

Elevate Insurance

Product disclosure statement and plan document

Life Insurance
Life Insurance Superannuation
Life Insurance SMSF
Total and Permanent Disability Insurance
Total and Permanent Disability Insurance Superannuation
Total and Permanent Disability Insurance SMSF
Trauma Insurance
Income Insurance Essentials
Income Insurance Essentials Superannuation
Income Insurance Essentials SMSF

About this product disclosure statement and plan document

This Product Disclosure Statement and Plan Document (PDS) is issued by Resolution Life Australasia Limited ACN 079 300 379, ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) as the provider of insurance cover described in this document and by Equity Trustees Superannuation Limited ACN 055 641 757, ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (ETSL) as trustee of the National Mutual Retirement Fund ABN 76 746 741 299 (NMRF). Resolution Life and ETSL (as trustee of the NMRF) each take full responsibility for the entirety of this PDS. Resolution Life is not a Registrable Superannuation Entity (RSE) Licensee and is legally not able to issue an interest in a superannuation fund. ETSL is not a licensed insurer and is legally not able to issue life insurance policies.

Product issuer

This PDS relates to a number of separate insurance products issued by Resolution Life, and superannuation products issued by ETSL as trustee of the NMRF. All of these products are referred to as plans.

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Essentials Superannuation Plan are superannuation products issued by ETSL as trustee of the NMRF for which Resolution Life issues insurance to ETSL as trustee of the NMRF to provide life insurance benefits to eligible NMRF members. All other plans are insurance products issued by Resolution Life directly.

Information contained in this PDS

This PDS contains information about insurance plans available from Resolution Life and ETSL, including the terms and conditions applicable to those plans.

Any advice in this PDS is provided by Resolution Life and is general in nature and does not take into account your objectives, financial situation or needs. Therefore, before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as this PDS before making a decision about the product.

The plans described in this PDS are available only to existing Resolution Life customers receiving the PDS (including electronically) within Australia. Resolution Life or ETSL can't accept cash or applications signed and mailed from outside Australia. Monies received or paid must always be in Australian dollars.

This is a combined PDS and plan document

If you (or ETSL on your behalf, as a member of the NMRF) purchase an Elevate Insurance plan, this PDS constitutes your plan document. This PDS sets out the terms and conditions of all available plans. The particular terms and conditions that apply to your contract of insurance will depend on the plan and option(s) you have purchased which will be set out in the insurance schedule.

Target Market Determination

Resolution Life and the Trustee have prepared a Target Market Determination (TMD) for each of the products to comply with the Design and Distribution Obligations under Part 7.8A of the *Corporations Act 2001* (Cth). A TMD is a written document which outlines who the product may be suitable for, and any conditions around how the product can be distributed. You can view the TMDs at resolutionlife.com.au/target-market-determinations.

All insurance cover in NMRF is voluntary. Before applying for new cover, or changing existing cover, ETSL expects that NMRF members have had the opportunity to consider their needs and seek personal financial advice to compare the cover offered through this product against alternative products available. As a result, any cover requested should be suitable for their needs, in their best financial interests, and not inappropriately eroding retirement savings.

Changes to the PDS and up-to-date information

Information in this PDS is subject to change from time to time. Information that is not materially adverse to you can be updated by us without advising you. If the change in information is materially adverse, we will notify you.

A printed or electronic copy of any amendments can be obtained free of charge by contacting us on 133 731 or online at resolutionlife.com.au/pdsupdates.

Some terms we use in this PDS

In this PDS, any reference to:	means:
You or your	Refers to the insured person, or the policy owner, as the context requires. In the case of plans or options through superannuation, you refers to the member who is the insured person.
We, us, our, or the insurer	Refers to Resolution Life.
Super	Superannuation including the NMRF and self-managed superannuation funds (SMSFs).
Trustee	ETSL (as trustee of the NMRF) in respect of superannuation plans available through the NMRF or the trustee(s) of an SMSF in respect of plans available through a self-managed superannuation fund or a Small APRA Super Fund.

There are many terms used with a specific meaning, which will generally be shown **in bold** in this PDS. You can find their definition in the 'Glossary of terms' starting on page 76.

Throughout this document the following symbols have been used:

	Superannuation through NMRF Indicates that the benefit/option/definition is available on superannuation plans issued by ETSL, being the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Essentials Superannuation Plan.
	Non-superannuation Indicates that the benefit/option/definition is available on plans outside superannuation.
	Non-superannuation linked plan/option Indicates that the benefit/option/definition may be linked to either a superannuation plan or non-superannuation plan. This includes FlexiLink plans or PremierLink Option.
	Self-managed superannuation fund or Small APRA Super Fund Indicates that the benefit/option/definition is available on superannuation plans (SMSF plans) issued by Resolution Life to a self-managed superannuation fund or Small APRA Superannuation Fund, being the Life Insurance SMSF Plan, TPD Insurance SMSF Plan and the Income Insurance Essentials SMSF Plan.

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Introducing Elevate Insurance

In this section:

- ▶ We'll be there for you when you need us
- ▶ Our claims philosophy
- ▶ About Elevate Insurance

Introducing Elevate Insurance

Live life knowing that we will be there for you.

We'll be there for you when you need us

Like most people, you probably don't think anything bad will ever happen to you.

If something unexpected does happen, you want to protect what's important. You don't want to worry about how to pay the bills and look after your loved ones.

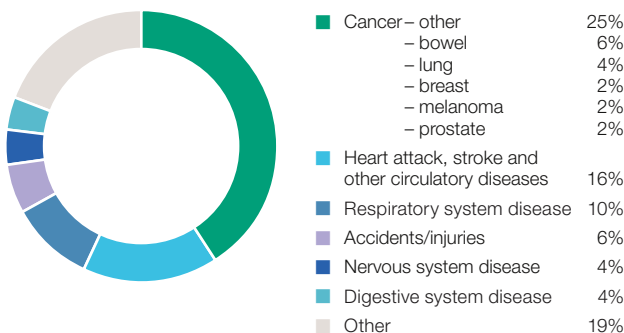
With Elevate Insurance, we can help you to have that covered. What's more, if you need to make a claim, we'll be there for you every step of the way.

In 2023 we paid 6,871 customers a total of \$835 million in insurance claims across our entire insurance range. That's about \$2.3 million paid every day.

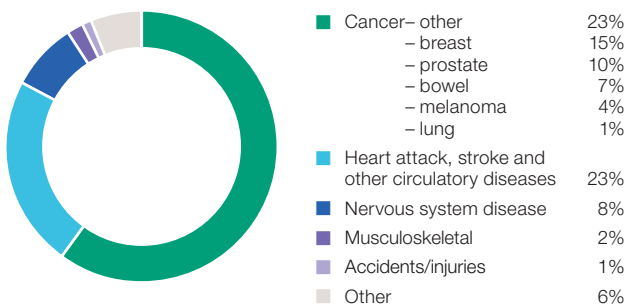
Our claims philosophy

At Resolution Life we see our role as more than just paying a claim. We create tailored solutions to help you and your family live the best life you can should something happen. While this may involve paying a financial benefit, depending on the nature of the claim it may also involve rehabilitation, or working with you on a return to work program.

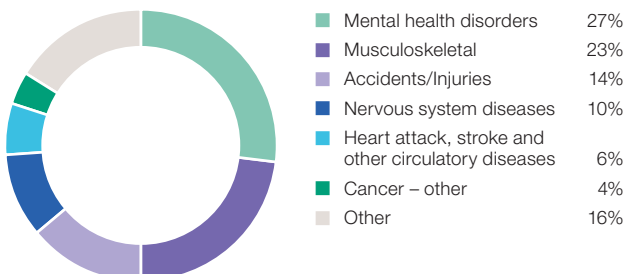
Life insurance claims



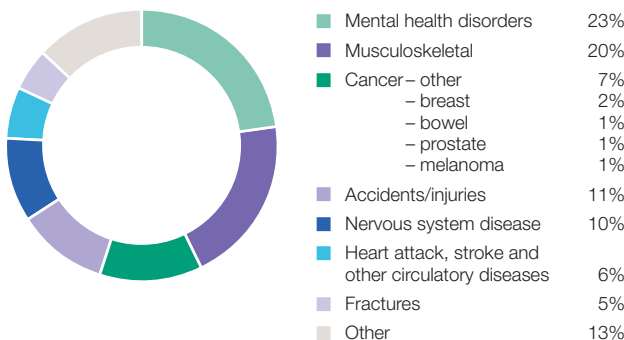
Trauma insurance claims



Total and permanent disability insurance claims



Income protection insurance claims



Introducing
Elevate
Insurance

Applying
for cover

Cost of
insurance

Approach
to claims

Customer
service and
complaints

Life, TPD
and trauma

Income
insurance

When your
cover ends

Key
information

Glossary

Interim cover

About Elevate Insurance

Understanding insurance

Elevate Insurance is designed to provide financial security for you and your family when something unexpected happens. We offer a wide range of cover to suit your needs.

Type of insurance		Why do I need it?	Key benefits payable
Life insurance	<i>“Being a parent makes you realise what’s important. And I want to make sure I look after my family if anything happens to me.”</i> 	You may want to take out life insurance to provide financial security, if you die, to help cover mortgage and other debt payments and provide loved ones with the funds they need to help them continue their lifestyle.	We pay a lump sum if you die or are diagnosed with a terminal illness.
Total and permanent disability insurance	<i>“After my accident, I was devastated to find out I could never go back to work. While my life won’t be the same, at least the money I received means my bills will be paid.”</i> 	Money is the last thing you would want to worry about when faced with a lifelong disability. An emotional strain can be placed on a family to provide support to someone who may need full-time care and may never be able to work again.	We pay a lump sum if you become totally and permanently disabled.
Trauma insurance	<i>“My friend contracted cancer and had to go through lots of therapy. She’s ok, but I want to make sure if it happens to me, I don’t have to worry about money.”</i> 	Nobody likes to think about the possibility of experiencing a serious illness or injury but you can make plans to help support yourself if the unexpected happens. Trauma insurance can help provide the funds for out-of-pocket treatment expenses and for making lifestyle adjustments after experiencing a serious illness or injury.	We pay a lump sum to help you recover and adjust to life if you suffer a specific serious illness or injury. Some events that we cover include cancer, heart attack and stroke. Our medical definitions define the events we cover under trauma insurance. These definitions generally take into account the severity of a condition.
Income insurance	<i>“I’m single, I’ve just bought a house and I’m still paying off my car. If I get injured, I want to make sure I can still make all the repayments.”</i> 	Income insurance can help you continue to pay your day-to-day living expenses if you’re too sick or injured to go to work, so you can focus on recovery.	We pay a monthly benefit if you become totally or partially disabled due to an injury or sickness which stops you from working.

Guaranteed renewable

As long as you have met your duty to take reasonable care not to make a misrepresentation (as detailed on page 13), and continue to pay the premiums when due, we'll continue to renew your cover until the expiry date.

We cannot cancel your cover, place any further restrictions on your cover or increase your individual premium because of any change to your health, occupation or pastimes.

We'll do so no matter how many claims you make, what happens to your health, whether you change occupation, and what pastimes you engage in.

24-hour worldwide cover

You are covered 24 hours a day, anywhere in the world, subject to the terms and conditions of your policy.

Upgrade of benefits

If we make enhancements to the product in the future, we'll pass these changes on to you if they don't result in an increase to the premium rates.

These enhancements will only apply to claims where the medical condition, **sickness** or **injury** occurred, or symptoms first become apparent on or after the date these enhancements came into effect.

Upgrades provide improvements to your cover including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for your plan.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you are assessed using the definition that benefits you the most. This means that should a definition or benefit from the original plan be more beneficial, you'll still be eligible to claim under your original plan definitions.

If you are on claim at the time of the upgrade, it will not apply until after the claim has ended.

What you need to know when applying for cover

In this section:

- ▶ Who can make an Elevate application
- ▶ How do you want to structure your insurance?
- ▶ Steps to being insured
- ▶ Who can be an insured person
- ▶ Who can own your insurance
- ▶ What you can apply for

What you need to know when applying for cover

Elevate Insurance is designed to provide financial benefits for you and your family when something unexpected happens.

Who can make an Elevate application

We accept new Elevate applications from existing Resolution Life customers only. This means the covers described in this PDS are only available to you if you already hold or are insured under a policy insured by Resolution Life (inside or outside super).

How do you want to structure your insurance?

If you select more than one type of cover you can choose to make the covers either standalone plans or link them under the same plan. Standalone plans generally have a higher premium than linked cover.

The structure can impact your insurance cover in the event of a claim	
Standalone plan	If we pay a benefit under a standalone plan (for example, a TPD Insurance Plan), it does not reduce the sum insured of any other cover (for example, a Life Insurance Plan). For example, you took \$2 million in a Life Insurance Plan and \$750,000 in a TPD Insurance Plan. If you made a TPD claim and a full benefit is paid, the \$2 million on your Life Insurance Plan won't be reduced. You can purchase life insurance, TPD insurance, trauma insurance and income insurance as standalone plans that operate independently of each other.
Linked covers	If we pay a benefit under a linked option (for example, a TPD option), the sum insured of each remaining linked cover (for example, a Life Insurance Plan) is reduced by the amount we pay, unless we state otherwise in this PDS. You can link insurance by purchasing one type of cover as a plan along with one or more other types of cover as a linked option, FlexiLink plan or PremierLink Option, where they're available. Income insurance plans may not be linked with any lump sum covers. For example, you took \$2 million in a Life Insurance Plan and \$750,000 on a linked TPD option. If you made a TPD claim and the full benefit of \$750,000 is paid, your Life Insurance Plan will be reduced to \$1.25 million. You can purchase TPD insurance and trauma insurance as options on a life insurance plan. You can also purchase TPD insurance as an option on a trauma insurance plan.

Purchasing cover outside and through super

Elevate provides ways to structure your cover by acquiring and paying for it outside super or through super. If you wish to acquire your cover through super, we offer superannuation plans that are available to you through NMRF and an SMSF to help meet your needs.

Flexible linking options – You can link TPD and trauma cover outside super, with cover acquired through super. This may help you manage your cashflow while enjoying the benefits of coverage options only available outside super. For more details about FlexiLink and PremierLink, see pages 16 to 18.

Insurance purchased outside super

When purchasing life, TPD or trauma insurance as a plan outside super, you can link other types of insurance cover as an option to your plan.

Standalone plans		Linked cover	
		If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) is reduced by the amount we pay, unless we state otherwise in this PDS.	
Step 1 	Step 2a 	Step 2b 	
You can select one or more plans	You can choose to link other types of insurance cover as options to your plan	There are many other options available that can be added to your plan or option	
Life Insurance Plan	• TPD Option • Trauma Option • Children's Trauma Option	For other options available on life insurance plans, see page 32.	
TPD Insurance Plan	• Children's Trauma Option	For other options available on TPD insurance plans, see page 34.	
Trauma Insurance Plan Trauma Insurance Plus Plan	• TPD Option • Children's Trauma Option	For other options available on trauma insurance plans, see page 36.	

Insurance purchased through super

When purchasing life or TPD insurance as a plan through super, you can link other types of insurance cover as an option held outside super.

Life, TPD and trauma insurance

Standalone plans		Linked cover	
		If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) is reduced by the amount we pay, unless we state otherwise in this PDS.	
Step 1  	Step 2a  	Step 2b 	Step 3   
You can select one or more plans through super	You can choose to link other types of insurance cover as options to your plan through super	You can choose to link other types of insurance cover outside super as options to your plan through super	There are many other options available that can be added to your plan or option
Life Insurance Superannuation Plan Life Insurance SMSF Plan	• TPD Option (Any occupation)	• PremierLink TPD Option (Own occupation) • FlexiLink TPD Plan • FlexiLink Trauma Plan If you purchase any of the above, you may also link the Children's Trauma Option.	For other options available on life insurance plans, see page 32.
TPD Insurance Superannuation Plan TPD Insurance SMSF Plan	N/A	• PremierLink TPD Option (Own occupation)	For other options available on TPD insurance plans, see page 34.

Owning and paying your insurance through super

Elevate also allows you to pay for your insurance through super. There are some important differences to think about, compared to owning and paying for your insurance outside of super.

Your financial adviser will help you to work out the way for you to structure your insurance so it is appropriate for your needs and circumstances.

	Owning and paying through super	Owning and paying from funds outside super
In general	- Can be a tax-effective way to pay premiums, depending on the type of premium and your individual circumstances. - The benefit is paid to the Trustee who then releases the benefit in accordance with superannuation law. - Paying for your insurance through super could reduce your retirement savings. - Premiums count towards your contribution caps.	You will be paying for premiums from after-tax income.
Life insurance	- The Life Benefit is paid to the Trustee. The Trustee will decide who to pay the benefit to, taking into account your nomination of beneficiaries. - Beneficiaries – those who receive your assets after you die may have to pay tax on the benefit.	The benefit will be paid to you or your nominated beneficiaries, refer to page 32 for more information.
TPD insurance	- Definitions must comply with superannuation law. - Uses an any occupation definition in the event of a claim as assessment of your ability to return to work. - Any benefit amount paid may be taxed. Please see 'Taxation of superannuation benefits' on page 65 for more detail.	- Choice of an any or own occupation definition. - Can be linked to insurance plans held through super via FlexiLink and PremierLink options. - There are a greater number of features available in insurance outside super. Eg Accommodation Benefit, Financial Planning Benefit. - Generally, where you are the sole policy owner and the insured person, any benefit would not be taxed if paid to you or a defined relative. There are exceptions and you should consult your professional tax adviser for advice when any benefit is paid.
Trauma insurance	Not available through super.	Can be linked to insurance plans through super via FlexiLink.
Income insurance	- Definitions must comply with superannuation law. - Insured on an indemnity basis. - Any benefit amount paid may be taxed. Refer to 'Taxation of superannuation benefits' on page 65 for more detail.	- Insurance premiums are generally tax-deductible. Please see 'Tax on insurance outside super' on page 69 for more detail. - Insured on an indemnity basis. - Any benefits paid will need to be declared for tax purposes.

Steps to being insured

Step 1 Think about what types of insurance you need	What's most important to you depends on what's happening in your life, how much you need to protect and your budget. It's important to understand the different types of insurance and what's covered. Your financial adviser can help you decide which plan, and which options, are suitable for your circumstances and needs. If you are applying for cover as the trustee of an SMSF, or applying for cover through NMRF, you should also be aware of some important information which is set out on page 64.
Step 2 Talk about your options	Your financial adviser will help you work out how much cover you need, which plans and options suit your needs, and recommend the way for you to structure your insurance for your circumstances.
Step 3 Create your insurance cover	To create insurance cover that is tailored to your needs, you'll need to decide on: • who you want to insure • which type of insurance you need • the amount of insurance you need • whether you want to structure your plan outside or inside super • who will own the insurance • any options you want to add (at an extra cost) • the premium structure, and • how to pay for your insurance.
Step 4 Find out how much your insurance will cost	Once you've worked out what insurance(s) to take and how to structure them, your financial adviser will provide a quote.
Step 5 Completing your application	The application form asks general questions to help us set up your policy correctly and includes questions about who the policy owner and insured person are, your address, payment options and Tax File Number. It also includes a Personal Statement which will ask more personal questions. For example, questions about your health history, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes. Your completed application form and Personal Statement can be scanned and emailed to us at insurance@resolutionlife.com.au or post to: Resolution Life Customer Service GPO Box 5441 Sydney NSW 2001
Step 6 The underwriting process	Underwriting takes place after you've submitted your application. To assess your application, we'll review the Personal Statement. In some instances, we might ask key people, like your doctor, for more information, or ask you to undertake a medical examination. While this is going on, you may be eligible for interim cover at no extra cost. Please see pages 91 to 93 for more details on interim cover.
Step 7 We'll come back with a decision	We'll make a decision based on the information you give us and come back to you with an offer based on our assessment of your circumstances. We thoroughly evaluate each application we receive and offer underwriting terms based on a thoughtful and reasonable assessment of the information you give us and your individual circumstances. In some cases, we may offer insurance that's different to what you applied for (known as revised terms) or decline your application. For example, we may apply exclusions or increase the premium (known as a premium loading) based on your health, pastimes or occupation. These revised terms will be specified in your insurance schedule and agreed with you before the cover commences. We'll keep you fully informed about the progress of your application and provide you with a logical reason for any decisions we make.
Step 8 The insurance schedule	If your application is accepted, we'll send you an insurance schedule. The insurance schedule sets out the details of your cover including cover type, policy owner, insured person, sum insured and/or monthly benefit, commencement date, expiry date, premium type, additional options that have been selected, and any revised terms that may apply to your cover. The insurance schedule forms a part of your policy with us and should be kept in a safe place.
Step 9 Talk about your options	Each year we'll send you an updated insurance schedule confirming the insurance, fees and premiums. If you change your occupation, stop smoking or improve your health, you can ask to be re-assessed, which may reduce your premium or enable an exclusion to be removed. You can also get up-to-date information about your insurance online. To register, visit resolutionlife.com.au and log in to My Resolution Life .

Your duty to take reasonable care not to make a misrepresentation

When applying for insurance, you must ensure all information provided is true, accurate and complete. This duty continues until your application is accepted. A misrepresentation is a false, partially true or misleading answer.

If your information changes or you recall additional details during the application process, you must update us. This duty also applies when changing, extending or reinstating your insurance.

You are responsible for all answers, even if assisted. If a policy covers another person, their misrepresentation is treated as your failure to meet this duty. Therefore, you must ensure all information is accurate, whether you are the policy owner or the insured.

If you do not meet your legal duty

If you make a misrepresentation, it can seriously impact your insurance. We may investigate the truthfulness of information provided, especially when a claim is made.

The *Insurance Contracts Act 1984* (Cth) includes remedies where a misrepresentation is made or you fail to comply with your legal duty, aiming to restore our position as if the duty had been met. Consequences include:

- treating the contract (or cover) as if it never existed
- reducing the insured amount to reflect the correct premium. For Death cover this reduction only applies within three years of your cover starting, or
- varying your cover to account for undisclosed information, affecting waiting periods, exclusions or premiums (excluding Death cover).

