extras

Extras – Available for additional cost	
Extras	Description
Premium waiver	<p>If the Life Insured holds Income Insurance under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Life Cover premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none"> – the Life Insured is no longer continuously Totally Disabled or Partially Disabled; – the Life Insured 's 65th birthday; and – the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none"> – intentional self-inflicted injury or attempted suicide; – normal or uncomplicated pregnancy or childbirth; or – something that we have specifically excluded.
Life Cover reset	<p>If Life Cover is combined with Critical Illness and/or TPD, and Life Cover is reduced¹, the cover that was reduced can be reset 12 months after it was reduced without having to provide further medical evidence.</p> <p>This option ceases on the Life Insured's 65th birthday. This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>

¹ Where Life, Critical Illness and/or TPD are combined, payment of one benefit will reduce the others by the amount paid.

When we won't pay a claim – Life Cover exclusions

We will not pay a Life Cover claim if the Life Insured's death is caused directly or indirectly by:

- suicide within the first 13 months of the date that the Life Cover starts or is increased (in respect of the increase); or
- something that we have specifically excluded.

We will waive the suicide exclusion to the extent that the Life Cover is replacing death cover issued by us or another insurer on the Life Insured if:

- the cover to be replaced has been in force for a minimum of 13 consecutive months immediately prior to the commencement of the Life Cover being applied for and is cancelled immediately after commencement of the Life Cover being applied for; and
- no claim is payable or pending under the cover to be replaced.

How Combined Cover works

It is important to decide whether combining Life Cover with Critical Illness and/or TPD in the Policy is right for you, or whether you should keep these covers separate. You can choose either with Integrity's Here for You.

Combining Cover is establishing a relationship between Life Cover as the principal cover (you must hold Life Cover to combine cover) and Critical illness and/or TPD as secondary covers. The amount of cover insured for Critical Illness and/or TPD cannot exceed the Life Cover Amount.

Advantages and Disadvantages of combining cover

Combining Life Cover with TPD and/or Critical Illness can be advantageous as it reduces the total amount of premium you pay.

The disadvantage of combining cover is when you combine covers and a claim payment is made, it will reduce the combined covers by the amount paid. However, after 12 months you can reset the cover which was reduced using the Life Cover Reset option, the Critical Illness Reset option or the Critical Illness Relapse option, if the option has been selected.

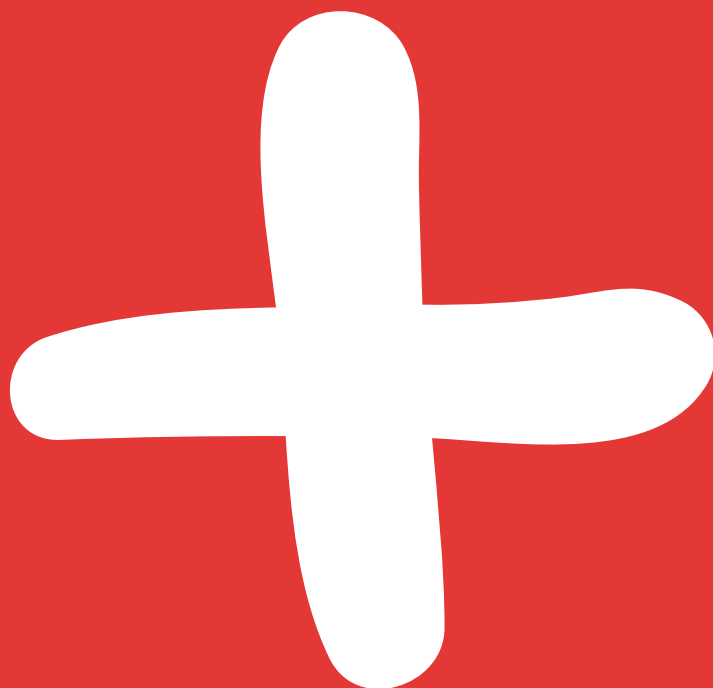
Continuation option

If the Policy is held under superannuation, the Life Insured can, without providing evidence of their health, convert the Life Cover under the Policy to life insurance under a new policy to be issued at the date of conversion, provided that:

- the owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- the Life Insured is 75 years old or less, and
- life insurance under the new policy is on the terms for that cover then available and the cover amount doesn't exceed the Life Cover for the Life Insured under the old policy at the date of conversion.

integrity.

**Critical Illness
cover.**



CRITICAL ILLNESS COVER



Critical Illness Cover protects in the event of the Life Insured experiencing a Specified Medical Condition while the Cover is in force and before age 70. The date that a Medical Condition is deemed to have occurred is explained in Table 15. Cover after age 70 is limited as explained in Table 15.

Who can apply?

You can apply for Critical Illness Cover if the person whose life is being insured is:

- between 18 and 59 years of age, and
- An Australian Resident.

You can only apply for this cover under a policy held outside superannuation.

When does Critical Illness end?

Critical Illness will end:

- on the Life Insured's 75th birthday (Cover changes from age 70);
- if Critical Illness Cover is reduced to zero (as explained under the heading 'When we will adjust Critical Illness Cover' on page 52); or
- when the Life Insured dies.

Features of Critical Illness

Table 15 shows the features of Critical Illness.

Table 15. Features

Features		
Cover	Description	How payments work
Before Life Insured's 70th birthday	<p>This Cover provides a lump sum payment in the event of the Life Insured's experiencing a Medical Condition listed in Table 17 Medical Conditions while the cover is in force*.</p> <p>The date that each Medical Condition will be deemed to have occurred is as follows:</p> <ul style="list-style-type: none"> – for a sickness, the date on which the sickness is diagnosed by a Medical Practitioner; 	<ul style="list-style-type: none"> – Other than for Coronary Artery Angioplasty, the benefit payable is the Critical Illness Cover Amount. – For Coronary Artery Angioplasty, the benefit payable is 25% of the Critical Illness Cover Amount up to a maximum of \$50,000. Multiple claims for Coronary Artery Angioplasty can be

Features		
Cover	Description	How payments work
	<ul style="list-style-type: none"> for an injury, the date that the injury occurs; for a procedure or surgery, the date on which the Life Insured undergoes the procedure or surgery. <p>Each Medical Condition listed in Table 17 has a specific meaning as explained in the Medical Definitions section starting at page 75.</p>	made until the Critical Illness Cover Amount for the Life Insured has been paid.
When Life Insured aged between 70 and 75	<p>This cover provides a lump sum payment in the event that the Life Insured, as a result of sickness or injury:</p> <ul style="list-style-type: none"> is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or suffer a Cognitive Loss; <p>while the cover is in force.</p> <p>When this change in Critical Illness Cover occurs, your premium will be reduced.</p>	The maximum Critical Illness Cover Amount available from the date the Life Insured turns 70 is \$2,000,000 across all policies issued by us. If the Life Insured is covered for more than \$2,000,000 at age 70, we will reduce the total Cover Amount pro rata under each policy and refund any overpaid premium.

