

# PPS MUTUAL TARGET MARKET DETERMINATION



## PPS MUTUAL PROFESSIONALS CHOICE TRAUMA INSURANCE

Issuer of this TMD: NobleOak Life Limited

Issuer ABN: 85 087 648 708 AFSL No. 247302

Date of TMD: 20 October 2023

TMD version: 2.0

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### ABOUT THIS DOCUMENT

This Target Market Determination (TMD) is required under section 994B of the *Corporations Act 2001* (Cth). It sets out the target market for the product, triggers to review the target market and certain other information. It forms part of NobleOak Life Limited's design and distribution framework for the product.

This document is **not** a product disclosure statement, and is **not** a summary of the product features or terms of the product. This document does not take into account any person's individual objectives, financial situation or needs. Persons interested in acquiring this product should carefully read the Product Disclosure Document for **PPS Mutual Professionals Choice Trauma Insurance** before making a decision whether to buy this product.



## CLASS OF CONSUMERS THAT FALL WITHIN THIS TARGET MARKET

The information below summarises the class of consumers that fall within the target market for the PPS Mutual Professionals Choice Trauma Insurance product, based on their likely objectives, financial situation and needs that this product has been designed to meet.

### Class of consumers

- Individuals should be eligible to practise (or have been eligible to practise in the past), or have acquired a minimum level of tertiary qualification, in a professional field recognised by PPSM. Current age from 18 to 65 for new applicants
- Residency status: Australian or New Zealand Citizen or a Permanent Resident of Australia
- Consumers that can tolerate changes in premiums over time, including increases
- Consumers with a health status compatible with the *Eligibility Criteria* not exceeding relevant underwriting criteria in respect of smoking, Body Mass Index (BMI) and other lifestyle/medical factors
- Consumers where the following key product exclusions are not applicable to their personal circumstances at the time of application, as no cover is available under the product:
  - illnesses or injuries that are the result of an intentional self-inflicted act (including attempted suicide); or
  - an illness or injury that first appeared, happened or was diagnosed before the insurance Plan started, was reinstated or was increased (for the increased amount) unless that condition was disclosed to us and accepted by us, or
  - any Trauma condition other than loss of independent existence, loss of limbs or loss of sight or cognitive loss on and from age 70.

This product would not be appropriate for consumers who:

- Are not eligible to practise (or have never been eligible to practise) in a professional occupation recognised by PPSM nor do they have a minimum level of tertiary qualification in a professional field recognised by PPSM
- For new applicants are less than age 18 or older than age 65
- Are not Australian or New Zealand Citizens and are not a Permanent Resident of Australia
- Can't tolerate changes in premiums over time, including increases
- Have a health status that is not compatible with the *Eligibility Criteria* i.e. they exceed relevant underwriting criteria in respect of smoking, Body Mass Index (BMI) and other lifestyle/medical factors
- Would be negatively impacted by having an exclusion that we won't pay a claim:
  - if your claim is because of an intentional self-inflicted act (including attempted suicide).
  - If your claim is due to an illness or injury that first appeared, happened or was diagnosed before the insurance started, or was reinstated or was increased (for the increased amount), except where it was disclosed and accepted by us at the time of application
  - For any Trauma condition other than loss of independent existence, loss of limbs or loss of sight or cognitive loss on and from age 70.
- do not meet our underwriting requirements.
- who are unable or unwilling to participate in the required underwriting process.

### Likely objectives and needs of consumers in the target market

The objective of consumers in the target market is to reduce their exposure to the following financial situations:

- The consumer (the policy owner) has (or envisages that in future they will or may have) outstanding financial or financial-in-kind commitments (including financial commitments to dependents such as spouse or children) that will not be satisfied in the event that they meet the definition of a critical illness (also known as Trauma). These financial or financial-in-kind commitments include but are not limited to:
  - mortgage and other debt servicing costs, out-of-pocket medical expenses not covered by Medicare and/or health insurance, transportation and accommodation costs, personal and palliative care, and income replacement; and/or

The consumer (either the policy owner) has (or envisages that in future they will or may have) financial commitments, where the fulfilment of those commitments ensures that their business continues with less financial disruption upon the loss of a key person, or to ensure business succession in the event that a business owner leaves the business due to a critical illness.

### Financial situation of consumers in the target market

A consumer who:

- Is earning income;
- Has personal savings; or
- Otherwise has financial capacity (e.g. family or other relationships)

to pay premiums (which may vary from time to time) in accordance with the chosen premium structure to retain the product for the period of time it is intended to be held.