These remedies depend on various factors, including:

- whether reasonable care was taken not to misrepresent, considering the clarity of our questions and information provided
- what actions we would have taken if the duty had been met
- whether the misrepresentation was fraudulent, and
- the time elapsed since the cover started.

Before we apply any remedies, we will inform you of our reasons and the supporting information, giving you an opportunity to explain or dispute our decision.

Guidance for answering our questions

When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question that we ask you
- do not assume that we will contact your doctor for any medical information
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us, and
- review your application carefully. If someone else helped prepare your application (for example, your financial adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently.

As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

30 day cooling-off period

If we accept your application, we'll send you an insurance schedule. Once you've received your insurance schedule you'll have 30 days to check that your plan meets your needs and let us know if it doesn't. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us to cancel your plan.

As long as you haven't made a claim under your plan during the cooling-off period, we'll cancel your plan and refund any amounts you've paid us. For insurance through super, the refund will be paid to the Trustee. They will then refund the money to you subject to preservation requirements under superannuation law.

Have your needs changed?

If you're not satisfied with your plan, please tell us. We may be able to change the plan. Changing to a new plan may require a reassessment of your health, occupation, pastimes and place of residence. It is usually better to modify your plan rather than to end it and start a new one.

If you're thinking of cancelling your existing insurance cover and replacing it with other cover, you need to know about certain risks that are involved.

For example, you'll probably need to provide current medical and financial information for the new application, and if your health has changed, this may affect the terms of the new cover. Also, if you cancel your current insurance while you're applying or before the new cover starts, there may be some time that you won't have insurance cover.

You can add more benefits to an existing plan

If you wish to add an option to an existing plan, except for the PremierLink Option and FlexiLink plans, you may do so. The option will be linked to your existing plan's terms and conditions. Should you wish to add a PremierLink Option, FlexiLink plan or an option from the latest PDS, then you may be required to cancel your existing plan and replace it with the corresponding plan in the latest PDS.

You can also add a new plan, which uses the terms and conditions from the latest PDS.

Please speak to your financial adviser or contact us on 133 731 if you have any questions.

Who can be an insured person

The insured person is the person who is to be insured and must be within the ages set out in the tables on page 20 when applying for cover. The insured person is shown in the insurance schedule.

The policy owner is the person who owns the plan and is sometimes also the insured person. If you purchase the plan through super, the policy owner will be the Trustee. This means that the insured person may not be the person to whom we pay benefits.

Who can own your insurance

Ownership

Elevate Insurance can be structured in a way that best suits your needs. There are a range of ways to choose who owns the insurance plan and structure linked options, giving you flexibility and comprehensive cover that is tailored to your needs.

Life, TPD and trauma insurance

Outside super						Through super			
Individuals			Company		Trust		ETSL	Trustee of an SMSF	
	Yourself (as an individual)	Another individual	Joint ownership (two or more individuals)	Company which you control	Company which you do not control	Trust which you control			
Life insurance	Life Insurance Plan						Life Insurance Superannuation Plan	Life Insurance SMSF Plan	
TPD insurance	TPD Insurance Plan TPD options FlexiLink TPD plans PremierLink TPD Option						TPD Insurance Superannuation Plan TPD options	TPD Insurance SMSF Plan TPD options	
Trauma insurance	Trauma Insurance Plan Trauma Insurance Plus Plan Trauma options FlexiLink trauma plans						N/A	N/A	

Income insurance

Outside super				Through super	
Individuals		Company	Trust		
	Yourself (as an individual)	Company which you control	Trust which you control	ETSL	Trustee of an SMSF
Income insurance	Income Insurance Essentials Plan			Income Insurance Essentials Superannuation Plan	Income Insurance Essentials SMSF Plan
	Income Insurance Senior Plan				

Joint ownership

If there's more than one owner of an insurance plan, it will be owned jointly. In the event one owner dies, the plan will continue to be owned in its entirety by the surviving policy owners. Relevant documentation is required to support the transfer.

Company or trust

For income insurance plans owned by a company or trust, the person who is to be covered under the plan must have a controlling interest in the company or must be a trustee of the trust.

SMSF

Elevate Insurance plans can be purchased by the trustee(s) of a self-managed superannuation fund or a Small APRA Super Fund. The following plans are available through an SMSF:

- Life Insurance SMSF Plan
- TPD Insurance SMSF Plan
- Income Insurance Essentials SMSF Plan.

TPD insurance is also available through super as an option to the Life Insurance SMSF Plan.

These plans are issued by Resolution Life and are owned by the trustee(s) of the SMSF who are responsible for meeting the requirements under the *Superannuation Industry (Supervision) Act 1993* ('SIS' or 'superannuation law').

Where a claim is paid, it is paid to the trustee(s) of the SMSF who can then release the benefit to you in accordance with superannuation law.

We recommend that the trustee(s) seeks appropriate advice regarding the tax deductibility of premiums, and the impact of superannuation law on purchasing insurance and the payment of insurance benefits by the trustee(s).

Superannuation through NMRF

Elevate Insurance offers the following plans which are held in NMRF:

- Life Insurance Superannuation Plan
- TPD Insurance Superannuation Plan
- Income Insurance Essentials Superannuation Plan.

These plans are owned by ETSL as the Trustee of NMRF.

TPD insurance is also available through NMRF as an option to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to ETSL. The Trustee can then release the benefit to you in accordance with superannuation law.

We recommend that you seek appropriate advice regarding the tax deductibility of premiums paid to NMRF, and the impact of superannuation law on purchasing insurance and the payment of insurance benefits by ETSL.

FlexiLink and PremierLink

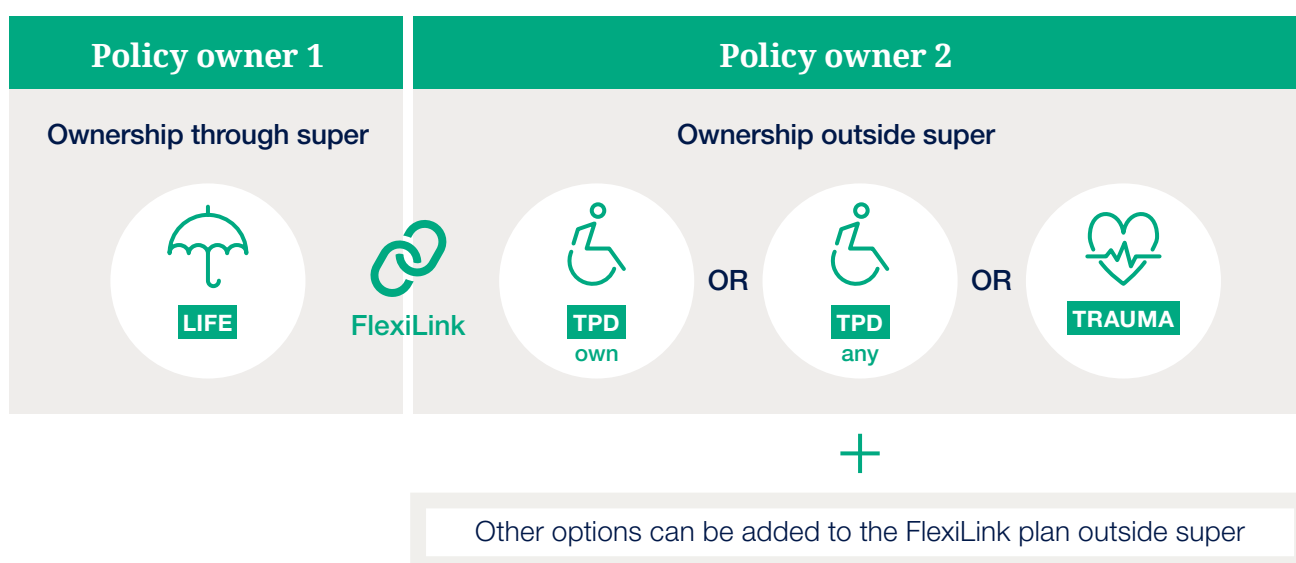
Once you've seen the benefits of taking insurance cover and considered whether to hold your insurance outside or through super, you might find it's hard to choose. With the linking options below, you can combine different types of insurance both outside and through super.

To determine if your insurance should be held outside or through super, there are various factors to consider, such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost and the benefits included in the plan. Also note that the paying of insurance premiums by partial rollover will decrease the super balance available for your retirement.

Your financial adviser can assist you to determine the ownership that is appropriate for your individual needs.

How FlexiLink works

If you purchase life insurance through super, FlexiLink allows you to link trauma insurance and/or TPD insurance held outside super.



Benefits	- FlexiLink cover can provide you with more features which are not available when insurance is held through super. - The FlexiLink trauma plan can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan (this is the only way trauma insurance is available in connection with these plans). - All FlexiLink benefits are linked to the life insurance plan owned through NMRF or by an SMSF. When a claim is accepted on one plan, it reduces the sum insured on the other plan. - Other extra-cost options that are only available outside super are available on FlexiLink TPD plans and FlexiLink trauma plans. - FlexiLink can improve the timing of the payment of benefits. This is because under FlexiLink, the TPD or trauma benefit is outside super and can be paid to you directly, without you having to satisfy a condition of release under superannuation law. - If you claim under FlexiLink, any benefits paid outside of super are usually not taxable, meaning you will receive the full value of your benefit. Without FlexiLink, payments within the super environment may be subject to taxation, reducing the value of the benefit you receive.
Owners	The FlexiLink plan will be a separate plan outside of super. This means we'll issue two plans with two different owners. Insurance taken through super is owned by ETSL or the trustee(s) of the SMSF. The FlexiLink plan will be owned by individual(s), a company or a trust outside of super.
Premiums	The premium for the FlexiLink plan will be paid from outside super from your nominated payment method.
Requirements	The sum insured of the TPD option, FlexiLink TPD or FlexiLink trauma cannot be more than the life insurance sum insured. Note: Trauma is not available as an option when adding FlexiLink to a plan.
Claims	FlexiLink plans operate in the same way as options. This means if a claim is paid from your FlexiLink TPD plan or FlexiLink trauma plan, your cover in the life insurance plan is reduced by the amount of the benefit paid. Therefore, FlexiLink plans act and are priced in a similar way to an option.

FlexiLink example

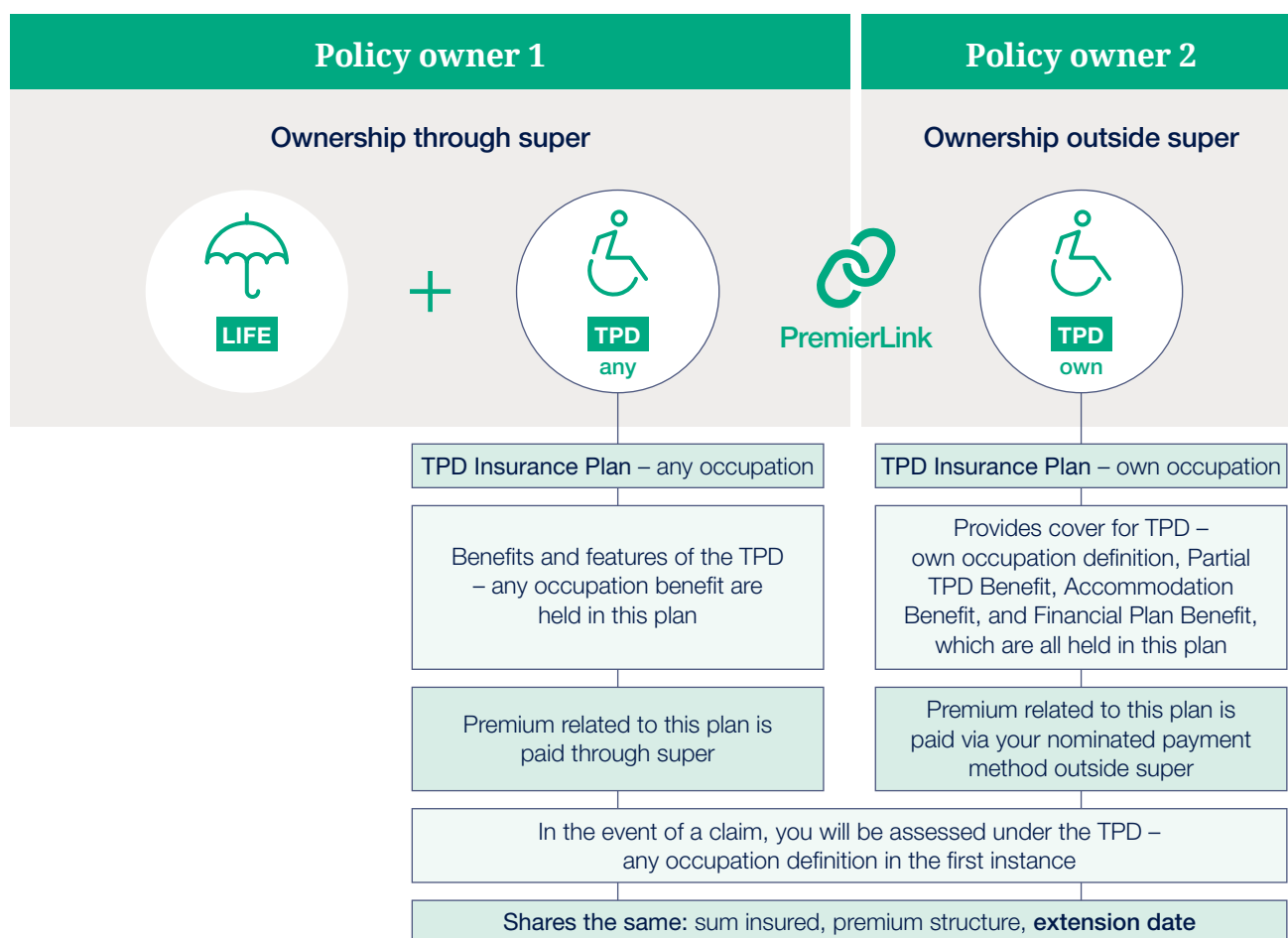
You have life insurance cover with a sum insured of \$2 million and a FlexiLink Trauma plan with a sum insured of \$500,000. If you made a trauma claim under the FlexiLink Trauma plan and were paid the full benefit, your life insurance and trauma insurance sums insured would each reduce by \$500,000.

How PremierLink TPD works

The PremierLink TPD Option provides flexibility in structuring your TPD insurance.

The PremierLink TPD Option allows you to link a TPD own occupation benefit, along with other benefits which are not available through super, under a separate plan outside super if you purchase:

- a TPD any occupation option on a Life Insurance Superannuation Plan or a Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan.



Benefits	• The PremierLink TPD Option can provide you with access to more features which are not available when insurance is held through super. • Holding a TPD any occupation option or plan through super may be a tax-effective way of paying your premiums depending on your individual circumstances. • Should you claim a benefit under the PremierLink TPD Option, any benefits are paid outside of super and are usually not taxable, meaning you will receive the full value of your benefit. Without the PremierLink TPD option, payments within the super environment may be subject to taxation, reducing the value of the benefit you receive. • Depending on your circumstances, there can also be advantages to holding TPD own occupation cover outside super. If a benefit is paid within super, the benefit will be paid to the Trustee who will then release the benefit in accordance with superannuation law. If a payment is made under the PremierLink TPD Option, the benefit will be paid directly to you, without the need to satisfy a condition of release under superannuation law.
Owners	The PremierLink TPD Option will be held on a separate plan outside of super. This means that you'll have two plans with two different owners. Insurance taken through super is owned by ETSL or the trustee(s) of your self-managed superannuation fund or Small APRA Super Fund. The PremierLink TPD Option outside of super will be owned by individual(s), a company or a trust outside of super.

Premiums	The premium for the PremierLink TPD plan will be paid from outside super from your nominated payment method. The life insurance and TPD any occupation premiums are paid from your super fund or a super contribution.
Requirements	The following details must be the same for both the TPD any occupation option or plan and the PremierLink TPD Option: • sum insured (this amount cannot exceed the sum insured of the life insurance plan or TPD insurance plan to which they are linked) • premium structure, and • extension date. If an increase or reduction is made to the sum insured of the TPD any occupation option or plan, the alteration will automatically be applied to the sum insured of the TPD own occupation cover held under the PremierLink TPD Option. If you wish to have a higher sum insured for TPD insurance than the linked life insurance plan, a separate standalone TPD insurance plan may be issued.
Claims	If you claim a benefit for TPD, your claim will first be assessed under the criteria of the TPD any occupation definition or plan held through super. If you satisfy this criteria, the benefit will be paid to the Trustee. If your claim is not approved under this criteria, it will then be assessed under the criteria of the PremierLink TPD Option held outside super using the TPD own occupation definition. If you satisfy this criteria, the benefit will be paid directly to you or the owner of the PremierLink TPD Option. If a benefit is paid under a TPD option (either your TPD any occupation option or PremierLink TPD Option), your life insurance sum insured or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid.

PremierLink TPD examples

On submission of a TPD claim, one of the following scenarios may apply:

Scenario 1		
TPD any occupation definition is met	Plan held through super TPD any occupation benefit is paid to the Trustee who can then release the benefit to you in accordance with superannuation law. The life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid.	Plan held outside super No benefit is paid under this plan. The sum insured of the PremierLink TPD Option is also reduced by the amount of the TPD Benefit paid under the plan held through super. Depending on eligibility, the policy owner may also receive the following benefits: • Accommodation Benefit (page 40) • Financial Plan Benefit (page 41).
Scenario 2		
TPD any occupation definition is not met Claim will then be assessed under TPD own occupation definition TPD own occupation definition is met	Plan held through super No benefit is paid under this plan. The life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid under the plan held outside super.	Plan held outside super The TPD Benefit is paid to the policy owner. The sum insured of the PremierLink TPD Option is reduced by the amount of the TPD Benefit paid. Depending on eligibility, the policy owner may also receive the following benefits: • Accommodation Benefit (page 40) • Financial Plan Benefit (page 41).
Scenario 3		
Criteria for Partial TPD Benefit is met	Plan held through super No benefit is paid under this plan. The life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the Partial TPD Benefit paid under the plan held outside super.	Plan held outside super Partial TPD Benefit is paid to the policy owner. The sum insured of the PremierLink TPD Option is reduced by the Partial TPD Benefit paid.

What you can apply for

How much can you insure?

The amount that you're insured for is known as the sum insured for a lump sum payment or the monthly benefit for income insurance. This amount is fixed and will only change if your cover is increased to keep up with inflation, you exercise the Premium Freeze Benefit or you later apply to increase or decrease your cover.

This section shows the minimum and maximum sum insured or monthly benefit amounts that you can apply for.

Insurance that pays a lump sum

Plan or option type	Sum insured at time of application		Other conditions
	Minimum	Maximum	
Life insurance	\$50,000	No limit – subject to underwriting	N/A
TPD insurance	\$50,000	\$5,000,000	The maximum sum insured for TPD is \$5,000,000 for income-earning applicants (from all sources, including insurance cover of a similar type issued by any insurer, including us) and includes any ADL TPD.
Activities of Daily Living (ADL) TPD insurance	\$50,000	\$2,000,000	The maximum sum insured for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.
Trauma insurance	\$50,000	\$2,000,000	The maximum sum insured is \$2,000,000 for income earning applicants (from all sources, including insurance cover of a similar type issued by any insurer, including us). Non-income earning applicants are generally restricted to \$750,000 (from all sources, including insurance cover of a similar type issued by any insurer, including us).

Insurance that pays a monthly benefit

Income insurance plans pay a monthly benefit. The maximum you can apply for is 70% of your **income** up to a maximum monthly benefit of \$30,000. This includes any benefit under the Superannuation Contributions Option, which is an optional extra that allows you to cover compulsory superannuation contributions.

There is no minimum monthly benefit, however all policies are subject to a minimum yearly premium of \$250, including the plan fee.

The maximum monthly benefit for the Income Insurance Senior Plan, which is only available as a conversion from an existing income insurance plan, may be less than \$30,000, depending on the terms of the original income insurance plan.

At what age can you apply?

Life, TPD and trauma insurance

			Entry age		Expiry age ⁽ⁱ⁾	Other conditions
Plan or option type			Variable age-stepped premium	Variable premium ⁽ⁱⁱ⁾		
Life insurance	Life Insurance Plan	NS	10–75	10–64	99 or earlier if selected	For life insurance through super, your plan may expire earlier, if you cease to be eligible to contribute to super or there are insufficient funds in your super to pay your premiums.
	Life Insurance Superannuation Plan	S			75 or earlier if selected	
	Life Insurance SMSF Plan	SMSF				
TPD insurance	TPD insurance plans	NS	15–59	15–59	99 or earlier if selected	FlexiLink TPD and the PremierLink TPD Option will end when you turn 75 if linked to life insurance or TPD insurance through super. On the first extension date after you turn 65 only the Specific loss, Future care and Significant cognitive impairment definitions of TPD apply.
	TPD options	⌘				
	TPD insurance plans	S			75 or earlier if selected	On the first extension date after you turn 65 only the Specific loss, Future care and Significant cognitive impairment definitions of TPD apply.
	TPD options	SMSF				
	ADL TPD	NS	15–64	15–59	99 or earlier if selected	N/A
	ADL TPD Option	S SMSF			75 or earlier if selected	N/A
Trauma insurance	Trauma Insurance Plan	NS	15–64	15–59	99 or earlier if selected	On the first extension date after you turn 70 only the Loss of capacity for independent living trauma condition applies.
	Trauma Insurance Option	⌘				
	Trauma Insurance Plus Plan	NS	15–59			FlexiLink trauma linked to life insurance through super expires when you turn 75.
	Trauma Insurance Plus Option	⌘				

(i) Cover expires on the date of your birthday at the expiry ages set out in the above table.

(ii) Variable premiums change to variable age-stepped premiums from the **extension date** after you turn 70 or after an earlier age requested by you.