* For some conditions a qualifying period applies as shown on page 50.

Critical Illness optional extras

You can customise Critical Illness cover for a Life Insured with the optional extras explained in Table 16.

Table 16. Extras

Extras – Available for additional cost	
Extras	Description
Extra Medical Conditions	<p>Provides a lump sum payment in the event of the Life Insured experiencing a Medical Condition listed in Table 18 Extra Medical Conditions while the cover is in force and before age 70. The date that a Medical Condition will be deemed to have occurred is explained in Table 15 on page 45.</p> <p>We will pay 20% of the Critical Illness Cover Amount up to a maximum of \$100,000. In the case of Carcinoma in situ of the Breast with Surgery and</p>

Extras – Available for additional cost

Extras	Description
	<p>Treatment, we will pay 100% of the Critical Illness Insurance Cover Amount.</p> <p>The benefit is only payable once and the Critical Illness Cover Amount for the Life Insured is reduced by the amount paid.</p> <p>Each Extra Medical Condition listed in Table 18 has a specific meaning as explained in the Medical Definitions section starting at page 75.</p>
<p>Critical Illness Reset option</p>	<p>After we have paid the cover in full, you can reset the Critical Illness cover amount that was paid, without having to supply further medical evidence, on the date 12 months after it was paid. Essentially, the reset Critical Illness cover only applies for a Medical Condition which is not the same, or is unrelated to, a Medical Condition for which the previous Critical Illness claim was paid, although the full list of exclusions is set out at page 51.</p> <p>This option ceases if Critical Illness Cover is reduced following payment of the Total and Permanent Disability Insured Cover Amount for the Life Insured, or on the Life Insured's 65th birthday, whichever occurs first.</p> <p>Where Critical Illness is combined with Life Cover, if you reset Critical Illness Cover, Life Cover is also reset.</p> <p>This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>
<p>Critical Illness Relapse option</p>	<p>Similar to Critical Illness Reset, after we have paid the cover in full, you can reset the Critical Illness amount that was paid, without having to supply further medical evidence, on the date 12 months after it was paid. In addition to the circumstances under which the reset Critical Illness Cover can be paid, under the Relapse option we will pay a Critical Illness Relapse benefit if the Life Insured experiences a Medical Condition which is:</p> <ul style="list-style-type: none"> • listed under 'Heart and vessels conditions' in Table 17 Medical Conditions, or • listed under 'Cancer and tumours conditions' in the Table 17 Medical Conditions or Table 18 Extra Medical Conditions, <p>before age 70, even if it is the same as, or is due to a cause which was directly or indirectly related to, the Medical Condition for which the previous Critical Illness claim was paid. The other reset cover exclusions set out at page 51 still apply.</p> <p>The Critical Illness Relapse benefit payable is 10% of the Critical Illness cover amount, up to a maximum of \$50,000 unless the Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not due to the same, or directly or indirectly related to, a prior 'Cancer and tumours' condition. If the Life Insured experiences which is not the same,</p>

Extras – Available for additional cost

Extras	Description
	<p>or directly or indirectly related to, a prior 'Cancer and tumours' condition under the reset Critical Illness Cover, up to 100% of the Critical Illness Cover Amount may be payable.</p> <p>This option ceases if Critical Illness Cover is reduced following payment of the Total and Permanent Disability Insured Cover Amount for the Life Insured, or on the Life Insured's 65th birthday, whichever occurs first.</p> <p>Where Critical Illness is combined with Life Cover, if Critical Illness is reset under this option, Life Cover is also reset.</p> <p>This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>
Premium waiver	<p>If the Life Insured holds Income Insurance under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Critical Illness insurance premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none">- the Life Insured is no longer continuously Totally Disabled or Partially Disabled;- the Life Insured 's 65th birthday; and- the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none">- intentional self-inflicted injury or attempted suicide;- normal or uncomplicated pregnancy or childbirth; or- something that we have specifically excluded.

Table 17. Medical Conditions

Medical Conditions Table	
Heart and vessels conditions	Cancer and tumours conditions
Cardiomyopathy	Cancer [^]
Coronary Artery Angioplasty ^{^*}	Severe Benign Brain Tumour or Severe Spinal Cord Tumour
Coronary Artery Angioplasty – Triple Vessel [^]	Nervous system conditions
Coronary Artery Bypass Surgery [^]	Coma
Heart Attack [^]	Dementia, including Alzheimer’s Disease
Open Heart Surgery	Encephalitis
Out of Hospital Cardiac Arrest [^]	Meningococcal Septicaemia
Primary Pulmonary Hypertension	Motor Neurone Disease
Repair or Replacement of a Heart Valve	Muscular Dystrophy
Stroke [^]	Paralysis
Surgery of the Aorta	Severe Multiple Sclerosis
Body organ conditions	Severe Parkinson’s Disease
Blindness	Other conditions
End Stage Kidney Disease	Cognitive Loss
End Stage Liver Disease	Intensive Care
End Stage Lung Disease	Loss of Independent Existence
Loss of Hearing	Loss of Limbs or Sight
Loss of Speech	Major Head Trauma
Major Organ or Bone Marrow Transplant	Severe Burns
Pneumonectomy	Severe Rheumatoid Arthritis
Blood conditions	
Advanced Diabetes	
Aplastic Anaemia	
Medically Acquired HIV	
Occupationally Acquired Hepatitis B or C	
Occupationally Acquired HIV	
[^] A 90 day qualifying period applies for the Medical Conditions. [*] In the case of Coronary Artery Angioplasty, we will pay 25% of the Critical Illness Cover Amount up to maximum of \$50,000. If 25% of the insured amount is less than \$10,000, we will increase the amount payable to \$10,000. You may make multiple claims for Coronary Artery Angioplasty until the full Cover Amount for the Critical Illness Cover on the Life Insured has been paid. If a payment reduces the remaining Critical Illness Insurance Cover Amount for the Life Insured below \$10,000, we will also pay the remaining Cover Amount.	

Table 18. Extra Medical Conditions table

Extra Medical Conditions table	
Cancer and tumour conditions	Body organ conditions
Carcinoma in situ of the Breast with Surgery and Treatment [^]	Colostomy/ileostomy [^]
Carcinoma in situ [^]	Severe Crohn's Disease [^]
Chronic Lymphocytic Leukaemia [^]	Severe Ulcerative Colitis [^]
Early Stage Melanoma [^]	Nervous system conditions
Early Stage Prostate Cancer [^]	Multiple Sclerosis [^]
Hydatidiform Mole [^]	Parkinson's Disease [^]
Other conditions	Blood conditions
Loss of one Limb [^]	Diabetes Complication [^]
Partial Blindness [^]	
Partial Loss of Hearing [^]	
Severe Osteoporosis [^]	
[^] A 90 day qualifying period applies for the Extra Medical Conditions.	