## PRODUCT DESCRIPTION AND KEY ATTRIBUTES

### Product description

PPS Mutual Professionals Choice Trauma Insurance provides a lump sum payment in the event the life insured meets the definition of a critical illness, in accordance with the terms and conditions outlined in the Product Disclosure Statement (PDS)

### Key attributes

Key attributes of PPS Mutual Professionals Choice Trauma Insurance include:

- *The payment of premiums* - if premiums are not paid when due, the policy may lapse in which case the policyowner would no longer be covered and cannot make a claim
- Premium structure - Premium rates may either be stepped (generally increase with age) or level (premium cost is spread over the life of the policy, so premiums are generally higher than stepped initially and lower than stepped in later years). Both stepped and level premiums can change over time
- Life insured must be accepted by PPSM as a Member on application for their first cover.
- Life Insured's Age range at entry 18 to 65 (or older at the insurer's discretion)
- The Life Insured do not have to be resident in Australia but must be an Australian or New Zealand Citizen or a Permanent Resident of Australia
- There may be exclusions and customisable benefits (e.g., child critical illness cover)
- *Eligibility criteria* - certain consumers may be ineligible for cover if they do not meet the following key eligibility criteria at the time of application, including the

- health status
- employment status
- financial status
- residency status

of the life to be insured.

- *Underwriting process* - This is a fully-underwritten product. The underwriting process may require additional medical information, including a medical report from the life to be insured's treating doctor(s) and/or medical screening tests. The underwriting process could result in an increase in the price of the product, limitations to the sum insured, special terms and conditions applied to cover, or declining cover. This product is not appropriate for consumers who are unwilling or unable to participate in the underwriting process and related medical requirements.

### Product's appropriateness for the target market

Broadly, the target market comprises those who meet the eligibility criteria including the professional occupation eligibility criteria, who have or expect to have outstanding financial commitments that will not be satisfied in the event of their own or another person's (i.e. the life insured's) suffering a critical illness\*, and who have a capacity to pay potentially variable premiums on an ongoing basis. As the product pays a lump sum on the life insured suffering a critical illness\*, it is therefore likely to meet the needs, or go towards meeting the needs, of those in the target market.

\*A reference to critical illness means meeting all the required criteria as set out in the PDS for the specific critical illness.

## HOW THIS PRODUCT IS TO BE DISTRIBUTED

The following Distribution Conditions apply to this product:

### **Underwriting and Disclosure:**

Issuing a policy is subject to:

- full underwriting including medical and financial underwriting assessment, as applicable; and
- complying with the disclosure requirements under the relevant legislation.

### **Distributor:**

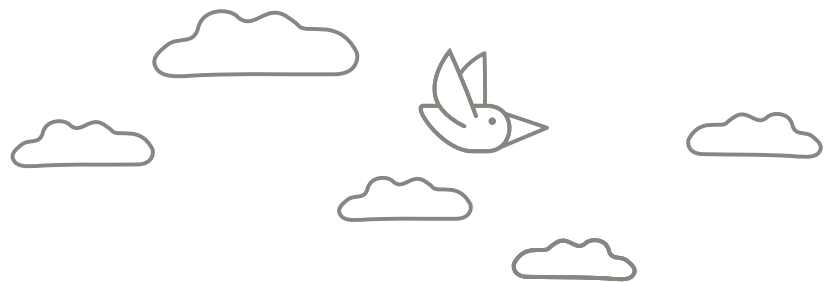
- The product is distributed by a “Distributor” who holds an Australian Financial Services Licence (AFSL).
- The distribution must be in accordance with the agreements relating to distribution of this product, including but not limited to the distribution agreement between the Distributor and the Issuer
- The “Distributor” must take into account of the TMD, in providing personal advice and meeting their statutory best interest duty.

### **Distribution under a personal advice model:**

Consumer has been provided with personal advice in relation to this product by the “Distributor” described above in this TMD.

Consumers that obtain personal advice are more likely to be in the target market for this product because advisers have a duty to act in their best interest when providing personal advice.

This product is not available to consumers who do not obtain personal advice from a financial adviser.