Income insurance

			Entry age of the insured person		Expiry age ⁽ⁱ⁾	Other conditions
Plan type			Variable age-stepped premium	Variable premium		
Income insurance	Income Insurance Essentials Plan	NS	17–59	N/A	65	For income insurance through super, your plan may expire earlier if you cease to be eligible to contribute to super, or there are insufficient funds in your super account to pay your premiums.
	Income Insurance Essentials Superannuation Plan	S				
	Income Insurance Essentials SMSF Plan	SMSF				
	Income Insurance Senior Plan	NS	Only available as a conversion from eligible plans.		70	N/A

(i) Plan expires on the date of your birthday at the expiry ages set out in the above table.

Cost of insurance

In this section:

- ▶ What are insurance premiums?
- ▶ How we work out your insurance premium
- ▶ Premium structures
- ▶ Fees, charges and discounts
- ▶ Variations

Cost of insurance

What are insurance premiums?

Your insurance premiums are the cost you pay for your insurance cover and depend on many factors. You need to pay your insurance premiums by the due date from when your cover starts until it stops. The cost of your insurance cover (including any premium loading, discount or waiver) is determined by us. Stamp duty costs associated with any insurance cover depend on State or Territory laws.

How we work out your insurance premium

We work out your insurance premium based on what cover you select, the sum insured you've chosen and other factors, including but not limited to:

- age
- gender
- smoking status
- medical history
- occupation
- general health
- premium structure and payment frequency selected
- stamp duty.

Depending on your circumstances, each of these factors may affect the amount you need to pay.

For income insurance plans, your premium is also affected by the waiting period and benefit period you choose.

We may review premium rates from time to time, full details can be found on page 24.

You can get a copy of our standard premium rate tables by contacting us on 133 731.

Premium structures

Depending on the plan you purchase, there are two premium structures available to you, variable age-stepped and variable. You should consider this section carefully before applying for cover.

Variable age-stepped premiums

(formerly referred to as stepped premiums)

Variable age-stepped premiums change every year on the **extension date** according to your age. Generally, premiums increase as you get older. This is in addition to premium changes due to increases under the Automatic Inflation Benefit.

Variable premiums

(formerly referred to as level premiums)

Variable premiums don't increase each year as you get older. However, they are not guaranteed. For example, variable premiums will increase if you increase the sum insured, including increases under the Automatic Inflation Benefit or if we increase the premium rates for your cover type as a whole.

Variable premium is not available for income insurance plans.

For life, TPD and trauma insurance

Variable premiums will convert to variable age-stepped premiums from the earlier of:

- the **extension date** immediately after you turn 70, or
- the nominated switch age you chose when you applied for cover.

If you selected a nominated switch age, it will be included on your insurance schedule.

Fees, charges and discounts

Minimum premium

A minimum yearly premium of \$250 applies, which includes the plan fee.

The minimum premium applies to the sum of premiums for:

- an individual's linked plans (please refer to 'We may waive the plan fee if you have additional plans' section below for more information), and
- plans linked by way of family relationship and/or business partner relationship.

Plan fee

The plan fee pays for the establishment and administration of your plan.

The plan fee as at the date of preparation of this document (16 December 2024) for each payment frequency is outlined below.

Plan fee payments

The plan fee shown in the table below increases each year (usually around January) by any increase in the **Consumer Price Index (CPI or Index)**. For a schedule of the most current plan fees, please refer to resolutionlife.com.au/pdsupdates.

	Non-super and SMSF	Super in NMRF
Frequency	Plan fee per payment (\$)	Plan fee per payment (\$)
Monthly	7.26	7.14
Quarterly	21.77	21.43
Half-yearly	43.54	42.86
Yearly	83.35	82.04

On your **extension date**, the plan fee will rise by any increase in **CPI**. Your applicable plan fee amount will be shown in your insurance schedule.

We may waive the plan fee if you have additional plans

If you have other plan(s) from this PDS or from another insurance product series, these may be considered as linked plans. We may waive the plan fee on these linked plans. We may also waive the plan fee in instances where your spouse or other family member, or your business partner, has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

The insurance schedule shows which plan is a primary plan and which plan(s) have had the plan fees waived.

Instalment loading and other loading

An instalment loading applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. As at the preparation date of this document, the instalment loading is 3.5% of the annual premium for half-yearly payments and 7% for all other premium payment frequencies.

Other premiums loadings may apply.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state or territory in which the insured person lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the insurance schedule.

State or territory governments may change the rate of stamp duty or method of calculation from time to time, and any change may affect the amount you pay.

Premium discounts

You may be eligible for a premium discount if you are:

- applying for a large sum insured or monthly benefit
- applying for multiple new plans at the same time, or
- in a business relationship and two or more business partners are applying for new plans at the same.

We reserve the right to apply discounts to selected plans at our discretion.

The discounts available are not guaranteed and may be varied from time to time at our absolute discretion. A change in the premium discount we apply does not constitute a change in premium rate under this policy. For information regarding whether you are eligible for a large case discount, multi-plan discount or business rewards discount or the amount of any discount which may be applicable, contact your financial adviser or call us on 133 731.

Variations

We can change your premium

We work out premiums based on a number of factors, including by reference to our standard premium rate tables. Those tables show, for each premium structure, factors and premium rates for each age, based on a person's gender, occupation and smoking status. We reserve the right to change the standard premium rate tables. Any such changes will apply to all owners of plans or options of the same type. If we do this, and you are impacted, we'll notify you in writing before the changes come into effect as required by the law at the time.

We can change the fees and charges

If there's a material change to fees and charges, we'll tell you before the change takes place as required by law at the time. All other changes, including those due to indexation or changes to stamp duty (described above), will be advised in writing following the change.

Taxation

We can change the standard premium tables, fees or charges at any time to reflect any change to taxation or revenue laws.

Occupation category for income insurance plans

We may reclassify your occupation into another occupation category based on the claims history of your occupation. If we do this, it will apply to all customers of the same occupation. A change to your occupation category may result in a different premium being applied.

Resolution Life's approach to claims

In this section:

- How to claim

Resolution Life's approach to claims

We'll be there to help you live the best life you can, should something happen.

Our commitment to you

We recognise that your situation is unique. We'll work with you and your loved ones transparently, fairly, and with respect and empathy.

Providing more than financial support

We provide more than just financial assistance. We partner with you and a range of specialists to help you return to work and your usual lifestyle, wherever we can.

Offering tailored solutions

We'll help develop the best solution for you based on your individual situation, providing the right support and management, at the right time.

Claims expertise

Our highly experienced claims teams are supported by internal and third party expertise, best-in-class tools and an ongoing focus on professional development.

Short duration income insurance claims paid in advance

If our assessment of your claim supports that your **disability** is likely to be of a short duration (three months or less), we may offer to pay you in advance for the entire period that **disability** is anticipated to last.

This may include advance payment of Total and/or Partial Disability Benefits. Any advance of partial disability benefits will be based on an estimate of your capacity to work during any anticipated period of **partial disability**, and we will agree on any partial disability benefit amounts with you.

In deciding whether we will offer you an advance payment of your claim we will consider such things as medical **evidence**, your occupation, and the nature of your **injury** or **sickness**.

How to claim

We understand you will be going through a difficult time if you need to claim. So we've made the claiming process as simple as we can.

Step 1	Notify us as soon as it happens Tell us about your event/situation as soon as possible. When you contact us, our specialist claim intake team will ask you for information to start your claim and explain what you need to do and what will happen next.
Step 2	Your case manager will contact you A dedicated case manager will be in touch to talk you through the claims process, and let you know about any further information we need to progress your claim.

Step 3	Information required You must provide us with information that is reasonably necessary for the assessment of your claim. This may include medical, financial, occupational and functional information. We'll explain why we need the information we request. In some cases, we may ask you to see a medical or rehabilitation professional or speak with you in person to better understand your situation. We may also review previous medical history and financial information to ensure the information we had at the commencement of your plan was accurate. Therefore, it's important for you to complete the application form and personal statement accurately as this may impact your eligibility for benefits later on. Ongoing commitment Where the claim is ongoing and not paid as a lump sum, your case manager will continue to work with you and inform you of any further requirements for the continuation of the claim. Meeting the costs of information required to assess your claim You will be responsible for any costs which may be incurred in obtaining the information required to assess your claim. For example, having your claim forms completed by your doctor, and providing financial information such as obtaining tax returns and/or profit and loss statements. Where we request an examination or assessment or specific information, we will pay the cost for this service.
	Step 4
	Step 5
	Step 6

Information required

You must provide us with information that is reasonably necessary for the assessment of your claim. This may include medical, financial, occupational and functional information. We'll explain why we need the information we request. In some cases, we may ask you to see a medical or rehabilitation professional or speak with you in person to better understand your situation.

We may also review previous medical history and financial information to ensure the information we had at the commencement of your plan was accurate. Therefore, it's important for you to complete the application form and personal statement accurately as this may impact your eligibility for benefits later on.

Ongoing commitment

Where the claim is ongoing and not paid as a lump sum, your case manager will continue to work with you and inform you of any further requirements for the continuation of the claim.

Meeting the costs of information required to assess your claim

You will be responsible for any costs which may be incurred in obtaining the information required to assess your claim. For example, having your claim forms completed by your doctor, and providing financial information such as obtaining tax returns and/or profit and loss statements.

Where we request an examination or assessment or specific information, we will pay the cost for this service.

We'll review your claim, keeping you informed along the way

We'll let you know the outcome of your claim

Based on your situation and plan we'll let you know the outcome of your claim. If your claim is accepted, payment will be made.

Where a death benefit is payable under a super plan, we'll pay the sum insured to the Trustee.

- If this is ETSL, the proceeds of the plan will be paid to one or more of your dependants or to your legal personal representative.
- If this is a trustee of an SMSF, this will be managed as per the trust deed.

For any other claim through super, the Trustee will need to be satisfied that you've met the condition of release before making any payment to you.

Supporting your recovery where possible

Research has shown that there are many benefits to recovering in a safe and supportive workplace. Resolution Life will help you return to work with the necessary support in place.

Your case manager and recovery specialist will discuss recovery options with you and, if appropriate, develop a tailored recovery plan.

Contact us

- Call Resolution Life Claims on 133 731 Monday to Friday, between 8.30am and 5.00pm (Sydney time) for help or to notify us of a claim.
- Contact your dedicated case manager for information on your claim.

Introducing
Elevate
Insurance

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Interim cover

Customer satisfaction and complaint resolution

In this section:

- ▶ We're here to help
- ▶ Life Insurance Code of Practice
- ▶ Complaint resolution

Customer satisfaction and complaint resolution

We're here to help

If you have any questions about your cover, your premiums, any communications we have sent you or a decision that has been made about your cover, please contact your financial adviser or call us on 133 731 Monday to Friday, between 8.30am and 7.00pm (Sydney time).

Life Insurance Code of Practice

We have adopted the Life Insurance Code of Practice (the Code) which sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure, and principles of conduct. It also sets out timeframes for us to respond to claims, complaints, and requests for information from customers. You can find details on the Code at resolutionlife.com.au/life-insurance-code-of-practice.

Complaint resolution

We aim to provide products and services that exceed your expectations. We hope to resolve any issues straight away. If we can't, we'll acknowledge receipt of your complaint and then aim to give you a response as soon as possible and within the time limits as set out below.

The way that complaints must be dealt with differs depending on whether the complaint relates to a plan that is held outside or through super. This is because the owner of the plan is different and complaints handling requirements differ depending on whether a complaint relates to NMRF, an SMSF or non-superannuation.

For non-superannuation plans and SMSF plans

If you have a complaint please contact our Customer Contact Centre, stating what your complaint is about and the name and number of the plan. To contact our Customer Contact Centre:

Phone 133 731
Email askus@resolutionlife.com.au
Address Resolution Life Customer Service
GPO Box 5441
SYDNEY NSW 2001

We'll confirm receipt of your complaint in writing within 24 hours. We'll also do this for any complaint received over the phone, unless we can quickly resolve it for you. We'll review your complaint and send you our response within 30 days from when we received it.

You may also contact the Australian Financial Complaints Authority (AFCA). AFCA is a dispute resolution scheme that provides fair and independent financial services complaint resolution that is free to consumers. Usually, AFCA will not deal with your complaint until our internal complaints handling process has had the opportunity to consider it.

Phone 1800 931 678
Online afca.org.au
Email info@afca.org.au
Address Australian Financial Complaints Authority
GPO Box 3
MELBOURNE VIC 3001

Time limits apply to certain complaints to AFCA. So if you're not satisfied with our response, you should contact AFCA immediately to find out if a time limit applies. Other limits may also apply.

For superannuation plans in NMRF

If you have a complaint please contact ETSL, stating what your complaint is about and the name and number of the plan. You can do this by contacting Resolution Life's Customer Contact Centre:

Phone 133 731
Email askus@resolutionlife.com.au
Address Resolution Life Customer Service
GPO Box 5441
SYDNEY NSW 2001

ETSL has a formal process to deal with any complaints. We'll confirm receipt of your complaint in writing within 24 hours. We'll also do this for any complaint received over the phone, unless we can quickly resolve it for you. ETSL will review your complaint and send you their response within 45 days from when they received it. For complaints about the distribution of a death benefit, ETSL will respond within 90 days after the expiry of the 28-day period for objecting to a proposed death benefit distribution.

You may also contact the Australian Financial Complaints Authority (AFCA). AFCA is a dispute resolution scheme that provides fair and independent financial services complaint resolution that is free to consumers. Usually, AFCA will not deal with your complaint until our internal complaints handling process has had the opportunity to consider it.

Phone 1800 931 678
Online afca.org.au
Email info@afca.org.au
Address Australian Financial Complaints Authority
GPO Box 3
MELBOURNE VIC 3001

Time limits apply to certain complaints to AFCA. So if you're not satisfied with our response, you should contact AFCA immediately to find out if a time limit applies. Other limits may also apply.

Introducing
Elevate
Insurance

Applying
for cover

Cost of
insurance

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to claims

Customer
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complaints

Life, TPD
and trauma

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Interim cover

Life, TPD and trauma insurance

In this section:

- ▶ About Elevate life insurance
- ▶ About Elevate total and permanent disability insurance
- ▶ About Elevate trauma insurance
- ▶ Life, TPD and trauma insurance benefits and features in detail

Life, TPD and trauma insurance

This section outlines the features, benefits and options of Elevate Insurance plans. This section contains terms and conditions which apply to your contract of insurance. The cover that is available under your contract of insurance is limited to the selected plan and, if applicable, any **options** linked to that plan, as shown in your **insurance schedule**. It's important you read this section carefully.

About Elevate life insurance

Protecting your life

Life insurance is intended help your loved ones adjust to, and manage, life without you if something unexpected occurs. Elevate life insurance can pay a lump sum benefit if the insured person dies or if they're diagnosed with a terminal illness.

Life insurance as a plan

Life insurance can be purchased as a plan only. The three plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan
- Life Insurance SMSF Plan.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included for each plan. Full details of these benefits can be found on the pages indicated below.

Benefits	Page	Life Insurance Plan	Life Insurance Superannuation Plan	Life Insurance SMSF Plan
		NS	S	SMSF
Life Benefit	40	✓	✓	✓
Terminal Illness Benefit	40	✓	✓	✓
Automatic Inflation Benefit	39	✓	✓	✓
Future Insurability Benefit	39	✓	✓	✓
Accommodation Benefit	40	✓		
Advancement of Funeral Expenses Benefit	41	✓		
Financial Plan Benefit	41	✓		
Premium Freeze Benefit ⁽ⁱ⁾	43	✓	✓	✓
Premium and Cover Pause Benefit	43	✓	✓	✓

(i) Not available on FlexiLink plans, PremierLink TPD Option or the plan or options to which they are linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full details of these benefits can be found on the pages indicated below.

Options	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Premium Waiver Option	44	✓	✓	✓
Total and Permanent Disability (TPD) Option	41 (TPD Benefit)	✓	✓	✓
FlexiLink TPD ⁽ⁱ⁾	33	⌘	⌘	⌘
Activities of Daily Living (ADL) TPD Option	41 (TPD Benefit)	✓	✓	✓
Trauma Option	43 (Trauma Benefit)	✓		
FlexiLink Trauma ⁽ⁱ⁾	35	⌘	⌘	⌘
Children's Trauma Option	46	✓		

(i) FlexiLink plans and options can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan; however, they will be held on a separate plan outside super.

Nominating a beneficiary

This section describes the terms for nominating a beneficiary for the Life Insurance Plan. For information on nominating a beneficiary for the Life Insurance Superannuation Plan, please refer to 'Nominating superannuation death benefit beneficiaries' on page 67.

A nominated beneficiary is a person(s) who has been nominated by you, as the policy owner, to receive part or all of the benefits payable in the event of your death. The policy does not confer any other rights on a beneficiary. You can nominate up to five beneficiaries to receive any death benefit payable, subject to the following rules:

- a nominated beneficiary must be a natural person, corporation, or trustee
- a nominated beneficiary will receive the designated portion of any money payable under the relevant plan
- if a nominated beneficiary dies or the corporation or trustee ceases to exist before a claim is made, then any benefit that would have been payable to the beneficiary will be paid to you, as the policy owner, or your estate
- if ownership of the plan is assigned or transferred to another person or entity, then any previous nomination of beneficiary becomes invalid
- you, as the policy owner can make or change a nomination at any time provided, we receive your nomination in writing prior to your death, and
- all nominations must be in whole numbers and total 100%.

About Elevate total and permanent disability insurance

Protection in the event of permanent disability

The Elevate total and permanent disability (TPD) insurance plans provide a lump sum benefit to help you cope financially if you are unlikely to work again, suffer a specific loss, require future care, are unlikely to perform domestic work or suffer significant cognitive impairment.

TPD insurance

Elevate has the following TPD insurance types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD).

TPD insurance as a plan

NS **S** **SMSF**

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of a life insurance plan through the TPD Insurance Plan and the ADL TPD Insurance Plan outside super.

The TPD Insurance Superannuation Plan and TPD Insurance SMSF Plan allows you to purchase TPD (any occupation) through super independently of life insurance.

TPD insurance as an option

NS **S** **SMSF**

TPD insurance (own and any occupation) can be purchased as an option linked to a life insurance plan or trauma insurance plan. ADL TPD insurance can only be purchased as an option on a life insurance plan.

TPD types

The definition of TPD varies according to the type of plan you have. You may want to consider how specialised your occupation is and how important it is to you to return to the same role.

TPD insurance can be purchased as one of the following types:

TPD types		What you need to consider
TPD own occupation	NS	You will be assessed against your ability to return to your own occupation, which is a narrower set of criteria.
TPD any occupation	NS S SMSF	You will be assessed against your ability to return to any occupation within your education, training or experience, which includes jobs other than what you were doing before becoming disabled .
Activities of Daily Living TPD (ADL TPD)	NS S SMSF	You will be assessed against how your disability has resulted in your inability to perform key activities of daily living or whether significant cognitive impairment requires you to be under continuous supervision.

FlexiLink TPD



FlexiLink TPD (own and any occupation) can be linked to a life insurance plan. FlexiLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function.

Certain parameters of the FlexiLink TPD Insurance Plan must match the life insurance plan to which it is linked. For example, where an increase under the Automatic Inflation Benefit is accepted on one plan, this increase must also be accepted on the linked plan(s).

PremierLink TPD Option



The PremierLink TPD Option (own occupation) can be linked to a TPD any occupation option held on any of the life insurance plans, or linked to a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan. The PremierLink TPD Option has the same structure as the linked TPD any occupation insurance. For example, they will have the same sum insured, which cannot exceed the sum insured of the life insurance plan or TPD insurance plan to which they are linked. The PremierLink TPD Option has the same premium structure and the same **extension date** as the TPD any occupation option. If an increase or reduction is made to the TPD any occupation insurance, the alteration will automatically be applied to the PremierLink TPD Option.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included. Full details of these benefits can be found on the pages indicated below.

Benefits	Page	TPD Insurance Plan TPD Option	TPD Insurance Superannuation Plan TPD Insurance SMSF Plan TPD Option	FlexiLink TPD	PremierLink TPD Option	ADL TPD Insurance Plan ADL TPD Option	ADL TPD Option
		NS	S SMSF			NS	S SMSF
TPD Benefit (Any and Own occupation)	41	✓	✓ (Any only)	✓	✓ (Own only)		
ADL TPD	41 (TPD Benefit)					✓	✓
Day One TPD Benefit	42	✓	✓	✓	✓		
Partial TPD Benefit	42	✓		✓	✓ ⁽ⁱ⁾		
Automatic Inflation Benefit	39	✓	✓	✓	✓	✓	✓
Future Insurability Benefit	39	✓	✓	✓	✓	✓	✓
Accommodation Benefit	40	✓		✓	✓ ⁽ⁱ⁾		
Financial Plan Benefit	41	✓		✓	✓ ⁽ⁱ⁾	✓	
Death Benefit	42	✓	✓				
12-month Life Buy Back Benefit ⁽ⁱⁱ⁾	42	✓	✓	✓			
Premium Freeze Benefit ⁽ⁱⁱⁱ⁾	43	✓	✓			✓	✓
Premium and Cover Pause Benefit	43	✓	✓	✓	✓	✓	✓

(i) When a PremierLink TPD Option is linked to TPD any occupation insurance, this benefit will be paid under the PremierLink TPD Option only.

(ii) Only available when a TPD option or FlexiLink TPD plan is linked to a life insurance plan.

(iii) Not available on a FlexiLink TPD plan/PremierLink TPD Option and the plans or options to which they are linked.

Options you can add

The following table outlines the options that can be added to the plan and/or option at an additional cost. Full detail of these benefits can be found on the pages indicated below.

There are no options available for ADL TPD.

Options	Page	TPD Insurance Plan	TPD Option	TPD Insurance Superannuation Plan TPD Insurance SMSF Plan	TPD Option	FlexiLink TPD
		NS	NS	S SMSF	S SMSF	
Double TPD Option	44		✓ ⁽ⁱ⁾		✓ ⁽ⁱ⁾	
Life Buy Back – TPD Option	44		✓ ⁽ⁱⁱ⁾		✓	✓
PremierLink TPD Option	45					
Children's Trauma Option	46	✓	(iii)			✓

(i) The Double TPD Option is not available on a FlexiLink TPD plan/PremierLink TPD Option or the plans/options to which they are linked.