Where A Qualifying Period applies

A 90 day qualifying period applies for the Medical Conditions which are marked with [^]. This means that no benefit will be paid if the Life Insured experiences the Medical Condition, or symptoms which lead to the Medical Condition first becoming apparent, within the 90 days immediately following each of:

- the date that the Critical Illness cover starts for the Life Insured;
- the date that Critical Illness cover is last reinstated for the Life Insured;
- and
- the date that Critical Illness cover is increased for the Life Insured (except CPI Rate increases) in respect of the increase in cover.

The date on which a Life Insured experiences a Medical Condition is explained in Table 15 on page 45 and page 46 for Extra Medical Conditions.

When we won't pay a claim – Critical Illness Cover exclusions

We will not pay all or part of the Critical Illness Cover amount if:

- the Medical Condition is caused directly or indirectly by a self-inflicted injury or attempted suicide; or
- the Life Insured dies within 14 days of experiencing the Medical Condition or Extra Medical Condition.

When we will not pay a claim under reset Critical Illness – Exclusions

In addition to the Critical Illness Cover exclusions, we will also not pay all or part of the reset Critical Illness Cover Amount for a Life Insured in the circumstances explained in Table 19.

Table 19: Critical Illness Exclusions Table

Column 1	Column 2
For a Medical Condition which occurs (as explained in Table 12), or for which symptoms leading to the Medical Condition first became apparent, before the date the Critical Illness Insurance is reset	For the same Medical Condition as that for which the previous Critical Illness Insurance claim was paid
For Paralysis or Loss of Sight, if caused by, or results from, a Stroke for which the previous Critical Illness Insurance claim was paid	For a Medical Condition the cause of which was directly or indirectly related to the Medical Condition for which the previous Critical Illness Insurance claim was paid
For Paralysis or Loss of Sight, if the previous Critical Illness Insurance claim was paid for a Medical Condition listed under 'Heart and vessels conditions' in the Medical Conditions table	For a Medical Condition which is listed under 'Heart and vessel conditions' in the Medical Conditions table if the previous Critical Illness Insurance claim was paid for one of these Medical Conditions
For Heart Attack or Stroke, if the previous Critical Illness Insurance claim was paid for Dementia including Alzheimer's Disease	For a Medical Condition which is listed under 'Cancer and tumours conditions' in the Medical Conditions table or Extra Medical Conditions table if the previous Critical Illness Insurance claim was paid for one of these Medical Conditions

In addition to the circumstances under which the reset Critical Illness Cover can be paid, if the relapse option applies, we will pay a Critical Illness Relapse benefit if the Life Insured experiences a Medical Condition listed under:

- 'Heart and vessels conditions' in Table 17 Medical Conditions, or
- 'Cancer and tumours conditions' in the Table 17 Medical Conditions, or Table 18 Extra Medical Conditions,

while the cover is in force and before age 65, even if it would otherwise be excluded under Column 2 of Table 19. Otherwise, the exclusions which apply to Critical Illness cover that is reset apply.

The Critical Illness Relapse benefit payable is 10% of the Critical Illness Cover Amount, up to a maximum of \$50,000 unless the Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not due to the same, or is not directly or indirectly related to, a prior 'Cancer and tumours' condition.

If a Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not the same, or is not directly or indirectly related to, a prior 'Cancer and tumours' condition, the amount payable for the Medical Condition is as described in Table 15 or the Extra Medical Conditions in Table 16. The Critical Illness Relapse benefit is not payable if the Life Insured is eligible for a benefit under the reset Critical Illness Cover.

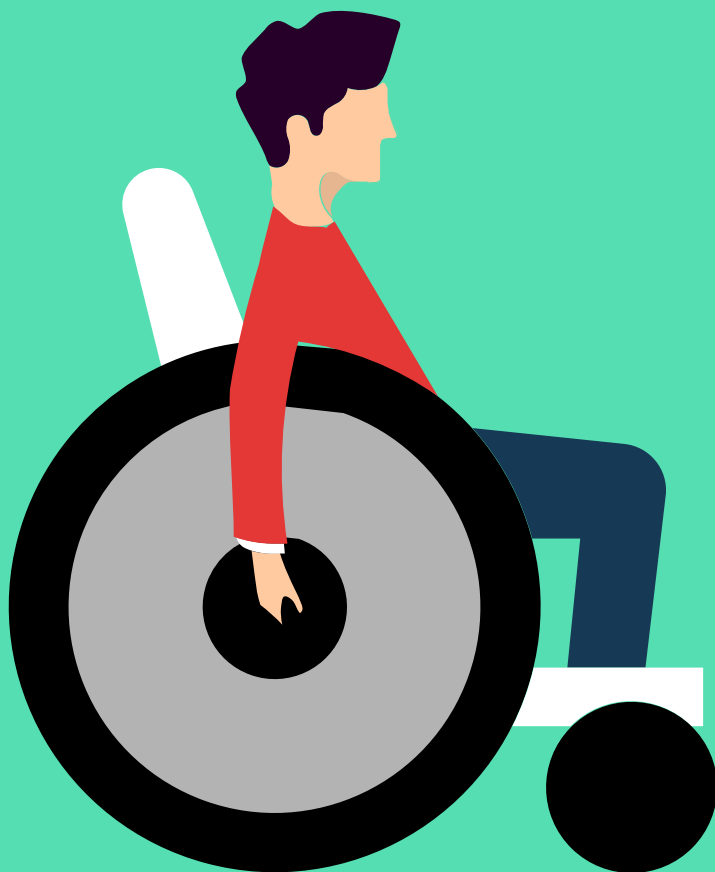
When we will adjust Critical Illness Cover

Where Critical Illness is combined with Life and/or Total and Permanent Disablement (TPD) Insurance, and a Critical Illness benefit is payable, we will reduce the Life and TPD cover by the Critical Illness benefit payable.

Where Critical Illness Cover is reduced to zero following payment of the TPD benefit for the Life Insured, Critical Illness cover will end. For information about combining your Cover see page 15.

integrity.

TPD cover.



TPD COVER



Total and Permanent Disablement (TPD) Cover protects in the event of the Life Insured becoming Totally and Permanently Disabled while the Cover is in force.

Who can apply?

You can apply for TPD Cover if the person whose life is being insured is:

- between 18 and 59 years of age, and
- an Australian Resident.

When does your TPD Cover end?

TPD Cover will end:

- on the Life Insured's 75th birthday;
- on the date all entitlements under the Cover are paid;
- if TPD Cover is reduced to zero, as explained under the heading 'When we will adjust the amount we pay' on page 57); and
- when the Life Insured dies.

Features of TPD Cover

This Cover provides a lump sum payment in the event the Life Insured becomes Totally and Permanently Disabled while the Cover is in force.

Before the Life Insured's 65th birthday, you have the choice of "Any Occupation" or "Own Occupation" definition of TPD.