## REVIEWING THE TMD

The target market determination will be reviewed as outlined below:

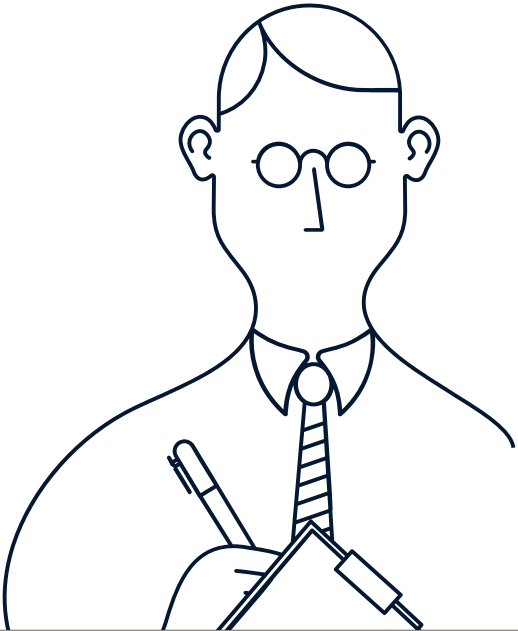
Periodic reviews – First review of the TMD	Subject to intervening review triggers, no more than 2 years.
Periodic reviews – Subsequent reviews of the TMD	Subject to intervening review triggers, no more than 2 years.
<b>Review triggers</b>	
Review Trigger 1	<p><b>The commencement of a significant change in law impacting the product design and/or distribution of the product</b></p> <p><b>Information required to be reported to the issuer of the product:</b></p> <p>Relevant regulation, legislation and/or ASIC instruments relating to the change in law</p> <p><b>Reporting period and review obligation:</b></p> <ul style="list-style-type: none"> <li>PPS Mutual must monitor and consider any significant relevant changes, regulatory or otherwise, that materially affect the design or distribution of the product</li> </ul>
Review Trigger 2	<p><b>The product issuer determines that a significant dealing in the product outside the target market (except for an excluded dealing) has occurred.</b></p> <p><b>Information required to be reported to the issuer of the product</b></p> <p>A significant dealing in the product which the regulated person becomes aware is not consistent with the TMD</p> <p>Reporting period and review obligation:</p> <ul style="list-style-type: none"> <li>PPS Mutual must review and consider any significant dealing reported to it.</li> <li>Any dealing outside the target market must be reported by the distributor to PPS Mutual within 10 business days, at the latest, of becoming aware of the significant dealing</li> </ul>

<p>Review Trigger 3</p>	<p><b>Product performance is materially inconsistent with issuer's expectations of the appropriateness of the product to consumers having regard to:</b></p> <ul style="list-style-type: none"> <li>▪ product claim ratio;</li> <li>▪ the number or rate of paid, denied and withdrawn claims;</li> <li>▪ the number of policies sold;</li> <li>▪ policy lapse or cancellation rates; and</li> <li>▪ percentage of applications not accepted.</li> </ul> <p><b>Information required to be reported to the issuer of the product:</b></p> <p>During the review period, the expected and actual number of:</p> <ul style="list-style-type: none"> <li>▪ Claims ratios;</li> <li>▪ Number or rate of paid, denied and withdrawn claims;</li> <li>▪ Number of policies sold;</li> <li>▪ Policy lapse or cancellation rates; and</li> <li>▪ Percentage of applications not accepted.</li> </ul> <p><b>Reporting period and review obligation:</b></p> <p>PPS Mutual must collect the reporting information and review these factors every 6 months</p>
<p>Review Trigger 4</p>	<p><b>Significant or unexpectedly high number of complaints* regarding product design, product availability, claims, and distribution condition that would reasonably suggest that the TMD is no longer appropriate.</b></p> <p>* <b>For Definition of complaint, please refer to section 994A(1) of the Corporations Act 2001 (Cth).</b></p> <p><b>Information required to be reported to the issuer of the product:</b></p> <p>Complaints and the nature of the complaints regarding product design, claims, and distribution condition</p> <p><b>Reporting period and review obligation:</b></p> <p>PPS Mutual must review and consider complaints every 6 months.</p>
<p>Review Trigger 5</p>	<p><b>The use of Product Intervention Powers in relation to the distribution or design of this product where the product issuer considers this reasonably suggests that this TMD is no longer appropriate.</b></p> <p><b>Information required to be reported to the issuer of the product:</b></p> <p>Relevant Product Intervention order</p> <p><b>Reporting period and review obligation:</b></p> <p>PPS Mutual must review as promptly as practicable the implications in relation to this TMD if a Product Intervention order has been issued</p>

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**REPORTING PERIODS**

Complaints about product	Reporting period for complaints: half-yearly (within 10 business days of the end of the half-year period)
Significant dealings	Reporting period for a significant dealing in the product which the regulated person becomes aware is not consistent with the TMD: within 10 business days of becoming aware of the dealing.



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