(ii) This option is not available where TPD insurance is purchased as an option on a trauma insurance plan.

(iii) Children's Trauma Option may be purchased as an option on a life insurance plan or on a trauma insurance plan to which the TPD Option is linked.

About Elevate trauma insurance

Protection in the event of serious illness or injury

Most of us know someone who has suffered a life-changing trauma – heart attacks and cancer can affect the healthiest people we know. While you may be covered for the loss of income if you've purchased income insurance, what about the extra costs you may face for your treatment, rehabilitation and recovery?

Elevate trauma insurance pays a lump sum amount if you suffer a defined serious illness or injury.

The conditions we cover under trauma insurance are listed on pages 36 to 37 and full details of these conditions can be found in the 'Glossary of medical conditions' starting on page 80.

Our definitions for medical conditions can be different to the clinical definitions that doctors use to make a diagnosis and determine treatment options. That's because our definitions consider the time it may take you to recover and how you may be financially affected.

Trauma insurance

Elevate has the following types of trauma insurance available:

- Trauma Insurance
- Trauma Insurance Plus, which provides cover for up to an extra 14 conditions.

Trauma insurance as a plan

NS

Trauma insurance can be purchased independently of a life insurance plan through the Trauma Insurance Plan and Trauma Insurance Plus Plan.

Trauma insurance as an option

NS

Trauma insurance can be purchased as an option linked to a life insurance plan through the Trauma Insurance Option or the Trauma Insurance Plus Option.

FlexiLink trauma



The FlexiLink Trauma Insurance Plan and FlexiLink Trauma Insurance Plus Plan can be linked to a life insurance plan. These FlexiLink trauma plans work in a similar way to a trauma option with regards to how they are priced and how they function. Certain parameters of the FlexiLink trauma plan must match the life insurance plan to which it is linked. For example, where an increase under the Automatic Inflation Benefit is accepted on one plan, this increase must also be accepted on the linked plan(s).

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included. Full details of these benefits can be found on the pages indicated below.

Trauma Insurance and Trauma Insurance Plus				
Benefits	Page	Trauma Insurance Plan Trauma Insurance Plus Plan	Trauma Option	FlexiLink Trauma
		NS	NS	
Trauma Benefit	43	✓	✓	✓
Automatic Inflation Benefit	39	✓	✓	✓
Future Insurability Benefit	40	✓	✓	✓
Accommodation Benefit	40	✓	✓	✓
Financial Plan Benefit	41	✓	✓	✓
Premium Freeze Benefit ⁽ⁱ⁾	43	✓	✓	
Premium and Cover Pause Benefit	43	✓	✓	✓

(i) Not available for FlexiLink plans or the plan to which FlexiLink is linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these options can be found on the pages indicated below.

Options	Page	Trauma Insurance Plan Trauma Insurance Plus Plan	Trauma Option	FlexiLink Trauma
		NS	NS	
Double Trauma Option	45		✓	
Life Buy Back – Trauma Option	46		✓	✓
Trauma Reinstatement Option	46	✓	✓	✓
Total and Permanent Disability (TPD) Option	41 (TPD Benefit)	✓		
Children's Trauma Option	46	✓	(i)	✓

(i) Children's Trauma Option may be purchased as an option on a life insurance plan to which the trauma option is linked.

Trauma conditions

Trauma insurance

Trauma insurance covers the trauma conditions set out in the tables below.

The definitions for all trauma conditions can be found in the 'Glossary of medical conditions' starting on page 80.

Trauma condition	Benefit payment as a percentage of the sum insured	Qualifying period
Heart related conditions		
Angioplasty	25% up to \$100,000	90 days
Aortic surgery to correct structural abnormality of the aorta	100%	Nil
Cardiomyopathy (permanent)	100%	Nil
Coronary artery bypass surgery	100%	90 days
Heart attack (of specified severity)	100%	90 days
Heart valve surgery (via open heart)	100%	Nil
Idiopathic pulmonary hypertension	100%	Nil
Out of hospital cardiac arrest	100%	Nil
Triple vessel angioplasty	100%	Nil
Cancer and other tumour conditions		
Benign tumour	100%	Nil
Cancer (of specified criteria)	100%	90 days
Pituitary tumour with impairment	100%	90 days
Neurological and degenerative disorders		
Coma	100%	Nil
Dementia including Alzheimer's disease (with severe cognitive impairment)	100%	Nil
Encephalitis (resulting in permanent neurological deficit)	100%	Nil
Major head trauma (with permanent neurological deficit)	100%	Nil
Motor neurone disease	100%	Nil
Multiple sclerosis (persisting impairment)	100%	Nil
Muscular dystrophy	100%	Nil
Parkinson's disease (with significant functional impairment)	100%	Nil

Trauma condition	Benefit payment as a percentage of the sum insured	Qualifying period
Stroke (diagnosed)	100%	90 days
Organ related conditions		
Chronic lung failure	100%	Nil
End stage kidney failure	100%	Nil
End stage liver failure	100%	Nil
Major organ transplant	100%	Nil
Pneumectomy	100%	Nil
Mobility and sensory conditions		
Blindness (permanent)	100%	Nil
Blindness in one eye (permanent)	10% up to \$25,000	Nil
Deafness (permanent)	100%	Nil
Deafness in one ear (permanent)	10% up to \$25,000	Nil
Diplegia (permanent)	100%	Nil
Hemiplegia (permanent)	100%	Nil
Loss of speech (permanent)	100%	Nil
Loss of the use of limbs (permanent)	100%	Nil
Loss of the use of limbs and sight (permanent)	100%	Nil
Paraplegia (permanent)	100%	Nil
Quadriplegia (also defined as tetraplegia) (permanent)	100%	Nil
Severe rheumatoid arthritis	100%	Nil
Diabetes		
Adult insulin dependent diabetes	10% up to \$100,000	90 days
Advanced diabetes	100%	Nil
Other		
Aplastic anaemia (requiring treatment)	100%	Nil
HIV – accidental infection through medical procedure	100%	Nil
HIV – accidental occupational infection	100%	Nil
Loss of capacity for independent living	100%	Nil
Medical condition requiring life support	10% up to \$25,000	Nil
Severe burns to specified body surface area	100%	Nil

Trauma insurance plus

Trauma insurance plus covers the following trauma conditions in addition to the events covered by trauma insurance:

Trauma condition	Benefit payment as a percentage of the sum insured	Qualifying period
Cancer and other tumours		
Cancer (of specified criteria) early payment - Melanomas - Prostate tumours - Carcinoma in situ of: - the penis - one or both testes - the perineum - the breast - vulva, vagina, or fallopian tube - the cervix - the ovary - the uterus	20% up to \$100,000	90 days
Early stage benign brain tumour or spinal cord tumour	25% up to \$100,000	Nil
Pituitary gland tumour surgical removal (other than by non-transsphenoidal technique)	25% up to \$100,000	Nil
Heart related conditions		
Heart valve surgery (other than open heart)	25% up to \$100,000	Nil
Mobility and sensory conditions		
Loss of the use of a limb (permanent)	25% up to \$100,000	Nil

If a payment is made under any of the partial payment trauma conditions, the trauma insurance sum insured will be reduced by the amount we pay.

Introducing
Elevate
Insurance

Applying
for cover

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insurance

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to claims

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Life, TPD
and trauma

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insurance

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Children's Trauma Option

The Children's Trauma Option can be added to the life, TPD and trauma insurance plans at an additional cost.

This option allows you to cover up to five of your children for any amount between \$10,000 and \$200,000 each.

The Children's Trauma Option provides cover if the nominated child suffers from one of the trauma conditions listed below, becomes **terminally ill** or dies.

The trauma conditions covered by the Children's Trauma Option.

Trauma condition	Benefit payment as a percentage of the sum insured	Qualifying period
Heart related conditions		
Aortic surgery to correct structural abnormality of the aorta	100%	Nil
Cardiomyopathy (permanent)	100%	Nil
Coronary artery bypass surgery	100%	90 days
Heart attack (of specified severity)	100%	90 days
Heart valve surgery (via open heart)	100%	Nil
Idiopathic pulmonary hypertension	100%	Nil
Out of hospital cardiac arrest	100%	Nil
Triple vessel angioplasty	100%	Nil
Cancer and other tumour conditions		
Benign tumour	100%	Nil
Cancer (of specified criteria)	100%	90 days
Neurological and degenerative disorders		
Dementia including Alzheimer's disease (with severe cognitive impairment)	100%	Nil
Coma	100%	Nil
Encephalitis (resulting in permanent neurological deficit)	100%	Nil
Major head trauma (with permanent neurological deficit)	100%	Nil
Motor neurone disease	100%	Nil
Multiple sclerosis (persisting impairment)	100%	Nil
Muscular dystrophy	100%	Nil
Parkinson's disease (with significant functional impairment)	100%	Nil
Stroke (diagnosed)	100%	90 days

Trauma condition	Benefit payment as a percentage of the sum insured	Qualifying period
Subacute sclerosing panencephalitis	100%	90 days
Viral encephalitis	100%	90 days
Organ related conditions		
Chronic lung failure	100%	Nil
End stage kidney failure	100%	Nil
End stage liver failure	100%	Nil
Major organ transplant	100%	90 days
Pneumonectomy	100%	Nil
Mobility and sensory conditions		
Blindness (permanent)	100%	Nil
Deafness (permanent)	100%	Nil
Diplegia (permanent)	100%	Nil
Hemiplegia (permanent)	100%	Nil
Paraplegia (permanent)	100%	Nil
Quadriplegia (permanent) (also defined as tetraplegia)	100%	Nil
Loss of the use of limbs (permanent)	100%	Nil
Loss of the use of limbs and sight (permanent)	100%	Nil
Loss of speech (permanent)	100%	Nil
Severe rheumatoid arthritis	100%	Nil
Other		
Aplastic anaemia (requiring treatment) ⁽ⁱ⁾	100%	90 days
HIV – accidental infection through medical procedure	100%	Nil
HIV – accidental occupational infection	100%	Nil
Severe burns to specified body surface area	100%	Nil

Life, TPD and trauma insurance benefits and features in detail

Please take the time to read the details about the benefits the plans provide. This section will provide you with the terms and conditions of each benefit and is an important part of this PDS. Your insurance schedule will show you which plan(s) and option(s) apply to you. Please speak to your financial adviser or contact us if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different plans and options.

Benefits available under:	Symbol
Life insurance plans	LIFE
TPD insurance plans and TPD options	TPD
Trauma insurance plans and trauma options	TRAUMA
FlexiLink TPD or PremierLink TPD Option	 and TPD
FlexiLink trauma	 and TRAUMA

Automatic Inflation Benefit

LIFE **TPD** **TRAUMA** **NS** **S** **SMSF** 

To protect your benefit against the effects of inflation, your sum insured is automatically increased each year on the **extension date** by the greater of 5% and the increase in the **Consumer Price Index (CPI)**.

Increases resulting from the Automatic Inflation Benefit can take your sum insured over the maximum sum insured allowed at the time of application.

Your premium will increase because of this increase in the sum insured. You may decline the increase in the sum insured for any particular year or for all years by contacting us.

If you ask us to remove the Automatic Inflation Benefit for all future years and want to add it back in the future, you will need to apply for this benefit to be added back to your plan and will be underwritten.

Limitations

The Automatic Inflation Benefit will not apply:

- from the **extension date** immediately after you turn 65
- for any cover that has a premium loading greater than 100%
- to the Children's Trauma Option
- while the Premium Freeze Benefit is exercised
- while we are waiving premiums under the Premium Waiver Option, or
- for any plan that has been established as a result of exercising the:
 - Life Buy Back – TPD Option
 - Life Buy Back – Trauma Option, or
 - Trauma Reinstatement Option.

Future Insurability Benefit

LIFE **TPD** **TRAUMA** **NS** **S** **SMSF** 

This benefit allows you to increase your sum insured after specified events without having to provide health evidence.

You must apply for the increase within 12 months after the date the specified event occurs.

How much additional cover you can purchase

The maximum amount of increase for any one event is the lesser of:

- 25% of the sum insured
- \$200,000
- the amount of the mortgage or the increase to the mortgage (where the increase relates to a mortgage), or
- 10 times the salary increase (where the increase relates to a promotion or commencement of new employment).

For all increases under the Future Insurability Benefit, the maximum amount you can increase the sum insured over the life of the plan for each cover type is the lesser of:

- the original sum insured at plan commencement, and
- \$2,000,000

The premium for the increased sum insured will be based on your age at the time of the increase.

Specified personal events	Examples of evidence needed (certified copies)
You get married or register a de facto relationship	• Marriage certificate • Registration certificate of a de facto relationship
On the first anniversary of a marriage or de facto relationship	• Marriage certificate • Registration certificate of a de facto relationship
Divorce or registering a separation from a marriage or registered de facto relationship	• Divorce order • Separation certificate of a marriage or a de facto relationship
On the first anniversary of separating from a marriage or de facto relationship	• Separation certificate of a marriage or a de facto relationship
Death of a spouse or de facto partner	• Death certificate • Marriage certificate • Relationship certificate
Effecting a mortgage for the first time or increasing a mortgage	• Mortgage papers • Bank confirmation of settlement
Completing first undergraduate degree at an Australian University	• Degree certificate
Birth or adoption of a child	• Birth certificate
Your child first starts secondary school	• Certificate of enrolment
Becoming a carer for the first time	• Statutory Declaration confirming the carer status and date commenced • Centrelink carer's card

Specified personal events	Examples of evidence needed (certified copies)
Promotion or commencement of a new employment arrangement where your base salary (excluding salary packaging arrangements) increases by at least \$10,000 or 10%	Pay slips showing previous income and letter of offer from employer or letter of salary increase or new employment contract
You cease to have any financial dependants. This event is only available if the plan is through superannuation.	Signed statutory declaration that you no longer have any financial dependants.
Specified personal events	Evidence to support the increase
Business succession planning – increase in the value of the business or in your shareholding	- Partnership agreement - Executive package letter showing increase
Key person insurance – increase in the value of the key person to the business	Letter from the business' accountant
Loan guarantee – increase in business loans	- Loan documentation - Revaluation certificate

Limitations

You may only apply for one personal or business event increase in any 12 month period.

The event must occur while the plan is in place.

Within the first six months of an increase to the sum insured, the increased benefit amount is only payable for death, total and permanent disability or a trauma condition which results from an **injury**.

The Future Insurability Benefit is not available:

- from the **extension date** immediately after you turn 55
- for any cover that has a premium loading greater than 50%
- if you are currently entitled to make, or have made, a claim for **terminal illness**, TPD or Trauma Benefit under a policy with us.

Life Benefit

LIFE **NS** **S** **SMSF**

If you die, while this plan is in place, we'll pay the life insurance sum insured on your insurance schedule at the time of your death.

Terminal Illness Benefit

LIFE **NS** **S** **SMSF**

If you become **terminally ill**, while this plan is in place, we'll advance the life insurance sum insured. The amount payable is the life insurance sum insured on your insurance schedule as at the date the **medical practitioner(s)** certifies that you are **terminally ill**.

NS

For the Life Insurance Plan, **terminally ill** means:

- a **medical practitioner** has certified that you suffer from a **sickness**, or have incurred an **injury**, that is likely to result in your death within 12 months of the date of certification, and
- we agree with that prognosis based on **evidence** provided by you or obtained by us.

S

For the Life Insurance Superannuation Plan or Life Insurance SMSF Plan, **terminally ill** means:

SMSF

- two **medical practitioners** have certified, jointly or separately, that you suffer from a **sickness**, or have incurred an **injury**, that is likely to result in your death within 12 months of the date of certification
- at least one of the **medical practitioners** is a specialist practising in an area related to the **sickness** or **injury**, and
- for each of the certificates, the certification period has not ended.

Advancement of Funeral Expenses Benefit

LIFE **NS**

This benefit provides an advance payment of the Life Benefit on receipt of the death certificate or other proof of your death which is acceptable to us.

The amount payable is the lesser of the Life Benefit and \$20,000.

The Life Benefit will be reduced by the amount paid under this benefit.

Any payment of this benefit is not an admission of liability to pay the full Life Benefit.

Accommodation Benefit

LIFE **TPD** **TRAUMA** **NS** 

We'll pay for the accommodation costs of your **immediate family member**, if we pay 100% of the sum insured under the Terminal Illness Benefit, TPD Benefit or Trauma Benefit, and a **medical practitioner** certifies that you must remain confined to bed due to the reason for which we paid the Terminal Illness/TPD/Trauma Benefit, and:

- you are more than 100km from home, or need to travel to a place that is more than 100km from home for medical **treatment**, and an **immediate family member** is required to stay with you (eg to provide care or essential support), or

- an **immediate family member** is required to stay with you (eg to provide care or essential support) and must travel more than 100km from their home to do so.

We'll pay up to a maximum of \$250 per day for each day that you remain confined to bed and your **immediate family member** remains away from their home, for a maximum of 14 days.

Limitations

You must provide us reasonable **evidence** that you are confined to bed and receipt of payment of the accommodation costs. For example, a hospital discharge form and accommodation receipts.

We'll only pay the Accommodation Benefit once, regardless of the number of plans or options you have with us.

Financial Plan Benefit

LIFE **TPD** **TRAUMA** **NS** 

If we pay 100% of the sum insured, under the Life Benefit, Terminal Illness Benefit, TPD Benefit or Trauma Benefit, we'll reimburse the recipient of the benefit, up to \$2,000 for the cost of financial planning advice.

Limitations

The advice must be received within 12 months of us paying the sum insured.

The advice must be from a representative of an Australian Financial Services Licensee.

We'll only pay the Financial Plan Benefit once regardless of the number of plans or options you have with us.

TPD Benefit

TPD **NS** **S** **SMSF** 

If you are totally and permanently disabled (TPD), while this cover is in place, we'll pay the TPD insurance sum insured. The amount payable is the TPD insurance sum insured on your insurance schedule at the time you satisfy the relevant TPD definition.

The definition of TPD varies according to the type of plan you have and whether your TPD plan is TPD own occupation, TPD any occupation or ADL TPD. This will be on your insurance schedule.

The definitions below need to be considered with the TPD definitions in the 'Glossary of total and permanent disability (TPD) insurance' definitions (page 78).

For TPD any occupation

You are totally and permanently disabled if you:

- A. are unlikely to work (any occupation)
- B. suffer a specific loss
- C. require future care
- D. are unlikely to perform domestic work and the TPD insurance plan or TPD option is held outside super, or
- E. suffer significant cognitive impairment.

For TPD own occupation

You are totally and permanently disabled if you:

- A. are unlikely to work (own occupation)
- B. suffer a specific loss
- C. require future care
- D. are unlikely to perform domestic work, or
- E. suffer significant cognitive impairment.

For ADL TPD

You are totally and permanently disabled if you:

- C. require future care, or
- E. suffer significant cognitive impairment.

Specific rules for TPD definitions

There are specific rules for each of the definitions. These should be read in conjunction with the 'Glossary of Total and Permanent Disability (TPD) insurance' definitions on page 78.

For TPD definitions:	Specific rules
A (unlikely to work) and D (unlikely to perform domestic work)	Definitions A and D only apply until the first extension date after you turn 65, or until the plan ends, whichever occurs first. Definition D does not apply to TPD insurance through super. For TPD insurance through super, the permanent incapacity definition must also be satisfied.
B (suffers a specific loss) and C (requires future care)	Definitions B and C only apply until you turn: • 99 for TPD insurance outside super, or • 75 for TPD insurance through super, or until the plan ends, whichever occurs first. For TPD insurance through super, the permanent incapacity definition must also be satisfied.
E (suffers significant cognitive impairment)	Definition E only applies from the first extension date after you turn 65 until you turn: • 99 for TPD insurance outside super, or • 75 for TPD insurance through super, or until the plan ends, whichever occurs first. For TPD insurance through super, the permanent incapacity definition must also be satisfied.

Day One TPD Benefit

TPD NS S SMSF

If you suffer from one of the listed medical conditions below (as defined in the 'Glossary of medical conditions' starting on page 80), we'll waive the requirement to be unable to work for three months or perform domestic duties for three months when assessing a claim under TPD definitions A and D:

- Blindness (permanent)
- Cardiomyopathy (permanent)
- Chronic lung failure
- Deafness (permanent)
- Dementia including Alzheimer's disease (with severe cognitive impairment)
- Diplegia (permanent)
- Hemiplegia (permanent)
- Idiopathic pulmonary hypertension
- Loss of speech (permanent)
- Major head trauma (with permanent neurological deficit)
- Motor neurone disease
- Multiple sclerosis (persisting impairment)
- Muscular dystrophy
- Paraplegia (permanent)
- Parkinson's disease (with significant functional impairment)
- Quadriplegia (permanent) (also defined as tetraplegia)
- Severe rheumatoid arthritis.

Partial TPD Benefit

TPD NS

This benefit provides an advance of the TPD Benefit if you suffer **Loss of the use of a limb (permanent)** or **Blindness in one eye (permanent)**. These medical conditions are defined in the 'Glossary of medical conditions' starting on page 80.

The amount we pay is 25% of the TPD insurance sum insured on your insurance schedule, up to a maximum of \$500,000.

If you have TPD insurance and trauma insurance plus on the same plan (or linked through a FlexiLink plan or PremierLink TPD Option), and you're eligible to claim under both benefits, we'll only pay one benefit, being the highest.

The TPD insurance sum insured, and all linked cover will be reduced by the amount paid under this benefit.

Limitations

This benefit is only payable once over the life of the plan.

This benefit is not available for TPD insurance through super or for ADL TPD.

Death Benefit

TPD NS S SMSF

This benefit only applies if you have a standalone TPD insurance plan.

If you die, while this cover is in place, and no TPD Benefit has been paid or is payable, we'll pay a benefit of \$10,000.

Limitations

The Death Benefit is only available if you do not have life insurance cover under any other plan where Resolution Life is the insurer.