If the Policy is held under superannuation the "Any Occupation" definition applies and cover is further limited so that a TPD claim is only payable if the Life Insured meets the Superannuation Act definition of *Permanent Incapacity* and any other applicable requirements under superannuation laws. "Own Occupation" cover is, however, available, under split TPD, as explained on page 56.

The Life Insured will meet the Superannuation Act definition of *Permanent Incapacity* if, in our opinion, the Life Insured is unlikely, because of ill health (whether physical or mental), to engage in gainful employment for which the Life Insured is reasonably qualified by education, training or experience.

Table 20. Key Features of TPD Cover

Feature		Description
Partial TPD advance payment before the Life Insured's 65th birthday		<p>This advance payment is provided if the Life Insured suffers the total and permanent loss or use of one arm, one leg or sight in one eye while the Cover is in force.</p> <p>We will advance 25% of the TPD Cover Amount for the Life Insured, up to a maximum of \$250,000 as a lump sum.</p> <p>We will reduce the TPD Cover Amount for the Life Insured by the amount paid.</p> <p>This partial payment is only payable once for a Life Insured.</p> <p>A Partial TPD payment will not be made if the Policy is held under superannuation</p>
Choose "Any Occupation" or "Own Occupation"	Any Occupation - before the Life Insured's 65th birthday	<p>Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, in our opinion (after consideration of medical and any other evidence), disabled to such an extent that the Life Insured is unlikely ever again to be able to engage in any occupation:</p> <ol style="list-style-type: none"> for which the Life Insured is reasonably suited by education, training or experience; and which is likely to generate a regular income of at least 25% of the Life Insured's average annual income in the 12 months immediately prior to the claim.
	Own Occupation - before the Life Insured's 65th birthday	<p>Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, in our opinion (after consideration of medical and any other evidence), disabled to such an extent that the Life Insured is unlikely to be able to engage in their own Occupation ever again.</p>
TPD Cover when Life Insured aged between 65 and 75		<p>This Cover provides a lump sum payment if as a result of a sickness or injury, the Life Insured:</p> <ol style="list-style-type: none"> is, in our opinion (after consideration of medical and any other evidence), totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or suffers a Cognitive Loss. <p>When this change in TPD Cover occurs, your premium will be reduced.</p>

Split TPD

Split TPD allows TPD Cover for the Life Insured to be combined under two policies – the policy held under superannuation owned by the trustee of the Life Insured’s superannuation fund with the “Any Occupation” definition of TPD and another policy owned outside superannuation with the “Own Occupation” definition of TPD.

Where split TPD applies, the policies work together so:

- both policies must have the same TPD Insurance Cover Amount and Policy Anniversary Date and, if any exclusions or premium loadings apply, they must be the same under both policies;
- any increase (including CPI increases) or decrease (including where TPD is combined with other cover) in the Cover Amount, must be made on both policies;
- the premium is apportioned between the policies according to the cover split; and
- split TPD ends if either policy is cancelled or otherwise ends.

When a claim is assessed, it will be assessed first under the terms of the policy owned by the trustee of the Life Insured’s superannuation fund. If the TPD claim is payable, the TPD Insurance Cover Amount will be paid to the trustee of the superannuation fund for the benefit of the Life Insured. If the TPD Claim is not payable, the claim will be assessed using the Own Occupation definition of TPD under the policy owned by the Life Insured. If a TPD Claim is payable under both policies, the combined amount payable cannot exceed the amount that would be payable under the policy owned by the Life Insured if split TPD Insurance did not apply

If split TPD ends because one of the combined policies is cancelled or otherwise ends, then the remaining policy can continue on a stand-alone basis at the premium applying for a stand-alone policy at the time split TPD ends.

Split TPD ends at the Life Insured’s 65th birthday.

TPD optional extras

You can customise your TPD Cover for a Life Insured with the optional extras explained below.

Premium waiver

If this option applies and the Life Insured holds Income Insurance under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the TPD insurance premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:

- the Life Insured is no longer continuously Totally Disabled or Partially Disabled;
- the Life Insured ‘s 65th birthday; and
- the Life Insured dies.

Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.

We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:

- intentional self-inflicted injury or attempted suicide;
- normal or uncomplicated pregnancy or childbirth; or
- something that we have specifically excluded.

Continuation option

If the Policy is held under superannuation, the Life Insured can, without providing evidence of their health, convert TPD Cover under the Policy to total and permanent disability insurance under a new policy to be issued at the date of conversion, provided that the:

- owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- Life Insured is 59 years old or less, and
- total and permanent disability insurance under the new policy is on the terms for that cover then available and the cover amount doesn't exceed the TPD Cover for the Life Insured under the old policy at the date of conversion.

When we will adjust the amount we pay

Where TPD Cover is combined with Life and/or Critical Illness Insurance, and a TPD benefit is payable, we will reduce the Life and Critical Illness cover by the TPD benefit payable.

For information about combining your cover see page 15.

When we won't pay a claim – TPD Cover exclusions

We will not pay the TPD Cover Amount for the Life Insured if:

- the Life Insured's Total and Permanent Disability is caused directly or indirectly by a self-inflicted injury or attempted suicide; or
- the Life Insured dies within 14 days of becoming Totally and Permanently Disabled.

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Care Support Package.



CARE SUPPORT PACKAGE



Our Care Support Package is available as an addition to any of the Core Cover types and provides cover and reimbursement of expenses that are incurred by you or the Life Insured's Immediate Family Members if the Life Insured suffers a Care Support Event while the Care Support Cover is in force. A Care Support Event means, when the cover is in force, the Life Insured dies or suffers a sickness or injury which prevents them from working in their own Occupation, and they are not otherwise working.

Who can apply?

You can apply for the Care Support Package if the person whose life is being insured is an Australian Resident, and:

- between 18 and 59 years of age; and
- also holds/ takes one of the Core Cover types.

The Care Support Package is not available if this Policy is held under superannuation.

When does Care Support Package Cover end?

Care Support Package Cover will end:

- on the Life Insured's 65th birthday; or
- when the Life Insured dies.

The types of Care Support benefits payable are set out in Table 21.

Table 21. Benefits and reimbursement amounts

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Accommodation* – bedside attendance	If the Life Insured is confined to bed (on the advice of a Medical Practitioner) for at least 3 days, we will reimburse the Immediate Family Member's accommodation costs to be with the Life Insured if they need to travel more than 100 kms from home.	\$250 per day whilst the Life Insured is confined to bed, for a maximum of 30 days. Reimbursement must be claimed within 90 days of the cost being incurred.
Accommodation* – funeral attendance	If the Life Insured dies we will reimburse you for an Immediate Family Member's accommodation costs if they need to travel more than 100 kms from home to attend the funeral.	\$250 per day for a maximum of 7 days. Reimbursement must be claimed within 90 days of the cost being incurred.

* We will only pay an Accommodation benefit once in respect of a Life Insured

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Grief Support*	<p>We will reimburse the cost of grief counselling sessions for the Life Insured, or any Immediate Family Members of the Life Insured.</p> <p>Sessions must be provided by an accredited counsellor or psychologist and incurred within 12 months of the Care Support Event.</p>	<p>\$1,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>
Professional Services*	<p>We will reimburse the cost of engaging the services of a financial adviser, accountant or lawyer to assist the Life Insured (or their estate in the event of death) with preparing a financial plan or other documentation that may be required.</p> <p>Other than in the event of death, the Care Support Event must have been continuous for 6 months and the costs incurred within 12 months of the Care Support Event.</p>	<p>\$3,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>
Overseas Assistance*	<p>We will reimburse the cost of an airfare for the Life Insured to return to Australia or, if the Life Insured dies, the cost of returning the Life Insured's remains to Australia.</p> <p>We will reimburse the cost of the flight by the most direct route, including connecting flights, less any amounts that are reimbursed from another source.</p> <p>The costs must be incurred within 12 months of the Care Support Event.</p>	<p>\$15,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>
Bed Confinement*	<p>If the Life Insured is (on the advice of a Medical Practitioner):</p> <ul style="list-style-type: none"> - confined to bed for at least 3 days; and - is required to be under the continuous care of a registered nurse; <p>we will pay the Bed Confinement Cover benefit per day.</p>	<p>\$250 per day whilst the Life Insured is confined to bed under the continuous care of a registered nurse, for a maximum of 30 days.</p> <p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Family Support*	<p>If the Life Insured is:</p> <ul style="list-style-type: none"> - totally dependent on an Immediate Family Member for essential everyday care to enable the Life Insured to live at home; and - this causes a reduction in the Immediate Family Member carer's income; <p>we will reimburse the Immediate Family Member carer's lost income.</p>	<p>The amount by which the Immediate Family Member carer's income is reduced, up to \$100 per day, for a maximum of 90 days.</p> <p>Reimbursement must be claimed within 90 days of the loss being incurred.</p>
Terminal Illness Care*	<p>If the Life Insured is Terminally Ill and requires palliative care to prevent, reduce, manage or ease any pain or suffering before death, we will pay the Terminal Illness Care benefit for the Life Insured.</p>	<p>\$500 per day up to a maximum of 30 days, or the Life Insured's earlier death.</p> <p>Reimbursement must be claimed within 90 days of the loss being incurred.</p>
Home Care*	<p>If the Life Insured is unable to perform all the Home Duties for at least 7 days, then we will reimburse the following costs:</p> <ul style="list-style-type: none"> - a paid professional housekeeper to perform the Home Duties instead of the Life Insured; - Child care if the Life Insured needs paid professional assistance to look after their Child; - travel costs if the Life Insured needs to attend medical appointments (and is unable to drive). <p>The Life Insured will not be considered unable to perform all the Home Duties if they can perform at least one of these duties.</p> <p>No reimbursement will be made where the services are provided by an Immediate Family Member.</p>	<p>The lesser of:</p> <ul style="list-style-type: none"> - the actual cost for the services; and - \$250 per day; <p>for a maximum of 90 days, or until accumulated payments reach \$5,000, whichever occurs first.</p> <p>Reimbursement must be claimed within 90 days after the costs are incurred.</p>

* We will only pay the benefit once in respect of a Life Insured.

Care Support Package optional extras

You can customise your Care Support Package for a Life Insured with the optional extras explained in Table 22.

Table 22. Extras

Extras – Available for additional cost	
Extras	Description
Premium waiver	<p>If this option applies and the Life Insured holds Income Insurance under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Care Support Package premiums for that Life insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none"> - the Life Insured is no longer continuously Totally Disabled or Partially Disabled; - the Life Insured 's 65th birthday; and - the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none"> - intentional self-inflicted injury or attempted suicide - normal or uncomplicated pregnancy or childbirth; or - something that we have specifically excluded.

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Additional information about your Policy.



MAKING A CLAIM

You and the Life Insured must provide the information we request to enable us to assess and pay claims. This will include details of the cause of the claim and, depending on the type of cover and the circumstances of the claim, may include

- medical evidence;
- financial evidence; and
- employment information.

You (or the Life Insured if this Policy is held under superannuation) are responsible for the costs of providing this information. If we require the Life Insured to undergo further tests or investigations, in order to accurately assess the claim, we will cover the cost of those tests or investigations. We will not cover expenses that the Life Insured is entitled to have reimbursed by another source.

We may also require the Life Insured to:

- undergo an examination by a Medical Practitioner that we choose at our cost; and/or
- attend a meeting with a claim specialist.

Who we will pay?

If the Policy is not held under superannuation

We will pay you as the Policy owner or, in the event that you are a Life Insured and the claim is payable as a result of your death, we will pay your Beneficiary (or Beneficiaries) that you have validly nominated or, if there is no validly nominated Beneficiary, to your Legal Personal Representative or another person that we are permitted to pay under the Life Insurance Act 1995 (Cth). How to make a Beneficiary nomination is explained in the following section.

If the Policy is held under superannuation

We will pay benefits to the trustee of the Life Insured's superannuation fund (or as directed by the trustee) for the benefit of the Life Insured, subject to superannuation laws. This means that it is not possible to make a beneficiary nomination under the Policy, but it may be possible for the Life Insured to make a beneficiary nomination under the governing rules of the Life Insured's superannuation fund.

Nominations

If the Policy is not held under superannuation and you, as the Policy owner, are also a Life Insured, you can nominate up to five Beneficiaries to receive the benefit payable as a result of your death, subject to the following criteria:

- a Beneficiary must be a natural person, corporation or trust;
- if you have nominated a Beneficiary when applying for your Policy, your Beneficiaries will be shown on your Policy Schedule;
- if you wish to nominate a Beneficiary after your Policy has been issued, nominations must be made using our Nomination of Beneficiary form;
- you can make a nomination, or change your nomination, by properly completing and signing a Nomination of Beneficiary form and returning it to us. The nomination, or change in nomination, takes effect when it is received by us;
- payment of benefits will be made on the basis of your most recent validly completed and signed Nomination of Beneficiary form received by us;
- if a Beneficiary is a minor when payment is made, then payment will be made to the Beneficiary's legal guardian on trust for the minor Beneficiary's benefit;
- if a Beneficiary dies before you, or the corporation is de-registered, or the trust is wound up before your death (Failed Nominee Beneficiary), then the amount otherwise payable to the Failed Nominee Beneficiary will be paid to your Legal Personal Representative or another person that we are permitted to pay under the Life Insurance Act 1995 (Cth);
- if we receive a properly completed signed and dated Memorandum of Transfer (MoT) under which you have transferred ownership of the Policy, then any nomination of Beneficiary made before we receive the MoT becomes invalid from the date on which we receive the MoT.

WHAT YOU PAY

Premiums

You can choose whether you would like to pay your premiums monthly or annually.