12-Month Life Buy Back Benefit

TPD NS S SMSF

This benefit only applies if you have a TPD insurance option linked or FlexiLinked to a life insurance plan.

If we pay 100% of the sum insured of the TPD Benefit you may buy another life insurance plan, up to the amount of the TPD Benefit paid (the new plan) without having to provide us with any health or other **evidence**.

How to exercise this benefit

You can buy the new plan by submitting to us the required form, plus the appropriate premium, one year after the TPD Benefit was paid. If we do not hear from you within 60 days of that date, you will lose the right to buy the new plan under this benefit.

The new plan must be an equivalent plan that we are issuing at the time you exercise this benefit and will be subject to the terms and conditions applicable at the time.

The premium for the new plan will be based on your age and the premium rates at the time the new plan is applied for.

The new plan will include any revised terms such as exclusions and premiums loadings that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the duty to take reasonable care not to make a misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Limitations

The Automatic Inflation Benefit and the Future Insurability Benefit will not be available on the new life insurance plan.

This benefit can only be exercised once.

This benefit is not available if you have exercised the Life Buy Back – TPD Option or Double TPD Option.

This benefit is not available if we have paid the Terminal Illness Benefit.

This option expires when you turn 65.

Trauma Benefit

TRAUMA NS 

If you suffer one of the specified trauma conditions, when this cover is in place, we'll pay the Trauma Benefit.

The trauma conditions and the amounts payable are listed on pages 36 to 37 and defined in the 'Glossary of medical conditions' starting on page 80.

The amount payable is based on the trauma insurance sum insured on your insurance schedule, at the time you satisfy the definition of the relevant trauma condition.

Specific rules

From the **extension date** immediately after you turn 70, you are only covered for **Loss of independent living**.

90 day qualifying period

No benefit will be paid for any of the trauma conditions marked as having a 90 day qualifying period if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the commencement date of the trauma insurance plan or trauma option
- the date the trauma insurance plan or trauma option is last reinstated, and
- the effective date of any increase in your trauma insurance sum insured (but only in respect of the increased amount and excluding any increase under the Automatic Inflation Benefit).

Partial trauma benefit conditions

Any partial benefit paid will reduce the trauma insurance sum insured and any linked cover by the amount of the benefit paid.

The total of all claim payments must not exceed the trauma insurance sum insured.

You can only claim for each type of trauma condition once, except for **Angioplasty**. You may make multiple claims for this trauma condition.

For **Cancer (of specified criteria) early payment condition**, which is covered under trauma insurance plus, we'll pay a partial benefit once only for each **Cancer (of specified criteria) early payment condition**.

We will, however, make subsequent payments for Cancer (of specified criteria) early payment conditions, as long as we have not already made a payment for the same condition. The following are excluded:

- tumours that occur within the 90 day qualifying period, and
- tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.

Premium Freeze Benefit

LIFE TPD TRAUMA NS S SMSF

This benefit only applies if you have variable age-stepped premium.

Exercising this benefit allows you to maintain your current premium at the time this benefit is exercised. Your sum insured will reduce each year that this benefit is applied.

If you choose to cancel the Premium Freeze Benefit, your sum insured at that time will not reduce anymore and the Automatic Inflation Benefit will automatically recommence. Premiums will then increase each year according to your age.

You can request to exercise the Premium Freeze Benefit or cancel it at any time, which will take effect from the next **extension date** of the plan.

Limitations

The Automatic Inflation Benefit will not apply while the Premium Freeze Benefit is exercised.

This benefit is not available on a FlexiLink plan, PremierLink TPD Option or the plans/options to which they are linked.

Premium and Cover Pause Benefit

LIFE TPD TRAUMA NS S SMSF

You may suspend all benefits under your policy and premiums associated with them for 3, 6 or 12 months.

During this period and in the future, you will be unable to claim under your policy in respect of any medical condition, **injury** or **sickness** that occurs during the premium and cover pause period or for which you had symptoms of during that period, unless you were not aware of, and a reasonable person in the circumstances could not have expected to have been aware of the medical condition, **injury**, or **sickness** at the time.

To exercise this benefit, you must notify us at least 30 days prior to the relevant premium due date for which you wish to suspend your cover. Cover will then be suspended from your next premium due date.

At the end of the premium and cover pause period, we will continue your cover and your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Premium and Cover Pause Benefit. If the paused cover is linked or FlexiLinked to other cover, that other cover must also be paused at the same time.

Your premiums must be paid up to date at the time you request this benefit to apply.

Cover may be paused under this benefit for a maximum of 12 months in total over the life of the policy.

You cannot cancel the Premium and Cover Pause Benefit once it has been exercised. For example, if you have requested to pause your premium and cover for six months, you cannot cancel the pause within that six month period.

Options

This section outlines the options that can be added to the plan at an additional cost. An option only applies if it's on your insurance schedule.

Premium Waiver Option

LIFE NS S SMSF

We'll waive your premiums while you are:

- **totally disabled**, or
- **involuntarily unemployed**.

Premium waiver while totally disabled

If you are **totally disabled** for at least 90 consecutive days, you don't have to pay premiums for the life insurance plan (including the plan fee and any linked options or FlexiLink plans) while you remain totally disabled or until you turn 65, whichever comes first.

Premium waiver while involuntarily unemployed

If you become **involuntarily unemployed** and let us know in writing within three months of the date this took place, you don't have to pay premiums for the life insurance plan (including the plan fee and any linked options or FlexiLink plans) for three months from the date you became **involuntarily unemployed** or until you are employed, whichever comes first.

We'll waive premiums for all periods of **involuntary unemployment** for a total of up to 12 months over the life of the plan.

Limitations

We won't waive any premium if your **total disability** was caused directly or indirectly by you on purpose.

Your plan must have been in place for at least six consecutive months when you become **involuntarily unemployed**.

You must register with an employment agency within three months of becoming **involuntarily unemployed**, and demonstrate that you are actively seeking employment.

The Automatic Inflation Benefit and Guaranteed Insurability Benefit will not apply while premiums are waived under the Premium Waiver Option.

We will not waive premiums under this option for any plan that has been established as a result of exercising the:

- 12-month Life Buy Back Benefit
- Life Buy Back – TPD Option
- Life Buy Back – Trauma Option
- Trauma Reinstatement Option.

Double TPD Option

TPD NS S SMSF

This option is only available where TPD is held as an option and linked or FlexiLinked to a life insurance plan.

If we pay 100% of the sum insured for a TPD Benefit, the sum insured of the life insurance plan this TPD option is linked to won't reduce by the amount of the TPD Benefit paid. The sum insured of any linked option or FlexiLink plan (if applicable) will be reduced by the TPD Benefit paid.

Limitations

The Automatic Inflation Benefit and the Future Insurability Benefit will not be available on the new life insurance plan and any linked options that we're waiving premiums for.

This option expires on the **extension date** immediately after you turn 65. If you have exercised this option, premiums for the life insurance plan will continue to be waived after you turn 65 and until the plan ends.

Life Buy Back – TPD Option

TPD NS S SMSF

This option is only available where TPD is held as an option and linked or FlexiLinked to a life insurance plan.

If we pay 100% of the sum insured for a TPD Benefit you may buy another life insurance plan (the new plan) without having to provide us with any health or other **evidence**.

How to exercise this option

You may buy the new plan, immediately from the date the TPD Benefit was paid. If we do not hear from you within 60 days of that date, you will lose the right to buy the new plan under this option.

The new plan must be an equivalent plan that we are issuing at the time you exercise this option and will be subject to the terms and conditions applicable at the time.

The premium for the new plan will be based on your age and the premium rates applicable at the time the new plan is applied for.

The new plan will include any revised terms such as exclusions and premium loadings that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the duty to take reasonable care not to make a misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Limitations

The Automatic Inflation Benefit and the Future Insurability Benefit will not be available on the new life insurance plan.

This option can only be exercised once.

This option expires when you turn 65.

PremierLink TPD Option

TPD 

If this option is selected, a TPD own occupation option will be issued outside of super.

This option links a TPD own occupation benefit outside super to:

- a TPD any occupation option held on a Life Insurance Superannuation Plan or Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan (any) or TPD Insurance SMSF Plan (any).

If a TPD claim is lodged, it will first be assessed against a TPD any occupation definition. If you meet this definition, the benefit will be paid to the Trustee. If you don't meet the TPD any occupation definition, you will be assessed under the TPD own occupation definition under the PremierLink TPD Option. If you meet this definition, the benefit will be paid directly to you. The definitions for TPD any occupation and TPD own occupation can be found in the 'Glossary of Total and Permanent Disability (TPD) insurance' definitions on page 78.

If you're also eligible for the Accommodation Benefit, Financial Plan Benefit, and/or the Partial TPD Benefit then these benefits will be paid to you directly under the PremierLink TPD Option held outside of super.

If we pay a benefit under this option it will reduce the sum insured of the life insurance plan or TPD insurance plan to which it is linked, the linked TPD any occupation benefit and any other linked options by the amount we pay. Similarly, if we pay a benefit under any plan or option to which the PremierLink TPD Option is linked, the sum insured under the PremierLink TPD Option will reduce.

General

- This option is held on a separate insurance schedule to the life insurance plan or TPD insurance plan, and TPD any occupation benefit to which it is linked.
- When both a TPD any occupation option or plan and PremierLink TPD Option are purchased, they will have the same sum insured (which cannot exceed the sum insured of the life insurance plan or TPD insurance plan to which they are linked).
- If an increase or reduction is made to the TPD any occupation option or plan, the alteration will automatically be applied to the TPD own occupation cover held under the PremierLink TPD Option.

- A payment of 100% of the TPD Benefit under either the TPD any occupation option or plan, or the PremierLink TPD Option will automatically cancel both options.
- If you cancel the TPD any occupation option or plan, the PremierLink TPD Option will automatically be cancelled. However, if you cancel the PremierLink TPD Option, the TPD any occupation option or plan can continue.
- If the Life Buy Back – TPD Option is purchased it will be applied to both the TPD any occupation option or plan and the PremierLink TPD Option. If they are cancelled, they will be cancelled from both the TPD options/plans.
- When the PremierLink TPD Option is purchased, FlexiLink TPD plans and Double TPD Options won't be available on the life insurance plan and any other linked options.

For further information on the PremierLink TPD Option, refer to 'How PremierLink TPD works' section on page 17.

Double Trauma Option

TRAUMA 

This option is only available where trauma is held as an option and linked or FlexiLinked to a life insurance plan.

If we pay 100% of the sum insured for a Trauma Benefit, the sum insured of the linked life insurance plan the trauma option is linked to won't reduce by the amount of the Trauma Benefit paid, and we'll waive future premiums for this portion of the life insurance plan.

The sum insured of any linked option or FlexiLink plan (if applicable) will be reduced by the Trauma Benefit paid.

Limitations

The Automatic Inflation Benefit and the Future Insurability Benefit will not be available on the life insurance plan and any linked options that we're waiving premiums for.

This option expires when you turn 70.

If you have exercised this option, premiums for the life insurance plan will continue to be waived after you turn 70, and until the plan ends.

Life Buy Back – Trauma Option

TRAUMA NS 

This option is only available where trauma insurance is held as an option and linked or FlexiLinked to a life insurance plan.

If we pay 100% of the sum insured for a Trauma Benefit, you may buy another life insurance plan up to the amount of the Trauma Benefit paid, (the new plan) without having to provide us with any health or other **evidence**.

How to exercise this option

You may buy the new plan from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

You have 60 days from this date to apply for the new life insurance plan. If we don't hear from you within 60 days of you will lose the right to buy the new plan under this option.

The new plan must be an equivalent plan that we are issuing at the time you exercise this option and will be subject to the terms and conditions applicable at the time.

The premium for the new plan will be based on your age and the premium rates applicable at the time the new plan is applied for. The new plan will include any revised terms such as exclusions and premium loadings that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the duty to take reasonable care not to make a misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Limitations

The Automatic Inflation Benefit and the Future Insurability Benefit won't be available on the new life insurance plan.

This option can only be exercised once.

This option expires when you turn 65.

Trauma Reinstatement Option

TRAUMA NS 

If we pay 100% of the sum insured for a Trauma Benefit, you may buy another trauma insurance plan up to the amount of the benefit paid (the new plan) without having to provide us with any health or other evidence.

How to exercise this option?

You may buy the new plan from the later of:

- 12 months after we receive your trauma insurance claim form, or
- the date the claim is paid.

You have 60 days from this date to apply for the new trauma insurance plan. If we don't hear from you within 60 days of that date, you will lose the right to buy the new plan under this option.

The new plan must be an equivalent plan that we are issuing at the time you exercise this option and will be subject to the terms and conditions applicable at the time.

The premium for the new plan will be based on your age and the premium rates at the time the new plan is applied for. The new plan will include any revised terms such as exclusions and premium loadings that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the duty to take reasonable care not to make a misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Limitations

We'll pay a reduced benefit for **Cancer (of specified criteria) or Heart attack (of specified severity)** that is related to the claim under the original plan. In this case we'll pay 10% of the trauma insurance sum insured under the new plan, up to a maximum of \$50,000.

For all trauma conditions other than **Cancer (of specified criteria) or Heart attack (of specified severity)**, we won't pay a benefit under the new plan for a trauma condition that is related to, or caused by, the medical condition resulting in the claim under the original plan.

The Automatic Inflation Benefit and the Future Insurability Benefit will not be available on the new trauma insurance plan.

This option can only be exercised once.

This option expires when you turn 70. Provided you have submitted your trauma claim form prior to age 70, you will still be eligible to exercise this option after you turn 70.

Children's Trauma Option

LIFE TPD TRAUMA NS 

We'll pay the Children's Trauma Option sum insured if while this cover is in place the nominated child suffers one of the specified trauma conditions, becomes **terminally ill** or dies.

Payment of this benefit will not reduce the sum insured on any plan that this option is linked to. The trauma conditions covered are listed on pages 36 and 37 and defined in the 'Glossary of medical conditions' starting on page 80.

When we'll pay

Subject to any qualifying period, we'll pay you the amount as soon as possible after we are satisfied that a death, terminal illness or trauma condition has occurred. The date the death, terminal illness or trauma condition occurs is the date **evidence** shows it to have occurred.

When we won't pay

We won't pay a benefit if the nominated child's trauma condition, **terminal illness** or death is:

- the direct or indirect result of a self-inflicted act
- caused directly or indirectly by you on purpose
- occurs within the 90 day qualifying period in respect of certain trauma conditions.

90 day qualifying period

No benefit will be paid for any of the trauma conditions marked as having a 90 day qualifying period if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the commencement date of this option
- the date this option is last reinstated, and
- the effective date of any increase in the Children's Trauma Option sum insured (but only in respect of the increased amount).

When the option ends

In addition to the circumstances detailed in 'When the plan will end' (page 61), this option will also end for each nominated child as soon as:

- the nominated child turns 21
- you or the nominated child dies
- we pay you the full benefit under this option, or
- the cover is continued for the nominated child under a new plan.

You can take out a new plan for your nominated child between ages 16 and 21

You can continue your nominated child's trauma cover, if they are between the ages of 16 and 21, by purchasing any of the following plans without having to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan with Trauma insurance option, or
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan with FlexiLink Trauma Insurance Plan.

You must complete and forward to us the current application form. You are required to provide details of the nominated child's occupation, smoking status, sports and pastimes, residence and travel details and any other insurance. Your financial adviser will be able to assist you in completing this form.

The maximum amount of cover you can apply for under the new plan is the sum insured for that nominated child under this Children's Trauma Option. The new plan must meet the minimum premium requirements on-sale from us at that time.

The premium for the new plan will be based on the nominated child's age and premium rates applicable at the time the new plan is applied for. The new plan will include any revised terms such as exclusions and premium loadings that applied to this option.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out this option. The new plan is issued on the basis that the duty to take reasonable care not to make a misrepresentation was complied with when you were issued with this option. We may exercise the same rights on the new plan arising from any misrepresentations that we could have exercised on this option.

FlexiLink



If you purchase a FlexiLink plan, it is linked to a life insurance plan but held on a separate insurance schedule. Changes to the benefits in the life insurance plan can affect the benefits of the FlexiLink plan. If the life insurance plan to which the FlexiLink plan is linked is cancelled, the FlexiLink plan will automatically be cancelled.

FlexiLink TPD plan

FlexiLink TPD links TPD insurance to a life insurance plan. It works similarly to a TPD option, except that it enables you to have a different plan owner than the plan to which it is linked.

Where TPD insurance is purchased as FlexiLink TPD plan linked to a life insurance plan, the TPD insurance will operate as an option linked to that plan. Therefore, the life insurance sum insured will be reduced by the amount of any TPD Benefit paid.

FlexiLink trauma plan

FlexiLink trauma links trauma insurance to a life insurance plan. It works similarly to a trauma option, except that it enables you to have a different plan owner than the plan to which it is linked.

Where trauma insurance is purchased as FlexiLink trauma plan linked to a life insurance plan, the trauma insurance will operate as an option linked to that plan. Therefore the life insurance sum insured will be reduced by the amount of any Trauma Benefit paid.

For further information on FlexiLink, refer to 'How FlexiLink works' section on page 16.

When we won't pay

LIFE TPD TRAUMA NS S SMSF

If you had a medical condition, injury or sickness before the plan began

We won't pay a benefit for a medical condition, **injury** or **sickness** that occurred before the commencement date unless you told us about it, in response to a question asked when you applied for cover, or applied to increase the sum insured or reinstate the cover, and we agreed to accept it.

The above does not apply if you were not asked a question during the application process that required you to tell us about the medical condition, **injury** or **sickness**.

For the purposes of this clause you had a medical condition, **injury** or **sickness** if:

- a **medical practitioner** or other health professional gave you, or recommended that you receive advice, care or **treatment**, or
- you had symptoms, for which a reasonable person would have sought advice, care or **treatment** from a **medical practitioner** or other health professional unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of, the medical condition, **injury** or **sickness** at the time.

If a fraudulent claim is made

If you make a fraudulent claim, we may refuse to pay the claim.

When we won't pay if you have life, TPD or trauma insurance

Type of insurance	When we won't pay
Life insurance	We won't pay a benefit if you die because of suicide within 13 months of: • the commencement date • the date the plan was last reinstated, or • the date of any increase, (but only in respect of the increase amount and excluding any increase under the Automatic Inflation Benefit). We won't pay a benefit for anything we have specifically excluded, as stated on your insurance schedule. If you are replacing an existing life insurance policy We'll waive the 13 month suicide exclusion if this life insurance plan replaces an existing life insurance policy issued by us or another insurer and: • the previous life insurance policy to be replaced was subject to a suicide exclusion and has been in place for at least 13 consecutive months prior to the commencement date of this plan, and • the previous life insurance policy was terminated at the commencement date of this plan. Where the Life Benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount.
Total and permanent disability (TPD) insurance	We won't pay a benefit: • if your total and permanent disability, sickness, injury or death was caused directly or indirectly by you on purpose • if you have a standalone TPD insurance plan, the Double TPD Option or TPD option with a trauma insurance plan and you die within eight days from the date you suffer the sickness or injury that results in you being totally and permanently disabled, or • for anything we have specifically excluded, as stated on your insurance schedule.
Trauma insurance	We won't pay a benefit: • if your trauma condition, sickness or injury was caused directly or indirectly by you on purpose • if you have a standalone trauma insurance plan or the Double Trauma Option and die within 14 days from the date you become eligible for the Trauma Benefit • if the trauma condition has a 90 day qualifying period and occurs within the 90 day qualifying period, as explained on page 43, or • for anything we have specifically excluded, as stated on your insurance schedule. If you are replacing an existing trauma insurance policy We'll waive the 90 day qualifying period if this trauma insurance replaces an existing trauma insurance policy issued by us or another insurer and if: • the previous trauma insurance policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement date of this plan • the trauma insurance policy to be replaced provided similar cover for the same trauma conditions that are subject to a 90 day qualifying period under this plan, or • the previous trauma insurance policy was terminated at the commencement date of this plan Where the trauma benefit under this plan exceeds the trauma benefit being replaced, the 90 day qualifying period exclusion applies to the excess amount.

Income insurance

In this section:

- ▶ About Elevate income insurance
- ▶ Selecting your level of income insurance
- ▶ Income insurance benefits and features in detail

Income insurance

About Elevate income insurance

Protect your income

Your income is your financial lifeblood. Elevate income insurance can help you to keep paying your living expenses and look after your commitments, while you look after your recovery and hopefully your return to work. We can work with you to help you get there.

Elevate your income protection

Elevate income insurance offers a range of plans:

Plan name	Ownership	Description
Income Insurance Essentials Plan		Income Insurance outside super. This provides a benefit if you become sick or injured and can't work.
Income Insurance Essentials Superannuation Plan		Income insurance through super.
Income Insurance Essentials SMSF Plan		
Income Insurance Senior Plan (only available as a conversion from eligible plans)		You can convert eligible Elevate income insurance plans to an Income Insurance Senior Plan at a later stage of your working life to ensure you have cover for total disability up to age 70.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included for each plan. Full details of these benefits can be found on the pages indicated below.

Benefits	Page	Income Insurance Essentials Plan	Income Insurance Essentials Superannuation Plan	Income Insurance Essentials SMSF Plan	Income Insurance Senior Plan
			 		
Total Disability Benefit	52	✓	✓	✓	✓
Partial Disability Benefit	53	✓	✓	✓	
Automatic Inflation Benefit	52	✓	✓	✓	
Premium Freeze Benefit	56	✓	✓	✓	✓
Relapse Benefit	55	✓	✓	✓	
Right to take out an Income Insurance Senior Plan	56	✓	✓	✓	
Rehabilitation Expenses Benefit	55	✓			
Death Benefit	55	✓	✓	✓	
Waiver of Premium Benefit	56	✓	✓	✓	✓
Premium and Cover Pause Benefit	57	✓	✓	✓	✓

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full details of these options can be found on the pages indicated below.