Premiums are calculated based on a number of factors relevant to the Life Insured and the product options applying. Factors relevant to the Life Insured include:

- Age
- Occupation
- Gender
- Health
- Smoker status.

Premium Structure

You also have the option to choose between the following premium structures:

- **Stepped premiums** – your premium is calculated each year based on changing benefit amounts and in the Life Insured’s age; or
- **Level premiums** – your premiums are calculated each year for changes in your benefit amount, but not for a change in the Life Insured’s age. When you apply initially, your premium will be calculated based on the Life Insured’s age at the date the cover starts. Once a Life Insured turns 65, Level premiums are replaced by Stepped premiums if you continue the Policy beyond this age. The only exception to this is if you choose Level premiums for Income Cover up to age 70.

The premium you pay is based on our premium rates. We may increase the premium rates, regardless of whether you have a stepped premium or level premium but, if we do this we will give you at least 30 days’ notice in writing and the change will take effect from the next Policy anniversary after the change is introduced.

If the Policy is held under superannuation, premiums for the benefits provided for the Life Insured are paid by the trustee of the Life Insured’s superannuation fund.

Government taxes and charges – stamp duty

The premium for Life Insurance includes government charges, taxes and stamp duty. Stamp duty is charged in addition to the premium for all other Cover types and will be shown as an additional charge on the Policy Schedule.

Taxation

If you are considering the tax implications of purchasing Cover, it is important you seek independent, professional taxation advice. Information within this section is general in nature and does not consider your individual circumstances. Further information can be found on the Australian Taxation Office website at ato.gov.au

The following information is provided as a general guide only for a policy held outside superannuation:

Table 23: Taxation

Tax		
Type of Cover	Treatment of premium	Treatment of claim payments
Income Insurance	Generally tax deductible	Generally assessable as ordinary income

Tax		
Type of Cover	Treatment of premium	Treatment of claim payments
TPD	Generally not tax deductible	Generally not assessable as income
Critical Illness		
Life Insurance		

Payments in the event of an Income Insurance claim are generally paid net of tax.

Direct debit request service agreement

By signing a Direct Debit request (DDR) you have authorised Integrity to arrange for funds to be debited from your nominated account and to pay the premium due.

If a premium due date falls on a weekend or a public holiday, your account will be debited on the next business day.

It is important that you:

- tell us if you change your bank account details;
- check that direct debiting is available from your account;
- ensure there are sufficient clear funds in your account on the due dates; and
- give us at least 7 days' notice if you need to change any details, suspend a debit or cancel the direct debit request.

Please note that if you are using a Direct Debit arrangement to pay your premiums you may incur a dishonour fee from your financial institution if your account details are incorrect or there are insufficient funds available.

If you need to make any of the changes outlined above or you believe there's been an error in debiting your nominated account, please call us immediately.

Maintaining the Policy

If we do not receive your premium by the due date, we will send you a reminder notice. You will then have 30 days to pay the overdue premium. If you fail to pay your premiums, the Policy will be cancelled and you will need to apply to have the Policy reinstated if you require continuation of the cover in the future.

Cancelling the Policy

To cancel your Policy you will need to simply contact us by phone or email. In the event that you do cancel your Policy, you may be entitled to a refund of a proportion of the premium.

PRIVACY

Your privacy is important to us.

We're committed to safeguarding people's privacy and the confidentiality of their personal information and are bound by the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) (the Act).

We collect your personal information (including sensitive information) to assess your application, administer the Policy and enhance customer service or products. If you do not provide all information requested, we may not be able to issue or administer the Policy.

We may disclose your information, where relevant, to other insurers and reinsurers, our service providers, our business alliance or as required by law within Australia or overseas.

These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti Money Laundering and Counter Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as well as any amendments and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information.

If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer using the following contact details:

Phone: 1300 543 366

Email: privacy@integritylife.com.au

**Post: PO Box R1741
Royal Exchange NSW 1225**

Privacy Policy

Our Privacy Policy provides more detail about how we handle your personal information. For the full version of our Privacy Policy, please refer to integritylife.com.au/privacy-policy or contact us on 1300 543 366.

integrity.

Definitions.



NON-MEDICAL DEFINITIONS

Accident

Means an unintended or unexpected event which occurs while this Policy is in force. For the avoidance of doubt, this definition of 'Accident' excludes:

- suicide and/or events where the sickness and injury and/or death was unintended or was unexpected, but was the result of an intentional act by any person insured;
- death or sickness and injury due to natural causes;
- vascular accidents;
- allergic reactions; or
- any event relating directly or indirectly to any surgical procedure.

Activities of Daily Living

- 1 Dressing – putting on and taking off clothes.
- 2 Toileting – using the toilet, this includes getting on and off.
- 3 Mobilising – getting in and out of bed and a chair.
- 4 Maintaining continence – having good control of bowel and bladder function.
- 5 Feeding – getting food from a plate into the mouth.
- 6 Bathing – using the shower or bath to bathe.

Australian Resident

Means a permanent resident of Australia who is an Australian citizen, a holder of a permanent visa, or the protected holder of a special category visa (this includes New Zealand citizens living and working in Australia under the provision of a special category visa).

Beneficiary or Beneficiaries

If the Policy is not held under superannuation, a Beneficiary is a person that you have nominated to receive a benefit on your death under a valid Nomination of Beneficiary form received by us.

Child/Children

Means:

- An adopted child, step child or an ex-nuptial child; or
- A child of the Life Insured's spouse; or
- A child who is the Life Insured's child under State or Territory legislation giving effect to a surrogacy arrangement; and
- A child who is financially dependent on the Life Insured and is less than 18 years old.

CPI Rate

Means the weighted average annual Consumer Price Index (CPI) increase of the 8 Australian capital cities combined, as published by the Australian Bureau of Statistics (or a body which succeeds it) for the 12 month period ending on the most recent 31 December available at the time the CPI Rate is applied under a provision of the Policy. If the CPI Rate is negative, it will be deemed to be zero.

Employment or Employed

Means that the Life Insured is employed or self-employed for gain or reward in an Occupation.

Home Duties

Means the tasks performed by the Life Insured to maintain the family's usual place of residence (home) being:

- Cleaning the family home;
- Shopping for food and groceries for the household;
- Preparing meals for the household;
- Performing laundry services for the household including washing and ironing; and
- Caring for dependent Children (where applicable).

Home Duties do not include duties performed outside the Life Insured's home for salary, reward, monetary value or profit.

Immediate Family Member

Means a spouse, Child, sibling, parent, father in-law or mother in-law, or person in a bona fide domestic living arrangement who is financially interdependent.

Involuntary Unemployment / Involuntarily Unemployed

Means that the Life Insured becomes unemployed due to retrenchment, redundancy, or as a result of the Life Insured's employer being in administration or liquidation.

For the avoidance of doubt, Involuntarily Unemployed excludes retirement, resignation, unsuccessful probation period, unpaid leave, voluntary redundancy, the end of a fixed term contract or dismissal from Employment, or early completion of a project.

Legal Personal Representative

Means the person named as Executor/Executrix in the Will of the Policy Owner or the person entitled to apply for Letters of Administration of the Estate of the Policy Owner.

Medical Practitioner

Means a Medical Practitioner or specialist who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the Policy Owner, a Life Insured, or an Immediate Family Member or business partner of you or a Life Insured.

Monthly Earnings

If the Life Insured is self-employed or a working director, Monthly Earnings means the gross monthly income generated by the business or professional practice because of the Life Insured's personal exertion less the Life Insured's share of eligible business expenses necessarily incurred in generating that income, less any insured contributions under the Superannuation Contribution Cover.

If the Life Insured is employed, Monthly Earnings is the gross monthly income earned from personal exertion by way of total remuneration package and includes salary, regular overtime, superannuation contributions, commissions, bonus payments and other fringe benefits, less any insured contributions under the Superannuation Contribution Cover.

In each case, Monthly Earnings does not include income which isn't derived from the Life Insured's personal exertion or activities, such as interest or dividend payments. Monthly Earnings will always have a minimum value of zero.

Occupation

Means the tasks, activities, job or profession that:

- the Life Insured is required to perform to produce Monthly Earnings;
- cannot be reasonably modified or substituted to take into account the sickness or injury suffered by the Life Insured; and
- in the case of Income Insurance and TPD Insurance, the Life Insured was engaged in immediately before the sickness or injury causing Total Disability, Partial Disability or Total and Permanent Disablement.

If the Life Insured is Unemployed or on Paternity Leave, sabbatical or long service leave for greater than 12 months at the time of the sickness or injury causing Total Disability or Partial Disability, then Occupation will mean any occupation for which the Life Insured is reasonably suited by way of education, training or experience.

Parental Leave

Has the meaning as contemplated in the Fair Work Act 2009 (Cth).

Partial Disability/Partially Disabled

The Life Insured:

- while not Totally Disabled, has solely due to sickness or injury returned to work in a reduced capacity in their Occupation, or any other occupation;
- is no longer able to earn their Pre-Disability Income solely as a result of a sickness or injury; and
- is under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury which caused Partial Disability.

Payment Period

Is the maximum period for which a monthly benefit is payable for a Life Insured under an Income Insurance claim. The Payment Period applying to a Life Insured is shown in the Policy Schedule. For 2 year, 5 year and To Age 65 Payment Periods, the Payment Period ends earlier on the date that the Life Insured turns 65 or dies. For the To Age 70 Payment Period, the Payment Period ends earlier on the date that the Life Insured turns 70 or dies.

Superannuation Act

Means the Superannuation Industry (Supervision) Act 1993 (Cth) and the Regulations issued under that Act.

Terminal Illness / Terminally Ill

Means that the Life Insured has been diagnosed with a sickness, or suffered an injury, which 2 Medical Practitioners have certified in writing (jointly or separately) is likely to result in the Life Insured's death within 24 months of the date of certification (**Certification Period**). For the joint certification, or each certification if separate, the Certification Period must not have ended. Further, at least one of the certifying Medical Practitioners must be a specialist practicing in an area related to the sickness or injury.

Total Disability/Totally Disabled

Solely as result of a sickness or injury the Life Insured meets one or more of the following definitions:

Duties based Definition

The Life Insured is:

- unable to perform one or more of the important duties of their Occupation required to generate an income;
- not working in their Occupation or in any other occupation; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Hours based Definition

The Life Insured is:

- unable to perform one or more of the important duties of their Occupation required to generate an income for more than 10 hours per week;
- not working in any other occupation; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Income based Definition

The Life Insured is:

- unable to generate more than 20% of their Pre-Disability Income from their Occupation;
- not working in any other occupation; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Unemployment/Unemployed

Means that the Life Insured is not employed. This does not include sick leave, sabbatical, long service or Parental Leave.

Waiting period

The Waiting Period is the period during which the Life Insured must be either Totally Disabled or Partially Disabled before an Income Insurance benefit is payable and is shown in the Policy Schedule. The Waiting Period commences from:

- the date the Life Insured first consults a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability; or
- the date the Life Insured is first Totally Disabled or Partially Disabled, as long as they consult a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability within 7 days of this date and can provide medical evidence to support the consultation.

MEDICAL DEFINITIONS

In this section, a reference to a “diagnosis” means a diagnosis by a Medical Practitioner.

If the method for diagnosing one of the Medical Conditions has been superseded due to medical improvements, we will consider other appropriate and medically recognised methods or tests that conclusively diagnose the condition to at least the same severity.

Advanced Diabetes

At least two of the following complications have occurred as a direct result of diabetes:

- Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- Nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- Neuropathy causing:
 - Irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
 - Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia

The permanent and irreversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, requiring treatment, with at least one of the following:

- Blood product transfusions;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Cancer

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma-in-situ' or which are histopathology described as premalignant (carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.
- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of less than six, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which are less than stage T1bN0M0.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

Carcinoma in situ

Localised cancer, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method. This definition of 'carcinoma in situ' covers the following:

- Breast (excluding Carcinoma in situ of the Breast with Surgery and Treatment)
- Cervix – uteri (excluding cervical intraepithelial neoplasia (CIN) classifications CIN1 and CIN2)
- Fallopian tube
- Ovary
- Penis
- Perineum
- Testicle
- Vagina
- Vulva.

Carcinoma in situ of the Breast with Surgery and Treatment

Carcinoma in situ of the breast requiring breast conserving surgery followed by adjuvant therapy such as radiotherapy and/or chemotherapy.

For this purpose, chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjuvant endocrine manipulation therapy, hormonal manipulation therapy and non-endocrine adjuvant therapy are excluded.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology resulting in significant permanent physical impairments to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment.

Chronic Lymphocytic Leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as RAI Stage 0, which is defined to be in the blood and bone marrow only.

Cognitive Loss

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required the Life Insured to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Life Insured are likely to require ongoing continuous care and supervision by another person.

Colostomy/ileostomy

The creation of a permanent non-reversible opening, combining the colon and/or ileum to the external surface of the body.

Coma

A state of total unconsciousness and unresponsiveness to all external stimuli:

- resulting in a Glasgow Coma Scale score of six or less and
- requiring the use of a life support system

for at least 72 consecutive hours.

Coronary Artery Angioplasty

Treatment of the narrowing or blockage of one or more coronary arteries by balloon angioplasty (or similar intra-arterial catheter procedure) with or without the use of a stent. There must be angiographic evidence of coronary artery disease.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure or via two procedures no more than two months apart, Coronary Artery Angioplasty to three or more coronary arteries. Triple Vessel Coronary Artery disease must be diagnosed prior to the first angioplasty procedure.

Coronary Artery Bypass Surgery

The undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

Dementia, including Alzheimer's Disease

Diagnosis of Dementia (including Alzheimer's Disease). The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified.