Options	Page	Income Insurance Essentials Plan	Income Insurance Essentials Superannuation Plan	Income Insurance Essentials SMSF Plan	Income Insurance Senior Plan
		NS	S SMSF	🔗	NS
Six Month Claim Booster Option	57	✓	✓	✓	
Increasing Claim Option	57	✓	✓	✓	
Superannuation Contributions Option	58	✓	✓	✓	

Selecting your level of income insurance

Elevate income insurance plans	
Indemnity	In the event of an income insurance claim we'll calculate your benefit by taking into account your pre-disability income. It's important to check your level of cover against your income to make sure it suits your needs. If your income changes, you may need to adjust your monthly benefit to make sure you're not insured for more than you could receive or less than your pre-disability income would support. Your financial adviser can support you with this process.
Waiting period	The waiting period is the period you must wait and satisfy the eligibility conditions for the Total Disability Benefit and Partial Disability Benefit before the benefit period starts. When applying for cover, you can choose from a waiting period of 30, 90 or 180 days. Except for occupation categories BY, CY, and DY, who may only have a 30 day waiting period. Your waiting period is included on your insurance schedule. The waiting period starts the day you seek medical care and you receive advice from a medical practitioner confirming you are totally disabled or partially disabled. You must continue to pay premiums that fall due in the waiting period.
Benefit period	The benefit period is the maximum amount of time we will pay a benefit for in respect of any period of disability subject to the rules on 'When we pay', on page 58. When applying for cover, you can choose either a 2 year or 5 year benefit period, except for occupation categories BY, CY and DY who may only have a 2 year benefit period. Note: Income Insurance Seniors Plan only offers a 1 year benefit period. Your benefit period is included on your insurance schedule.

Income insurance benefits and features in detail

Please take the time to read the details about the benefits your income insurance plan provides. This section will provide you with the terms and conditions of each benefit and is an important part of this PDS. Your insurance schedule will show you which plan and option(s) apply to you. Please speak to your financial adviser or contact us if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different plans and options.

Benefits available under:	Symbol
Income Insurance Essentials Plan	ESSENTIALS
Income Insurance Essentials Superannuation Plan	S
Income Insurance Essentials SMSF Plan	SMSF
Income Insurance Senior Plan	SENIOR

Included benefits

The benefits explained in this section are included in your plan.

Automatic Inflation Benefit

ESSENTIALS NS S SMSF

To protect your benefit against the effects of inflation, while you are not on claim, your monthly benefit is automatically increased each year on the **extension date** by the greater of 3% and the increase in the **Consumer Price Index (CPI)**.

You should consider the increase in the monthly benefit against your actual **income** to make sure you are not insured for more than you could receive at time of claim.

Increases resulting from the Automatic Inflation Benefit can take your monthly benefit over the maximum monthly benefit allowed at the time of application.

Your premium will increase because of this increase in the monthly benefit.

You may decline the monthly benefit increase for any particular year or for all years by notifying us. If you ask us to remove the Automatic Inflation Benefit for all future years and want to add it back in the future, you will need to apply for this benefit to be added back to your plan and be underwritten.

Limitations

The Automatic Inflation Benefit is not available if:

- your plan has a premium loading greater than 100%
- premiums are being waived under the Premium Waiver Benefit
- the Premium Freeze Benefit is exercised.

Total Disability Benefit

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If you are **totally disabled** after the end of the waiting period, we'll pay the Total Disability Benefit.

For income insurance plans through super, the **temporary incapacity** definition must also be satisfied. If you don't meet **temporary incapacity**, for example, if you are unemployed at the time of **disability**, no benefit is payable under an income insurance plan through super. In these circumstances, we will provide income insurance outside super at no extra cost. Please see page 54 for details of how this works.

Total disability definition

You are **totally disabled** if, solely because of an **injury** or **sickness**, you are:

- under **medical care**
- not working in any occupation (whether paid or unpaid), and
- not capable of doing each and every duty that is important and essential in producing **income** of your occupation.

For this definition, an inability to do each and every duty of your occupation means that if you can do one or more duties, you will not satisfy this component of the definition.

If you have not been working for more than 12 months prior to disability

If you have been unemployed, or on employer approved maternity leave, paternity leave or sabbatical leave for a consecutive period of 12 months or more immediately prior to **disability**, we will assess you on your inability to do any occupation, as defined below.

You are **totally disabled** if, solely because of an **injury** or **sickness**, you are:

- under **medical care**
- not working in any occupation (whether paid or unpaid), and
- not capable of doing each and every duty of any occupation (whether paid or unpaid) that you are reasonably suited for by education, training or experience.

For this definition, an inability to do each and every duty of any occupation means that if you can do one or more duties, you will not satisfy this component of the definition.

Qualifying for a Total Disability Benefit

In addition to meeting the definition of **total disability**, to qualify for a Total Disability Benefit you must have been **totally disabled** for at least seven out of 12 consecutive days of the waiting period and **totally** or **partially disabled** for the remainder of the waiting period.

If your income insurance is through super, you must also have ceased to be gainfully employed, for at least one day to receive gain or reward.

How much we pay for total disability

The total disability benefit amount is the lower of:

- the monthly benefit on your insurance schedule at the time of your **disability**, and
- 70% of your **pre-disability income**, less any ongoing income.

Partial Disability Benefit

ESSENTIALS NS S SMSF

If you are **partially disabled**, after the end of the waiting period, we'll pay the Partial Disability Benefit.

For income insurance plans through super, the **temporary incapacity** definition must also be satisfied. If you don't meet **temporary incapacity**, for example, if you are unemployed at the time of **disability**, no benefit is payable under an income insurance plan through super. In these circumstances, we will provide income insurance outside super at no extra cost. Please see page 54 for details of how this works.

Partial disability definition

You are **partially disabled** if, solely because of **injury** or **sickness**:

- you are capable of doing one or more duties that are important and essential in producing **income** of your occupation but are not **totally disabled**, or
- capable of doing all of the duties that are important and essential in producing **income** of your occupation, but in a reduced capacity,

AND

- earning an **income** less than 80% of your **pre-disability income**

AND

- under **medical care**.

Where you have a 5-year benefit period

If after two years on claim, you are capable of working at full capacity for 40 hours a week in your own occupation, you will no longer be deemed to be **partially disabled**.

Qualifying for a Partial Disability Benefit

In addition to meeting the definition of **partial disability**, to qualify for a Partial Disability Benefit you must have been **totally disabled** for at least seven out of 12 consecutive days of the waiting period and **totally** or **partially disabled** for the remainder of the waiting period.

If your income insurance is through super, you must also have ceased to be gainfully employed, for at least one day to receive gain or reward.

How much we pay for partial disability

The partial disability benefit amount is calculated as follows:

$$((A - B) / A) \times C$$

Where:

A is your **pre-disability income**.

B is your average monthly **income** during the period for which you are **partially disabled**. B will equal zero if **income** is a loss.

C is the lesser of the monthly benefit on your **insurance schedule** at the time of your **disability** and 70% of your **pre-disability income**.

For the purpose of B, if you have not returned to work but **evidence** shows you are capable of returning to work, or you have returned to work, but **evidence** shows you are capable of working in a greater capacity, **income** is the amount that you would be capable of earning as determined by us, based on **evidence**.

When your benefit is reduced

ESSENTIALS SENIOR NS S SMSF

An offset amount is the amount which we may reduce your benefit due to any sum of money that you receive (or are entitled to receive) from the sources listed below.

If we're paying a benefit under the plan, your benefit may be reduced to nil because of the offset amount. In this case, we'll be deemed to be paying you a benefit, even though no money is paid by us.

Offset amount

We'll reduce the total disability benefit amount or partial disability benefit amount we pay by any amount that is paid or payable (whether by lump sum, periodic payment or otherwise) for any **injury** or **sickness**:

- under legislation
- from any other disability income, sickness or accident plan (including insurance through super), and/or
- under common law.

We'll also reduce the benefit amount we pay by any employer paid leave (including sick leave, annual leave and long service leave).

When an offset amount is received as a lump sum

If an offset amount is paid as a lump sum, we'll only reduce what we pay by the portion of the lump sum relating to **income** for the same period. We will treat this portion of the lump sum as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

If the amount relating to **income** is not easy to identify within the lump sum, we'll determine on a reasonable basis how much of that lump sum represents compensation for loss of **income** in order to determine the offset amount.

When we won't reduce your benefit

We do not reduce what we pay by any amounts paid to you:

- from a disability income, sickness or accident plan that commenced after the commencement date
- from any lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses
- from superannuation accumulation benefits, or
- from social security benefits such as centrelink.

How the total disability benefit amount is reduced

We'll only reduce the total disability benefit amount if the offset amount, plus the total disability benefit amount payable to you under this plan, total more than 70% of your **pre-disability income**. If this applies, we'll reduce the total disability benefit amount to an amount which, when added to the offset amount, equals 70% of your **pre-disability income**.

How the partial disability benefit amount is reduced

We'll only reduce the partial disability benefit amount if the offset amount, your **income** during **partial disability** and the partial disability benefit payable under this plan, total more than 100% of your **pre-disability income**. If this applies, we'll reduce the partial disability benefit amount to an amount which, when added to the offset amount, and your **income** during **partial disability** equals 100% of your **pre-disability income**.

We may recover any offset amount

If you receive any offset amount you must promptly inform us in writing and provide us with full details of the amount you have received.

If you inform us about an amount you have received, or we otherwise become aware that you have received an offset amount, we may then reduce the benefit or recover the amount of any benefits overpaid to you, which should have been reduced by any offset amount.

We may reconcile your benefit

We may recalculate the Total Disability Benefit or Partial Disability Benefit amount that we would have otherwise paid if your **income** was averaged over the relevant claim period, and either:

- recover any overpaid total or partial disability benefit amount from you
- reduce any future total or partial disability benefit amount payable until the overpaid amount paid has been recovered, or
- pay any underpayment of the total or partial disability benefit amount.

Attempted return to work during the waiting period

ESSENTIALS NS S SMSF

If you return to work during the waiting period, performing your important income producing duties in a full-time capacity for 10 consecutive days or less, we'll extend the waiting period by the number of days you returned to work in a full-time capacity.

If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

Income insurance through superannuation

S SMSF

If you have an income insurance plan through super and you become **disabled** and do not meet the definition of **temporary incapacity** as defined under superannuation law, such as being unemployed at the time of **disability**, no benefit is payable under the plan held through super. If this happens, we provide you with an Income Insurance Essentials Plan (which is outside of super) at no extra cost. This cover outside of super is referred to as 'complimentary cover' in this section and is provided on the following terms:

- complimentary cover is only provided while your income insurance plan through super is in place
- the terms of the complimentary cover do not form part of the policy with the policy owner of the income insurance plan through super. The terms of the complimentary cover form part of a separate policy held outside of super
- no premiums are payable for the complimentary cover.

How complimentary cover works

Complimentary cover is provided on identical terms (eg monthly benefit, waiting period, benefit period, built in benefits and optional extras) as the income insurance plan through super, except that the requirements of the SIS act do not apply.

If any of the features under your income insurance plan through super change, the complimentary cover will automatically change in the same way. For example, if you exercise the Premium and Cover Suspension Benefit for your income insurance plan through super, the complimentary cover will also be suspended for the same period.

Complimentary cover only applies if you are **disabled**, and no benefit is payable under the income insurance plan through super because you do not satisfy a condition of release under superannuation law.

Assessment of a claim

We will first assess a claim for **total disability** or **partial disability** against your income insurance plan through super. If you do not qualify for a benefit, we will then assess a claim for a benefit, under the complimentary cover and any benefit payable will be paid to you, the person insured.

If we are paying a benefit under the complimentary cover, we will waive the premium of your income insurance plan through super while you are on claim as per the terms of the Disability Premium Waiver Benefit.

The taxation implications of a benefit payment may differ depending on whom we pay the benefit to, directly to you or the Trustee of your super fund. We recommend you seek advice from a tax adviser.

When complimentary cover ends

Complimentary cover and your eligibility for any benefit under this cover ends when the income insurance plan through super ends. For example, if your Income Insurance Essentials Superannuation Plan or Income Insurance Essentials SMSF Plan is cancelled because the premium is not paid, the complimentary cover will also end.

Death Benefit

ESSENTIALS NS S SMSF

If you die while we are paying a Total or Partial Disability Benefit, we'll pay a lump sum benefit equal to six times the monthly benefit, subject to a maximum of \$60,000.

Relapse Benefit

ESSENTIALS NS S SMSF

What happens if I become disabled again?

How we treat a **disability** that occurs after your claim has been finalised will depend on:

- The time that has elapsed since your last disability benefit was paid.
- Whether the reason for **disability** relates to a condition that was present during your last period of **disability**.
- Whether you have returned to gainful work and for how long.
- Whether the full benefit period was paid.

Medical and other **evidence** will be used to determine if the **disability** is from the same or a related condition.

Same or related condition

Within 12 months

If within 12 months from the date a disability benefit was last paid, you are again **disabled** because of the same or a related **injury** or **sickness**, we'll treat it as a continuation of the same claim. This means we won't restart the waiting period or benefit period.

After 12 months

If after 12 months from the date a disability benefit was last paid, you become **disabled** because of the same or a related **injury** or **sickness**, then a claim can only be considered if you have been gainfully employed for at least 12 consecutive months since your previous claim ended. The claim for **disability** will be treated as a separate claim and a new waiting period and new benefit period will apply.

New condition

To claim for a new and unrelated **injury** or **sickness** which has resulted in you becoming **disabled** since your previous claim ended, you must have been gainfully employed for at least six consecutive months since the date a disability benefit was last paid. The claim for **disability** will be treated as a separate claim and a new waiting period and new benefit period will apply.

Rehabilitation Expenses Benefit

ESSENTIALS NS

If we are paying you a Total Disability Benefit you can ask us to pay your rehabilitation expenses. These expenses include, for example, rehabilitation program fees, or buying equipment designed to assist you to re-enter the workforce, job seeking assistance, study/training programs, and enrolling in a rehabilitation program or ergonomic office equipment.

We'll only pay an amount for **rehabilitation** expenses that:

- we have approved before you incur them
- a **medical practitioner** states in writing you need to incur, as part of your **rehabilitation**, and
- we receive **evidence** for.

We do not pay for rehabilitation expenses which the law does not allow us to reimburse, or you are entitled to be reimbursed from another source.

How much we pay

The most we'll pay is an amount equal to six times the monthly benefit.

Right to take out an Income Insurance Senior Plan

ESSENTIALS NS S SMSF

This benefit only applies if you are working in a white collar professional occupation category we classify as MP, AA or A.

From age 60 until the expiry of this plan, if you are still gainfully employed, you can apply for an Income Insurance Senior Plan, without having to provide us with any health or other evidence.

The Income Insurance Seniors Plan provides cover on the following terms:

- 1 year benefit period
- 30 or 60 day waiting period
- monthly benefit can be no more than the monthly benefit on your income insurance plan at the time you exercise this benefit (subject to a maximum of \$30,000)
- Total Disability Benefit only
- cover expires at age 70 (or when you are no longer gainfully employed).

The premium rate and terms and conditions of the plan will be those at the time you apply for the Income Insurance Senior Plan.

If you would like a premium quote for an Income Insurance Senior Plan, speak to your financial adviser or contact us.

Limitations

This benefit must be requested within 60 days before the expiry of this plan.

This benefit is not available if:

- this plan has been issued with a premium loading, exclusion or varied terms, or
- you are currently on claim, eligible to make a claim or have made a claim in the 12 months prior to the expiry of this plan or applying to exercise this benefit.

Unemployment Premium Waiver Benefit

ESSENTIALS NS

If you are **involuntarily unemployed** and you let us know in writing within three months of the date this took place, you do not have to pay the premium for this plan for three months from the date you became **involuntarily unemployed** or until you are employed, whichever occurs first.

This benefit only applies if:

- your income insurance plan has been in place for six consecutive months at the time you become **involuntarily unemployed**
- you register with an employment agency approved by us within 30 days of becoming **involuntarily unemployed**, and
- demonstrate that you are actively seeking employment.

Waiver of Premium Benefit

ESSENTIALS SENIOR NS S SMSF

If we're paying a benefit under an income insurance plan, you do not have to pay the premium for the income insurance plan and any other plans shown on the insurance schedule or which commenced at the same time as your income insurance plan.

We won't waive your premium where the plan commenced or was reinstated after you were entitled to be paid a benefit under the plan.

You must start paying your premium again as soon as this benefit ends.

Premium Freeze Benefit

ESSENTIALS SENIOR NS S SMSF

This benefit only applies for variable age-stepped premium.

Exercising this benefit allows you to maintain your current premium at the time this benefit is exercised. Your monthly benefit will reduce each year that this benefit is applied.

If you choose to cancel the Premium Freeze Benefit, your monthly benefit current at that time will not reduce anymore and the Automatic Inflation Benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise the Premium Freeze Benefit or cancel it at any time, which will take effect from the next extension date of the plan.

If you wish to exercise the Premium Freeze Benefit, you must let us know in writing.

Limitations

The Automatic Inflation Benefit will not apply while the Premium Freeze Benefit is exercised.

Premium and Cover Pause Benefit

ESSENTIALS SENIOR NS S SMSF

You may suspend all benefits under your policy and premiums associated with them for 3, 6 or 12 months.

During this period and in the future, you will be unable to claim under your policy in respect of any medical condition, injury or sickness that occurs during the premium and cover pause period or for which you had symptoms of during that period, unless you were not aware of, and a reasonable person in the circumstances could not have expected to have been aware of the medical condition, injury or sickness at the time.

To exercise this benefit, you must notify us at least 30 days prior to the relevant premium due date for which you wish to suspend your cover. Cover will then be suspended from your next premium due date.

At the end of the premium and cover pause period, we will continue your cover and your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Premium and Cover Pause Benefit.

Your premiums must be paid up to date at the time you request this benefit to apply.

Cover may be paused under this benefit for a maximum of 12 months in total over the life of the policy.

You cannot cancel the Premium and Cover Pause Benefit once it has been exercised. For example, if you have requested to pause your premium and cover for six months, you cannot cancel the pause within that six month period.

Options

This section outlines the options that can be added to the plan at an additional cost. An option only applies if it is on your insurance schedule.

Increasing Claim Option

ESSENTIALS NS S SMSF

This option is not available to occupation categories BY, CY or DY.

If we're paying a Total or Partial Disability Benefit, we'll increase the monthly benefit by the greater of 3% and the increase in the Consumer Price Index (CPI) on the extension date, for as long as we continue to pay a benefit.

Six Month Claim Booster Option

ESSENTIALS NS S SMSF

If we're paying a Total or Partial Disability Benefit, the benefit amount payable will be increased by 20% for the first six months of a claim.

For example, if you are totally disabled and the total disability benefit amount is \$5,000, the benefit amount payable with the Six Month Claim Booster Option would be \$6,000 per month. Assuming you remained totally disabled for the first six months and there was no offset amount or change to the monthly benefit, we would continue to pay \$6,000 per month for the first six months of your claim.

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Limitations

We will reduce the monthly benefit payable to ensure that, when combined with the booster amount, **income** during **disability** (including **ongoing income**), and any offset amount you receive does not exceed 100% of your **pre-disability income**.

This option expires on the **extension date** after you turn 60. **Disability** must occur before the option expires for the Six Month Claim Booster Option to be payable.

Superannuation Contributions Option

ESSENTIALS NS S SMSF

Up to 100% of your employer superannuation contributions can be insured in addition to the monthly benefit.

We allow you to select a superannuation contribution rate ranging from the legislated Superannuation Guarantee Rate to 15%.

The superannuation contribution rate that you choose will remain the same for the life of the plan and will not increase together with the Superannuation Guarantee Rate legislated increases.

In the event of a claim, when we pay a Total Disability Benefit or Partial Disability Benefit, we'll pay an amount based on the superannuation contributions monthly benefit on your insurance schedule to your nominated complying superannuation fund for the duration of the claim.

The amount payable is calculated in the same way as the benefits payable on your income insurance plan.

For example, if the monthly benefit on your income insurance plan, and Superannuation Contributions Option is \$6,250 and \$750 respectively, and we pay you a Partial Disability Benefit on the income insurance plan of \$3,000 (48% of \$6,250) per month, we will pay a Partial Disability Benefit on the Superannuation Contributions Option of \$360 (48% of \$750) per month to your nominated complying superannuation fund.

S SMSF

For Income Insurance Essentials SMSF Plan, the amount we pay to your nominated complying superannuation provider needs to be included in your income tax return in the financial year it is received. The income tax payable on the amount paid will need to be paid from another source as the amount paid to the complying superannuation fund or retirement savings account cannot be used to pay income tax because it is required to be preserved in accordance with legislation.

For Income Insurance Essentials Superannuation Plan, the amount we pay to your nominated complying superannuation provider needs to be included in your income tax return in the financial year it is received. The amount will be paid net of tax. Please refer to the 'Taxation of superannuation benefits' section on page 65 for more information.

When we pay

ESSENTIALS SENIOR NS S SMSF

We'll pay a Total Disability Benefit or Partial Disability Benefit for an **injury** or **sickness** that occurs while this plan is in place, and subject to the waiting period.

The monthly total disability benefit amount is calculated based on a 30 day period. If you're eligible to be paid a benefit, we'll pay 1/30th of the total disability benefit amount for each day you're entitled to be paid. We'll pay monthly, with half of the benefit in arrears and half of the benefit in advance.

The monthly partial disability benefit amount is calculated based on a 30 day period. If you're eligible to be paid a benefit, we'll pay 1/30th of the partial disability benefit amount for each day you're entitled to be paid. We'll pay monthly in arrears.

Concurrent condition

If while receiving a disability benefit, you suffer a separate and unrelated **injury** or **sickness** which also causes **disability**, only one benefit period will apply. The benefit period starts at the end of the waiting period for the **injury** or **sickness** which first caused **disability**.

New condition

To claim for a new and unrelated **injury** or **sickness** which has resulted in you becoming **disabled** since your previous claim ended, you must have been gainfully employed for at least six consecutive months since the date a disability benefit was last paid. The claim for **disability** will be treated as a separate claim and a new waiting period and new benefit period will apply.