Significant cognitive impairment in this definition means a deterioration in the Life Insured's Mini-Mental State Examination scores to 24 or less.

Dementia directly related to alcohol abuse is excluded.

Diabetes Complication

At least two of the following complications have occurred as a direct result of Type 1 insulin dependent diabetes mellitus:

- Urinary protein excretion of more than 300mg per day;
- Creatinine clearance of 28-42mL/min (CKD stage 3b, International Chronic Kidney Disease Classification);
- Retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages;
or
- Persistent sensory neuropathy.

Early Stage Melanoma

The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0.

Early Stage Prostate Cancer

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of less than six.

Encephalitis

The severe inflammation of brain substance caused by viral infection resulting in neurological deficit, causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- Total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living'.

End Stage Kidney Disease

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function, which requires permanent renal dialysis or renal transplantation.

End Stage Liver Disease

End stage liver disease resulting in permanent jaundice, ascites or encephalopathy.

Liver disease secondary to alcohol usage or intravenous or oral drug use is excluded.

End Stage Lung Disease

End stage lung disease requiring continuous permanent oxygen therapy and FEV1 test results of consistently less than one litre.

The diagnosis will include an FEV1 test result of less than one litre.

Heart Attack

The death of a portion of the heart muscle because of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- Signs and symptoms of ischaemia consistent with myocardial infarction;
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]);
- Development of pathological Q waves in the ECG; or
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

We will consider other appropriate and medically recognised tests where the above evidence is inconclusive or superseded by technological advances.

A rise in biological markers because of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Hydatidiform Mole

The presence of a hydatidiform mole requiring surgical removal.

Intensive Care

The Life Insured requires continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital as a result of a Sickness or Injury.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears.

Loss of Independent Existence

There is permanent and irreversible inability to perform:

- at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or
- all the Home Duties. If the Life Insured is able to perform one of the Home Duties, then the Life Insured does not meet the requirement of being unable to perform all the Home Duties.

Loss of Limbs or Sight

The complete and irreversible loss of use of:

- Two limbs;
- Sight in both eyes (Blindness); or
- Sight in one eye (Partial Blindness) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of one Limb

The total and permanent loss of use of one 'limb' through sickness or injury, where limb means the whole hand below the wrist or whole foot below the ankle.

Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech. Loss of Speech due to psychological reasons is excluded.

Major Head Trauma

Injury to the head resulting in neurological deficit causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us; or
- Total and irreversible inability to perform at least one of the 6 Activities of Daily Living without the physical assistance of another person.

Major Organ or Bone Marrow Transplant

The undergoing of, or being placed on, a waiting list for a transplant from a human donor for bone marrow or one of the following organs:

- Heart;
- Kidney;
- Liver;
- Lungs; or
- Small bowel.

A 'waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medical procedures performed in Australia by a registered health professional:

- A transfusion of blood or blood products;
- An organ transplant where the Life Insured was the recipient;
- Assisted reproductive techniques; or
- Other medical procedure or operation performed by a Medical Practitioner/Paramedical Practitioner or Dentist at a registered medical facility.

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use; or
- A medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

Meningococcal Septicaemia

Diagnosis of Meningococcal Septicaemia which is characterised by:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us; or
- Total and irreversible inability to perform at least one of the 6 Activities of Daily Living without the physical assistance of another person.

Motor Neurone Disease

The diagnosis of motor neurone disease.

Multiple Sclerosis

The diagnosis of multiple sclerosis which is characterised by demyelination in the brain and spinal cord.

There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities.

Neurological investigations subject to our discretion such as, but not limited to, lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses or evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The diagnosis of muscular dystrophy.

Occupationally Acquired Hepatitis B or C

The contracting of Hepatitis B or Hepatitis C as the result of an Accident, during the course of the Life Insured's regular Occupation, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test; or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody test.

The production of antigens or antibodies must be confirmed within six months of the Accident.

Any Accident giving rise to a potential claim must be reported to us within 30 days of the Accident and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the Accident.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

- The Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use;
- In practising the Life Insured's Occupation, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers;
- The Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others; or
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) as the result of an Accident occurring during the course of the Life Insured's regular Occupation. The production and detection of HIV antibodies (seroconversion) must be confirmed by way of a positive HIV antibody test within six months of the Accident.

Any Accident giving rise to a potential claim must be reported to us within 30 days of the incident and supported by a negative HIV antibody test taken within seven days after the Accident.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use;
- In practising the Life Insured's medical profession, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers;

- A medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious; or
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes the infection.

Open Heart Surgery

Open heart surgery to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Out of Hospital Cardiac Arrest

Cardiac arrest that occurs out of hospital and is due to:

- Cardiac asystole; or
- Ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram or other medical evidence considered reasonable eg ambulance or hospital medical report.

Paralysis

The total and permanent loss of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot.

Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia are included.

Parkinson's Disease

The diagnosis of Parkinson's disease.

Partial Blindness

The permanent loss of sight in one eye, whether aided or unaided to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Partial Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from one ear.

Pneumonectomy

The undergoing of surgery to remove an entire lung.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement, established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Repair or Replacement of a Heart Valve Surgery

Surgery to repair or replace a heart valve.

Severe Benign Brain Tumour or Spinal Cord Tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which is histologically described and which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- Causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us; and
- Requires cranial surgery for its removal.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Severe Burns

Tissue Injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart';
- Both hands, requiring surgical debridement and/or grafting; or
- The face, requiring surgical debridement and/or grafting.

Severe Crohn's Disease

Diagnosis of Crohn's Disease that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Severe Multiple Sclerosis

Diagnosis of Multiple Sclerosis which is characterised by demyelination in the brain and spinal cord. There must be well-defined neurological deficits with persisting clinical neurological abnormalities, resulting in the total and irreversible inability to perform at least 3 of the 6 Activities of Daily Living without the physical assistance of another person.

Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Severe Osteoporosis

Before the age of 50, the Life Insured suffers:

- At least two vertebral body fractures or a fracture of the neck or femur, due to osteoporosis; and
- Have a bone mineral density reading with a T-score of -2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Parkinson's Disease

Diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform at least 3 of the 6 Activities of Daily Living without the physical assistance of another person.

Severe Rheumatoid Arthritis

The diagnosis of severe rheumatoid arthritis which has not responded to at least six months' intensive treatment with all conventional therapy (including non-biologic DMARDs). This must be supported by evidence of all the following:

- Symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four of the following large joints (ankles, knees, hips, elbows, shoulders); and
- Evidence of joint deformity/destruction and limitation of joint movement.

Degenerative osteoarthritis and all other arthritis are excluded.

Severe Ulcerative Colitis

The diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Stroke

A neurological event caused by a cerebrovascular accident or incident.

The stroke must be evidenced by neuro-imaging or appropriate scan.

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

Surgery of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

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