When we stop paying

ESSENTIALS SENIOR NS S SMSF

We stop paying the Total Disability Benefit or Partial Disability Benefit as soon as one of the following happens:

- you are not **totally or partially disabled**
- you die
- the benefit period ends
- you turn 65 or 70 for the Income Insurance Senior Plan
- you fail to take reasonable steps to return to full time work including participating in **rehabilitation** which is designed to assist you in returning to work provided that a **medical practitioner** states in writing that you have the capacity to participate in the **rehabilitation**.

We also stop paying for other reasons

We'll also stop paying as soon as one of the following happens:

- you are in jail or otherwise detained because of a criminal act
- you fail to make available to us **evidence** which we require to assess the claim, or
- you are not under **medical care**.

Subject to the terms of the plan and where payments have ceased for one of the three reasons above, payments may recommence if:

- the reason for stopping payments no longer applies
- you continue to be **totally or partially disabled**, and
- the plan has not expired.

Where you have remained **totally or partially disabled** for the duration of the period in which payments were stopped, we'll treat the resumption of payments as a continuation of the same claim and won't restart the waiting period. However, the benefit period continues throughout the period in which the payments were stopped.

We'll only make payments for the period in which they were stopped if you can demonstrate that you continued to meet the terms and conditions of the plan during the period when payments were stopped.

When we won't pay

ESSENTIALS NS S SMSF

We won't pay a benefit for a medical condition, **injury** or **sickness** that occurred before the commencement date unless you told us about it in response to a question asked when you applied for cover or applied to increase the monthly benefit or reinstate the cover, and we agreed to accept it.

The above does not apply if you were not asked a question during the application process that required you to tell us about the medical condition, **injury**, or **sickness**.

For the purposes of this clause, you had a medical condition, **injury**, or **sickness** if:

- a **medical practitioner** or other health professional gave you, or recommended that you receive advice, care, or **treatment**, or
- you had symptoms, for which a reasonable person would have sought advice, care or **treatment** from a **medical practitioner** or other health professional unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of, the medical condition, **injury**, or **sickness** at the time.

We won't pay a benefit if your **disability, injury, sickness**, or death is caused directly or indirectly:

- by you on purpose, with the intent to obtain a benefit under this plan
- by war or war like activities, that occur while this plan is in place
- by you committing or attempting to commit a criminal act
- caused, aggravated or prolonged by illicit drug use
- by uncomplicated pregnancy, miscarriage or childbirth, unless your **disablement** lasts longer than 3 months

We won't pay a benefit for anything we have specifically excluded, as stated on your insurance schedule.

We won't pay a benefit for any period of **disability** while:

- you are in jail, a correctional centre or in a remand centre
- your license or membership of a professional body is cancelled, suspended, restricted, or deregistered for professional misconduct and has not been reinstated or restrictions removed.

If you make a fraudulent claim we may refuse payment of the claim.

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When your cover ends

In this section:

- ▶ When the plan will end
- ▶ Reinstating your cover

When your cover ends

When the plan will end

You can cancel your cover

You (as the policy owner) can cancel the plan at any time by contacting us.

The plan ends on the date we receive the notice requesting the plan termination.

When the plan ends, you can no longer make a claim under the plan and we don't have to pay any benefits.

When life, TPD and trauma insurance ends

Please note that your insurance schedule may show a number of plans and options, each of which may have a different expiry date. Refer to your insurance schedule for the expiry date of each plan and option.

A plan or option automatically ends as soon as one of the following happens:

- we have paid, in full, the benefit that applied at the time of the claim event
- we have paid, in full, the benefit that applied at the time of the claim event under a plan to which this plan or option is linked (if applicable)
- you die
- the plan to which this plan or option is linked ends (if applicable)
- the expiry date is reached, or
- the premium is not paid when it becomes due.

When income insurance ends

Please note that your insurance schedule may show a number of plans and options, each of which may have a different expiry date. Refer to your insurance schedule for the expiry date of each plan and option.

The plan automatically ends as soon as one of the following happens:

- you retire permanently
- you die
- on the expiry date, or
- the premium is not paid when it becomes due.

For the Income Insurance Senior Plan, the plan will also automatically end if you are not employed in full-time paid work. You must notify us once you have ceased full-time paid work for a reason other than **disability**.

Reinstating your cover

If your plan ends because the premium is not paid when it becomes due, you have six months after the date your premium was due, in which to ask us to reinstate it. When we are deciding whether to reinstate the cover, we may ask you to provide current medical, financial, and other information (such as your occupation) and/or require you to undergo a medical assessment.

For a superannuation plan through NMRF, you may also be required to apply for membership of NMRF again. The reinstated cover is a new contract of insurance. You must comply with the duty to take reasonable care not to make a misrepresentation on page 13.

If we reinstate the cover, you must pay any premium owing. If we agree to reinstate your cover, we will confirm this in writing.

We can set conditions

Upon assessment of the information provided, we can reinstate cover with revised terms (such as a premium loading or exclusions) or we may decide not to reinstate your cover.

What we'll cover

If we reinstate your cover, the reinstated cover only applies in relation to any medical condition or **sickness** which occurred, or where you had symptoms of, or any **injury** or death which occurs after it is reinstated.

Key information you need to know

In this section:

- ▶ Holding your plan in super – plan membership
- ▶ Holding your plan in super – taxation information
- ▶ Nominating superannuation death benefit beneficiaries
- ▶ General terms and conditions
 - The plans and options in this PDS are not savings plans
 - Tax on insurance outside super
 - Paying your premiums
 - Financial adviser remuneration
 - Declarations and consent
 - Significant risks
 - Risks associated with replacing existing insurance
 - Your application
 - Your Privacy

Key information you need to know

Holding your plan in super – plan membership

Superannuation plans through NMRF

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Essentials Superannuation Plan are issued by us to ETSL and provide insurance for eligible members of NMRF. These plans provide insurance for eligible members within NMRF. You can hold one or more of these plans through NMRF, provided you become and remain a member of NMRF. If you are not already a member of NMRF, you can only become a member if you are an existing Resolution Life customer.

Insurance cover can't be provided through NMRF if any of the following apply:

- you are aged under 25
- since opening the account, your balance hasn't reached \$6,000
- ETSL hasn't received an amount in respect of you (ie a contribution or rollover) for 16 months,

unless you provide us with a written election (when you apply for a plan through NMRF) that you want insurance cover to be provided and kept. These requirements have been introduced by the Government to help ensure that retirement savings are not inappropriately eroded by insurance premiums paid out of super. If you haven't made this election and the superannuation product for Elevate plans offered through NMRF hasn't received a contribution or rollover in 16 months your plan(s) in NMRF will be cancelled on the later of:

- the date on which NMRF hasn't received a contribution or rollover for 16 continuous months, or
- the date to which any plan is paid in advance.

If any plan in NMRF is cancelled because of not receiving a contribution or rollover for 16 continuous months, this will supersede any other means by which your insurance cover may stop (including those outlined in this document). If all plans held in NMRF for you are cancelled, your membership of NMRF will also cease.

SMSF plans

Although the above requirements do not apply to a self-managed superannuation fund or Small APRA Super Fund, you should consider whether insurance plans available to SMSFs are appropriate having regard to your age, the size of your account balance and any other personal circumstances.

Ownership of the plan

Any Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Essentials Superannuation Plan is held by ETSL as trustee of NMRF.

Upon acceptance of your application for a plan, ETSL will purchase a Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Essentials Superannuation Plan from Resolution Life to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. ETSL owns the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Essentials Superannuation Plan and holds it for the benefit of you, as a member of NMRF. Your first application for a superannuation plan through NMRF is treated as an application for membership of NMRF.

If you purchase a life insurance plan, TPD insurance plan or income insurance plan to be owned by the trustee(s) of an SMSF, the trustee(s) is responsible for meeting the requirements under superannuation law, including ensuring that the release of any insurance benefits from the fund is in accordance with superannuation law.

Membership of the super fund

To be an insured person under a plan available through superannuation you must be a member of a superannuation fund.

NMRF: The NMRF is registered as a superannuation entity under SIS. For plans available through NMRF, your membership will be governed by the terms and conditions of the NMRF Trust Deed (as amended from time to time) and superannuation law.

The premium (including any premium loading) you pay for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Essentials Superannuation Plan, the stamp duty and the plan fee are the only costs charged to you by ETSL and reflect the premiums, fees and costs that Resolution Life charges for providing insurance cover. ETSL does not charge any other fee or charge for membership of, or having insurance in, NMRF. What you pay also depends on whether you meet the cost of your premium by making contributions or rollovers to NMRF. See pages 22 to 24 for information about Resolution Life's premiums and other fees or charges.

The benefits to which you are entitled through NMRF are limited to those specified under the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Essentials Superannuation Plan.

SMSF

We must be satisfied you are a member of a complying SMSF. The relevant trust deed (as amended from time to time) and superannuation law are relevant to membership of these funds, the acceptance of contributions or rollovers and the payment of benefits.

The premium for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan and the Income Insurance Essentials SMSF Plan, the stamp duty and the plan fee are the only costs charged to you in relation to insurance cover acquired through an SMSF.

Payment of any benefit through super to you by the Trustee is subject to acceptance of a claim by Resolution Life. Payment of premiums beyond age 75 is subject to you remaining eligible to contribute to superannuation, unless you pay for premiums with compulsory employer contributions.

Holding your plan in super – taxation information

The tax information relating to super contained in this PDS is based on an understanding of the current law and of current Australian Taxation Office (ATO) practice at the date of preparation of this PDS. This summary is a general guide only. The tax treatment may vary according to your individual circumstances.

You should seek professional advice concerning your own taxation position. Further taxation information can be found at ato.gov.au.

Contributions tax

Premiums for insurance cover under a plan through super are paid to Resolution Life by the Trustee, from amounts in the superannuation fund. In the NMRF, premiums are paid by ETSL from contributions or rollovers received by ETSL.

For insurance cover via an SMSF, the trustee(s) of your fund will pay the premium from a member's account balance. Please refer to your trustee(s) for information on the taxation consequences that may apply.

Depending on the type of contribution, tax may apply.

All employer contributions paid to a superannuation fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently subject

to tax payable by the fund at a maximum rate of 15%. The fund will deduct this tax when the contributions are received by the fund or on receipt of a valid notice of your intention to claim a tax deduction.

This 15% contributions tax may be reduced by tax deductions (available to the fund) for items such as insurance premiums. Where a contribution is wholly applied to pay for insurance premiums, for a plan provided via NMRF, the contributions tax charge rate is set as zero. For the approach to tax deductions in SMSFs, refer to the applicable trustee(s).

Partial rollovers into NMRF are not (usually) subject to tax in the superannuation fund. The amount required to pay the premium by rollover will be reduced by a 15% tax benefit, which means that only 85% of the premium due needs to be rolled over (provided the rollover comes from a taxed source).

Individuals with income and concessional contributions for an income year over the high income earners cap will be liable for an additional tax of 15% on the lesser of the excess over that cap and the concessional contributions. This is in addition to contributions tax and is taxed by the Australian Taxation Office (ATO) direct to the member. This may be paid from your super account balance, but not from a defined benefit interest. As the NMRF does not maintain a super account balance for 'insurance only' members, this additional tax cannot be paid from the superannuation product for Elevate plans offered through NMRF.

Concessional contributions cap

An annual contribution limit (also known as a contributions cap) applies on the amount of concessional contributions each person can make per year. You may be able to offset excess concessional contribution caps from prior years. You should seek professional advice.

Contributions in excess of the annual cap (referred to as excess concessional contributions) are included in the individual's taxable income and taxed at their marginal rate (plus Medicare levy less a 15% tax offset). The tax on excess concessional contributions is imposed on the individual.

The annual concessional contribution cap is indexed. When assessing your eligibility to make concessional contributions you should check that current cap at ato.gov.au.

Furthermore, excess concessional contributions are counted towards the non-concessional contributions cap (see over the page).

Non-concessional contributions cap

Non-concessional contributions may include:

- personal contributions for which you do not claim a tax deduction, and
- spouse contributions.

An annual contribution limit (also known as a contributions cap) applies on the amount of non-concessional contributions each person can make per year. The annual non-concessional contribution cap is indexed. When assessing your eligibility to make non-concessional contributions you should check the current cap rules at ato.gov.au.

If you are under age 75 on 1 July of the financial year, you may be able to bring forward up to two additional years of contributions.

If you have a total superannuation balance of \$1.9 million (indexed) or more as at 30 June of the previous financial year you will not be able to make contributions towards the non-concessional cap without resulting in an excess.

For more information, refer to the 'Eligibility to make contributions' section on page 66.

Through the ATO release authority process, amounts contributed above your non-concessional contributions caps plus 85% of an associated earnings amount may be released from super and returned to you. The full amount of associated earnings will be taxed at your marginal tax rate less a 15% tax offset. If you choose to leave your excess in super, the excess contributions will be taxed at the top marginal tax rate (including Medicare levy).

The ability to have the excess non-concessional contributions refunded is not available in the superannuation product for Elevate plans offered through NMRF, because all contributions are fully applied to premiums, leaving no balance to enable a refund. You may however be able to release the amounts from one of your other superannuation accounts.

If you are a member of NMRF or an SMSF, any insurance premiums you pay to the fund are superannuation contributions and will count towards the applicable contributions cap.

Your NMRF membership does not have an investment component. This means it cannot accept spouse contributions, co-contributions or other amounts from the ATO, or rollovers from other superannuation funds, except as part of the partial rollover facility.

The contribution tax rules are complex and their impact on you depends on your personal circumstances. There are some exceptions to the contribution tax rules. For more information, please contact your financial adviser.

In addition to the contribution tax rules, the NMRF has its own rules in relation to the contributions it can accept. Refer to the 'Eligibility to make contributions' section on page 66 of this PDS.

Deductions and offsets

Depending on your circumstances, personal tax deductions or offsets for superannuation contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers and members in respect of member contributions they personally make to a superannuation fund if the member submits a form notifying the trustee of the superannuation fund that they will be claiming a tax deduction (and the trustee acknowledges the form). For more information, including information about how to claim a tax deduction for personal member contributions, go to ato.gov.au or please contact your financial adviser/tax adviser.

Taxation of superannuation benefits

Death benefit lump sums paid to dependants, as defined for tax purposes (tax dependants) for example your spouse/de facto spouse, your child under age 18, any person who is financially dependent on you, and any person with whom you have an interdependency relationship) are generally tax free. The tax treatment is generally the same if tax dependants receive death benefit lump sums via the deceased's estate.

Where death benefit lump sums are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy.

For TPD insurance, the insurance benefit will be part of the taxable component, but can be reduced by a tax free component calculated under tax law. Tax treatment will depend on whether you take the benefit as a lump sum or rollover to purchase an income stream. Please speak to your tax adviser for further information.

Income insurance benefits (including Superannuation Contributions Option benefits), where applicable will need to be included in your assessable income and will be paid to you net of tax.

Members of NMRF that receive income insurance benefits under an Income Insurance Essentials Superannuation Plan will be provided, at the end of each financial year, with a PAYG summary showing the benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your tax adviser for further information.

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Insurance

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for cover

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Approach
to claims

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Life, TPD
and trauma

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Key
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Interim cover

Providing a tax file number (TFN)

Your TFN is confidential. Before you provide your TFN we are required to tell you the following:

- Under the *Superannuation Industry (Supervision) Act 1993*, superannuation fund trustees are authorised to collect, use and disclose your TFN.
- The Trustee may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the Trustee will have the following advantages:

- your superannuation fund will be able to accept all permitted types of contributions to your account(s)
- other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and
- it will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Under the NMRF's governing rules, you cannot be a member without providing your TFN to ETSL. If you do not provide your TFN, ETSL will not be able to accept any payment for premiums and your application for insurance will not be accepted.

Eligibility to make contributions

Your eligibility to make superannuation contributions depends on superannuation law and the rules of your superannuation fund.

Under superannuation law, anyone under the age of 67 can contribute to superannuation at any time on their own behalf or for someone else who is under 67.

Contributions for members aged 67 years or over

If you are aged 67 to 74, you can continue to make (or receive) voluntary employer or member contributions to your superannuation account. If you intend to claim a tax deduction for the contributions, you will need to either meet the work test or qualify for the work test exemption for the financial year the contributions are made.

Meeting the work test means you've been gainfully employed for at least 40 hours within 30 consecutive days in the financial year the contributions are made.

To qualify for the work test exemption, you must satisfy the following conditions:

- you've met the work test in the previous financial year
- you haven't been, and don't intend to be, gainfully employed for at least 40 hours within 30 consecutive days in the financial year the contributions are made
- your total superannuation balance with all super providers was below \$300,000 at 30 June of the previous financial year, and
- you haven't previously made contributions to super using the work test exemption.

Compulsory employer contributions can be made to your account regardless of whether you satisfy the work test.

Cancelling your plan

You can cancel your plan at any time. Refer to page 61 for more information about this.

However you should note that if you are a member of NMRF and you cancel all your insurance in NMRF, you will automatically cancel your membership of the Fund.

You must be a member of NMRF to hold insurance through NMRF.

If you cancel some or all of your insurance in NMRF, any premiums paid that are refundable to you will be paid to ETSL and dealt with by ETSL in accordance with superannuation laws applicable at the time. This means, for example, that any contributions or rollovers to NMRF used to fund premiums may not be able to be returned to you personally, because SIS preservation rules require that these amounts remain in the superannuation system until a condition of release under superannuation law is satisfied. The amount of the refund will not include any tax paid or payable by ETSL and may be reduced by any period of cover that you have already received as determined by Resolution Life. For more information about this speak to your financial adviser or contact us.

These superannuation laws are also applicable to members of an SMSF that cancel insurance under an SMSF plan.

Nominating superannuation death benefit beneficiaries

It's important your money ends up in the right hands in the event of your death while you have life insurance through super. You probably want it to go to your loved ones and make the process as easy as possible.

Your beneficiaries are those who receive your money when you die. It is generally straightforward to nominate beneficiaries under insurance policies outside super, but there are some differences to policies held through super.

Types of nominations

There are two types of nominations available for the Life Insurance Superannuation Plan:

- binding (non-lapsing)
- non-binding.

Binding (non-lapsing) nominations

A binding (non-lapsing) nomination means ETSL is obliged to pay your benefit to the people you nominate in the proportions you specify, provided the nomination is valid and effective at the date of your death.

It's important you:

- only nominate those who are eligible, such as your dependants and/or your legal personal representative (see page 68)
- ensure the allocations add up to 100% (use whole numbers), and
- update your binding (non-lapsing) nomination if there is a change in your personal circumstances, such as marriage, divorce or entering a defacto relationship and/or the death of one of your beneficiaries.

A binding (non-lapsing) nomination gives you greater certainty about who will receive your superannuation benefit in the event of your death. When you have nominated one or more eligible beneficiaries and the nomination is valid and effective at the date of your death, ETSL will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on who can be nominated as a beneficiary and how the nomination is made.

Who can be nominated as a beneficiary

You can only nominate a dependant and/or legal personal representative as defined under superannuation law. See the next page for an explanation of 'dependant' and 'legal personal representative'.

If any beneficiary nominated is not a dependant or a legal personal representative according to superannuation law at the date of your death, ETSL will not be bound by the nomination.

How to make a binding (non-lapsing) nomination

Please complete the binding (non-lapsing) nomination section of the application form when applying for life insurance.

To make a binding (non-lapsing) nomination you will need to provide the personal details of your dependant(s) and/or legal personal representative(s) to whom your death benefit is to be paid. You will need to provide their full name, contact details, date of birth, sex, and their relationship to you.

If you choose to make a binding (non-lapsing) nomination, ETSL will pay your benefit to the person(s) you have nominated as long as your nomination:

- has been made in the prescribed manner
- is received from you personally by ETSL before your death (binding (non-lapsing) nominations under a Power of Attorney are not accepted), and
- the nominated person(s) is a dependant (as defined in superannuation law) or your legal personal representative at the date of your death.

To be valid and effective, a nomination must be made in the following prescribed manner:

- provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%
- be fully completed by you and signed in the presence of your witnesses
- be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the 'Witness Declaration' section, and
- date the form as at the date of completion.

A binding (non-lapsing) nomination will normally become invalid or ineffective when one of the following happens:

- any nominated beneficiary dies before you die
- any nominated beneficiary is not a dependant or legal personal representative at the time of death. For example, if your spouse is nominated and you get divorced or your de facto relationship ends after signing the Binding (non-lapsing) nomination form.

Also, ETSL is not required to pay the death benefit in accordance with a valid and effective binding (non-lapsing) nomination in some circumstances including where:

- ETSL is subject to a court order and doing so would breach the court order, or
- ETSL is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

You should review your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up-to date and review it regularly. You may confirm or update your binding (non-lapsing) nomination by completing a new binding (non-lapsing) beneficiary nomination form at any time.

If the binding (non-lapsing) nomination is not valid and effective at the date of your death, then ETSL will automatically treat the binding (non-lapsing) nomination as a non-binding nomination. This means your death benefit may be paid at the discretion of ETSL to one or more of your dependants and/or legal personal representative.

If you wish to revoke a binding (non-lapsing) nomination, you must notify us in writing.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-to-date will. If you die without a will, ETSL may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your financial adviser may be able to assist you in assessing your estate planning.

Non-binding nomination or no nomination made

A non-binding nomination means ETSL will pay your benefit to your dependant(s) or legal personal representative in the proportions ETSL determines. Non-binding nominations should specify eligible beneficiaries (ie dependant(s) and/or legal personal representative(s)) only, and should be reviewed regularly and updated to reflect any changes in your personal circumstances.

If you haven't nominated a beneficiary ETSL may pay your benefit to your estate. It is important to have a will and make sure it covers your superannuation benefit. If your estate is insolvent or a legal personal representative isn't appointed to manage your estate within a reasonable amount of time, ETSL will decide which of your beneficiaries, or others where you have no eligible beneficiaries, will receive your benefit and in what proportions.

Regardless of whether you make a non-binding nomination or no nomination, ETSL has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative(s) in any proportions it determines.

To make a non-binding nomination, you should complete the 'Nomination of beneficiary' section of the application form when applying for life insurance. Alternatively you can make a non-binding nomination at any other time by completing the relevant form available on request by contacting us.

You should be aware that any directions that you may have included in your last will for the payment of any life insurance benefit in NMRF cannot legally bind ETSL. However, ETSL will take your expressed wishes into account. Therefore you may want to update your will and your non-binding nomination whenever your circumstances change.

It is important that you keep ETSL fully informed of your current preferences for the payment of your benefits in the event of your death.

Who qualifies as your dependant?

In summary, under superannuation law, a dependant includes:

- your spouse
- your child (including an adopted child, step-child or an ex-nuptial child), or the child of your spouse
- any person with whom you had an interdependency relationship with (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care)
- any person who is, or was at the relevant time, dependent in whole or in part upon you, or
- any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit will receive the payment as a lump sum.

Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member, lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Who is a legal personal representative?

This is the executor of your will (if you have a will) or the administrator appointed to your estate.

General terms and conditions

A plan is issued subject to relevant laws including, depending on whether the plan is issued inside or outside super, the *Life Insurance Act 1995*, the *Insurance Contracts Act 1984*, the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997*, the *Superannuation Industry (Supervision) Act 1993* and any other Act of Parliament regulating the terms of insurance contracts and the operation of superannuation funds.

The plans and options in this PDS are not savings plans

The plans and options described in this PDS are not savings plans. They have no cash value. This means you're not entitled to any payment if you end the plan (except for refundable premiums), or to share in any of the profit or surplus.

Tax on insurance outside super

The information about tax on insurance outside super outlined in this section is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation. Further taxation information can be found at ato.gov.au.

Life, TPD and trauma insurance

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disability or trauma condition are generally free of income tax in the hands of you, the policy owner.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, repaying a debt if a key person dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as you, the insured person, or a defined relative of yours receives the insurance proceeds, there will not be any CGT implications. For more information please consult your tax adviser.

CGT will not apply to life insurance proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income insurance

Generally, your premium is tax deductible and any amounts (including Superannuation Contributions Option benefits) we pay to or for you are assessable income.

However, premiums paid to acquire certain ancillary benefits or options, may not be tax deductible and benefits received not assessable for income tax.

Please consult your tax adviser regarding your personal situation. They will be able to provide you with more detailed information.

Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Paying your premiums

Statutory Fund

We pay your premiums into, and all benefit payments are paid out of (and are limited to), a statutory fund called the Resolution Life Statutory Fund No. 1. The statutory fund is regulated under the *Life Insurance Act 1995*.

Payment of premiums

You must pay your premiums, including any charges, when they are due and in Australian dollars for the plan to remain current. The premium includes the cost of providing the insurance and all taxes, duties, charges and the plan fee.

If your premium is not paid when it becomes due, we may cancel your plan. However, we will give you 30 days' written notice before we cancel it for this reason.

Frequency: You can pay monthly, quarterly, half-yearly or yearly. If you are paying your premiums inside the NMRF by partial rollovers (see page 70) you must select a yearly frequency.

Ways you can pay

If you pay quarterly, half-yearly or yearly you can ask to receive a payment due notice. Or you have the option of paying via direct debit from your bank account or credit card.

If you choose to pay monthly, you'll need to pay by direct debit. A direct debit form is enclosed in the Elevate application form.

Payment method	How your plan is structured	
	Individuals, companies and SMSFs	NMRF
Direct debit ⁽ⁱ⁾	✓	✓
Deducted from your credit card ⁽ⁱⁱ⁾ (Visa and Mastercard only)	✓ ⁽ⁱⁱⁱ⁾	✓
Payment due notice • BPAY® • Credit card (Visa and Mastercard only)	✓	✓
Partial rollover		✓

(i) Please refer to the 'Direct Debit Request Service Agreement' on page 71.

(ii) The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

(iii) Not available for plans owned by SMSFs.

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For plans owned by NMRF

If you are a member of NMRF and you elect to use the rollover facility, your premiums will be paid from your nominated superannuation fund via annual rollover. If you elect one of the other available payment methods, the premium payment is made via the NMRF and any authority or instruction is treated as an authority or instruction to pay NMRF.

Paying using the rollover facility

Members of NMRF have access to a facility that enables premiums to be paid using superannuation savings. If you wish to have your insurance with Resolution Life but your nominated superannuation account is with another superannuation fund (provided it's a taxed superannuation fund), you can pay the premiums using money from your nominated superannuation fund. You simply need to complete the enduring rollover authority (contained in the application form). Once received by ETSL, this authority allows ETSL or its representatives to act on your behalf to request a rollover from your nominated superannuation account as and when the policy premium is due.

You won't need to complete a new authority each year. The authority continues until the earliest of you requesting a revocation, you giving us a new authority, the plan ending or your death.

If you change your nominated superannuation account, you will need to provide a new enduring rollover authority.

If the amount received from your nominated superannuation account is not equal to the amount requested, it will be returned to the transferring fund. If this happens, or if the rollover is not successful for any other reason, an alternative payment is required otherwise your plan may lapse. If ETSL can't return any amounts to the transferring fund, ETSL may transfer the amount to the ATO in accordance with the relevant legislation which will attempt to consolidate these amounts with your most recent, active, super account.

The amount required to pay the premium by rollover will be reduced by a 15% tax benefit, which means that only 85% of the premium due needs to be rolled over. For example, if your annual premium is \$100, we will only request for a rollover of \$85. If you change the method of payment in the future or a rollover request is not successful and an alternative payment method is required, you may not receive the credit of the tax benefit. This tax benefit is allocated at ETSL's discretion. ETSL may review or change its practice in the future.

Importantly, only annual premium payments are available when paying using the rollover facility.

Other ways to pay the premium

You can make your premium payments using phone or internet banking from your credit card, bank account.

For information on your biller code and CRN, please refer to your payment due notice. You can also access your payment due notice by logging onto your My Resolution Life account and viewing your statements.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We'll only deduct premiums from your chosen account. Your insurance schedule shows the premium amount and how often we have agreed to deduct it.
- We will not disclose your bank details to anyone, unless you have agreed in writing that we can, or the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We'll give you at least 14 days' notice when changes to the initial terms of this arrangement are made.
- We'll keep your financial details confidential. However, we will disclose these details:
 - if you give permission
 - if a court order applies
 - to settle a claim
 - if our financial institution needs information.

Where a direct debit request is being provided in relation to premiums inside super, the responsibilities set out above apply to the Trustee.

Your responsibilities

- Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen.
- Please ensure you have enough money in your account to pay your premiums when due.
- Your bank or financial institution may charge a fee if the payment can't be met.
- Your bank or financial institution may charge a direct debit fee. This will be reflected in your account statement.

Can we help?

Speak to your financial adviser or contact us on 133 731 if:

- you need to change your payment details, cancel or alter direct debit deductions at any time, or
- you have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

Financial adviser remuneration

Resolution Life pays financial adviser remuneration to financial advisers including when you purchase a plan through your financial adviser. This remuneration forms part of the premium rates determined by us (the premium rates are the same whether remuneration is paid to your financial adviser). Your financial adviser has the option to reduce their remuneration (including by reducing it to nil), which in turn will decrease the dollar amount of premiums you pay. This is a matter of negotiation between you and your financial adviser.

From time to time, we may decide to provide financial advisers with non-monetary benefits (such as training or entertainment). This is in addition to the monetary remuneration your financial adviser may receive from us. Your financial adviser is required to provide details of the remuneration they receive from us or others in the Statement of Advice they must provide to you when they give you personal financial advice, including personal advice relating to the insurance and/or superannuation products described in this PDS.

ETSL does not provide monetary or non-monetary remuneration to financial advisers, and is not responsible for any financial advice financial advisers provide to you.

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Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

Product Disclosure Statement	Your financial adviser has provided you with, and you have read, the current PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.
Duty to take reasonable care not to make a misrepresentation	You have read the PDS, and your financial adviser has drawn your attention to the Duty to take reasonable care not to make a misrepresentation set out on page 13. You understand that if the duty is not met it could have serious impacts on your insurance including the possible avoidance of your insurance (which treats it as if it never existed).
Truth and accuracy	You are required to check the truth, accuracy and completeness of the information contained in your application—whether this is a paper-based application or one submitted online by your financial adviser. If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact us on 133 731 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days, you are required to contact your financial adviser and ask for a copy to be provided immediately.
Online application	Your financial adviser may submit your insurance application to us online.
Replacement of existing insurance	Where you have indicated that the insurance you are applying for is to replace existing insurance, you will be required to cancel this existing insurance at the time that your application is accepted by us. However, if the existing insurance is held with us, you authorise us to cancel that insurance effective the date that the new insurance commences.
Medical and other information	By completing your application, you're authorising: • other insurers (including related companies of Resolution Life) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy or in any other format, to us, and • Resolution Life or our appointed representatives to collect any information we have on your health, medical history, pastimes, work history or anything else that we consider to be relevant to assessing or underwriting this cover or assessing any claim under it. Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.
Policy conversions and revised terms	If you are converting an existing Resolution Life insurance policy, any premium loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.
Your Privacy	By completing your application, you are authorising us to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information, such as medical details, where it is necessary to do so to properly assess your application. You are deemed to have agreed that personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting us in making a decision in relation to your application for insurance, or in relation to a claim made under the policy of insurance. In addition, you give our health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser. Neither Resolution Life nor any service provider will disclose any information that is of a sensitive nature to this third party. You give us permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application. You are required to read and understand the 'Your Privacy' section on page 74. You consent to your personal information being collected and used in accordance with this PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by contacting us.

Acceptance of your application is subject to us searching our records for any other business with you. We may vary the terms of the policy of insurance to be issued based on any information contained in our records.

Significant risks

There are risks associated with holding an insurance policy, including:

- the insurance you select may not provide sufficient cover for your needs. Your financial adviser can help you select the insurance that is the most appropriate for your needs and circumstances
- we may reduce or not pay a benefit, or avoid your policy (treat it as if it never existed), if you don't comply with the duty to take reasonable care not to make a misrepresentation set out on page 13
- we may not pay a benefit because exclusions apply, based on your personal circumstances
- if you purchase insurance through super, the Trustee can only pay a benefit if permitted under superannuation law. Any amounts contributed to, or benefits paid from, a superannuation fund may be affected by changes to taxation law or superannuation law
- the premium rates aren't guaranteed and will increase over time
- we may cancel your plan if your premium isn't paid in time, in which case you will no longer be covered and won't be able to make a claim.

Risks associated with replacing existing insurance

Before deciding to replace your existing cover, you should speak with your financial adviser (if applicable) and consider how these risks may impact your personal circumstances, financial situation, and needs.

- Replacement cover may not be available to you, or available on the same terms. When conducting the underwriting process, we will evaluate whether, and on what terms, we provide insurance to you. It's possible that, we decide not to provide you with replacement cover or the terms of cover we offer may not be the same, or more favourable than the terms of your existing insurance. For example, replacement cover may be more expensive, have more exclusions or define key terms or features differently to your existing insurance.
- You may not be able to regain your existing insurance once cancelled. Once you've cancelled your existing insurance you may not be able to regain that insurance again. This may be because that kind of cover is no longer available to new customers, or because the insurer decides not to offer it because of a change in your health or personal circumstances.
- You may not be able to claim under your existing insurance once you have replaced it. Once you've replaced your existing insurance, you may not be eligible to make a claim under that previously held cover. Therefore, you should consider whether you need to take any action in respect of any claim (expected, current, or otherwise) before replacing your existing insurance.

Your application

Application	By completing your application you are asking us to provide insurance on the usual conditions set out in this PDS—including any modifications to the plan that we consider appropriate given the information submitted for your application.
Nomination of beneficiary	The payment of benefits from a Life Insurance Plan will be made based on the latest nomination received in writing by us. This does not apply for the Life Insurance SMSF Plan.

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Prospective members of NMRF

Application	By completing your application you are applying to ETSL for membership of NMRF. You're asking ETSL to propose to us to provide insurance on the terms and conditions set out in this PDS—including any modifications to the plan that we consider appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify ETSL in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the NMRF. You should review any binding (non-lapsing) death benefit nomination you make regularly. If your circumstances change, the nomination may cease to have effect. If you are paying for your premiums by rollover and you have completed the relevant section of the application accordingly, you authorise ETSL or its representative to request an annual rollover from your complying nominated superannuation fund to the NMRF to pay the premiums for your plan on an ongoing basis.
Fund membership	You are completing your application for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or the Income Insurance Essentials Superannuation Plan as a prospective member of the NMRF.

Your Privacy

Protecting your personal and sensitive information (your information) is important to us. Your information will be handled in compliance with our Privacy Policy and relevant laws.

We collect information to provide our products and services, including managing your insurance. We only collect information from you, authorised individuals, or as required by law.

In some cases, we may need sensitive information, like health details, to assess insurance applications. This information is used or disclosed for its primary purpose or related purposes, such as processing claims, with your express consent.

We may disclose your information to third parties involved in these processes, including:

- financial advisers
- brokers
- parent or guardian (if under 18)
- insurers and re-insurers
- claims handlers and investigators
- legal and professional advisers, regulators and related companies.

Some of these third parties may be located in the EU, UK, India, New Zealand, Bermuda or USA.

Our Privacy Policy details how we collect, use, store and disclose your information as well as how you can seek access to and correct your information or make a complaint. You may not access or correct information of others unless you have been authorised by them, or are authorised under law or they are your dependants.

By providing us your information you consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If you do not provide all of the information we've requested we may not be able to provide you with our services or products including being able to process your application for insurance.

For more information, see our full privacy policy at resolutionlife.com.au/privacy.

For the full privacy policy applicable to ETSL, refer to the privacy statement accessible from eqt.com.au/global/privacystatement.

Glossary

In this section:

- ▶ Glossary of general terms in this document
- ▶ Glossary of total and permanent disability (TPD) insurance definitions
- ▶ Glossary of medical conditions
- ▶ Glossary of income insurance definitions

Glossary

The section sets out definitions of key terms used in this PDS. It does not set all definitions. Some additional definitions are shown elsewhere in this PDS.

Glossary of general terms in this document

Term	Definition
Activities of daily living (ADL)	Activities of daily living are the following: • bathing/showering • dressing/undressing • eating/drinking • using the toilet to maintain personal hygiene • getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.
Consumer Price Index (CPI)	Consumer Price Index (CPI) The increase we make to the sum insured and monthly benefit (as applicable) will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined. We use the last published Index for the 12 months ending 30 September each year. Any increase will be applied on the next extension date on or after 1 January of the following year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.
Evidence	Evidence will vary depending on the assessment, however, generally this includes: • medical information • employment records • financial records • personal statement • employer records, job descriptions, employer statements • tax returns (previous work) • employment status • rehabilitation assessments and reports • functional assessments, reports and investigations • claims forms and phone conversations • receipts or invoices.
Extension date	Extension date means the anniversary of your plan commencement date.
Immediate family member	Immediate family member means: • your legal husband or wife • a person living with you as your spouse on a domestic basis in good faith. They can be of the same sex as you • your mother, father, mother-in-law or father-in-law, or • your child.
Injury	Injury means accidental bodily injury.
Involuntarily unemployed	Involuntarily unemployed means you become unemployed because of the termination of your employment by your employer, or you are made redundant without your consent. It does not include unemployment because of: • you ceasing employment of a casual, seasonal or temporary nature • the expiration of a fixed term employment contract or other specified period of work, or • your deliberate or serious misconduct.
Medical care	Medical care means: • you have sought and are following advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate medical practitioner who has personally assessed you and been provided with full clinical details in relation to your injury or sickness, and is continuing to do so at reasonable intervals in the circumstances (at least annually), and • you are taking all other reasonable measures to minimise or avoid further injury or sickness.

Term	Definition
Medical practitioner	Medical practitioner means a legally qualified doctor or consultant medical specialist registered to practice in Australia, New Zealand, the United Kingdom, the United States of America or Canada. If the medical practitioner is located outside of those countries, we will only accept them as a Medical Practitioner if we have reviewed their qualifications and are satisfied they are sufficiently qualified to treat the relevant injury or sickness. That person may not be you or your business partner, an employee or employer of yours, or a member of your immediate family.
Permanent incapacity	Permanent incapacity means that we are reasonably satisfied, based on evidence that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably fitted by education, training or experience.
Policy	Policy means the contract of insurance which is documented by this PDS and your insurance schedule. The word 'Policy' also applies to references in this document to plan, option and cover, and these terms may, where relevant, be used interchangeably.
Policy owner	The policy owner is the person who owns the plan as identified in the insurance schedule. In many cases, the policy owner is the same person as the insured person, but a policy owner can apply to take out insurance on a different person. When applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or the Income Insurance Essentials Superannuation Plan, the policy owner is ETSL (as trustee of NMRF). When applying for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan or the Income Insurance Essentials SMSF Plan, the policy owner is the trustee(s) of your SMSF, in which case the trustee(s) of that fund will be responsible for providing information and meeting the requirements under the superannuation law.
Sickness	Sickness means illness or disease that manifests itself.
SMSF	Small superannuation funds (with less than five members) including a self-managed superannuation fund or a Small APRA Super Fund.
Temporary incapacity	Temporary incapacity means in relation to an insured person who has ceased to be gainfully employed (including an insured person who has ceased temporarily to receive any gain or reward under a continuing gainful employment arrangement) that we are reasonably satisfied, based on evidence that your ill-health (whether physical or mental) that caused you to cease to be gainfully employed but does not constitute permanent incapacity .
Terminally ill/ Terminal illness	NS For the Life Insurance Plan and Children's Trauma Option, terminally ill means: - a medical practitioner has certified that you (or the nominated child) suffer from a sickness, or have incurred an injury, that is likely to result in your death within 12 months of the date of certification, and - we agree with that prognosis based on evidence provided by you or obtained by us.
	S SMSF For the Life Insurance Superannuation Plan and Life Insurance SMSF Plan, terminally ill means: - two medical practitioners have certified, jointly or separately, that you suffer from a sickness, or have incurred an injury, that is likely to result in your death within 12 months of the date of certification - at least one of the medical practitioners is a specialist practising in an area related to the sickness or injury, and - for each of the certificates, the certification period has not ended.
Treatment	Treatment means appropriate and industry recognised medical care under the direction of a medical practitioner and which is reasonable and necessary for the management of your injury or sickness .

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Glossary of total and permanent disability (TPD) insurance definitions

Term	Definition
Total and permanent disability	A. Unlikely to work Is unlikely to work (any occupation) NS You are: - receiving medical care and treatment - unable to follow your own occupation for a continuous period of at least three months solely because of an injury or sickness, and in our opinion, based on all of the evidence before us, solely because of that injury or sickness, you are unlikely ever to be able to follow your occupation or any other occupation for which you are reasonably fitted by education, training or experience, which would pay remuneration at a rate greater than 25% of your income during your last 12 months of work.
	S SMSF You are: - receiving medical care and treatment - unable to follow your own occupation for a continuous period of at least three months solely because of an injury or sickness, and in our opinion, based on all of the evidence before us, solely because of that injury or sickness, you are unlikely ever to be able to follow your occupation or any other occupation for which you are reasonably fitted by education, training or experience.
	Is unlikely to work (own occupation) You are: - receiving medical care and treatment - unable to follow your own occupation for a continuous period of at least three months solely because of an injury or sickness, and in our opinion, based on all of the evidence before us, solely because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.
	B. Suffers a specific loss a. You have suffered the total and permanent loss of the use of: - both hands - both feet, or - one hand and one foot OR b. You have suffered: - permanent blindness in both eyes - total and permanent loss of the use of one hand and permanent blindness in one eye, or - total and permanent loss of the use of one foot and permanent blindness in one eye. Where: - Permanent blindness in one eye means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in one eye. - Permanent blindness in both eyes means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in both eyes.
	C. Requires future care Because of an injury or sickness, you are totally and permanently unable to perform at least two of the five activities of daily living without the physical assistance of another adult person.

Term	Definition
Total and permanent disability continued	D. Is unlikely to perform domestic work You are totally unable to perform your usual unpaid domestic work duties without physical assistance of another adult person or modification for a continuous period of at least three months because of an injury or sickness and in our opinion, based on all of the evidence before us, solely because of that injury or sickness, you are: • unlikely ever to be able to perform all of your usual unpaid domestic work duties without assistance or modification • diagnosed by a medical practitioner as having a permanent disability and we agree, based on the evidence before us • unlikely ever to be able to engage in any occupation, and • receiving regular medical attention from a medical practitioner. Domestic Work You are engaged in domestic work if you are performing the following duties related to running the family home: • cleaning the family home—to use domestic appliances and equipment such as a vacuum and mop to clean and maintain the family home • shopping for food and household items—to shop for everyday household provisions • meal preparation—to use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for oneself and/or others • laundry services—means the ability to do household laundry to a basic standard • caring for a child or dependant including driving or transporting family to and from school, sport, work or social events (if applicable).
	E. Suffers significant cognitive impairment You suffer a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, which results in a requirement for your continuous supervision and care by another person.

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Glossary of medical conditions

These definitions apply to trauma conditions and medical procedures covered under trauma insurance plans, trauma options, and the Day One TPD Benefit.

Claims guiding statement

Medical diagnoses and investigation methods used in many of the trauma conditions that we cover are advancing at a rapid rate. To assist the assessment of your claim, if the method for diagnosing one of the conditions in this Glossary has been superseded due to medical improvements, we may consider other appropriate and medically recognised methods or tests that conclusively diagnose the event to at least the same severity.

Term	Definition
Adult insulin dependent diabetes Subject to a 90 day qualifying period	Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate specialist medical practitioner after you turn 30.
Advanced diabetes	For us to pay a claim under this condition, the diabetes must be of a specified severity as set out below. Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by an appropriate specialist medical practitioner and resulting in at least two of the following: - severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes - severe diabetic neuropathy causing motor and/or autonomic impairment - diabetic gangrene leading to surgical intervention, or - severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range).
Angioplasty	The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met: - the obstruction is giving rise to impairment of ventricular function - the obstruction is giving rise to disabling symptoms, or - the obstruction is associated with unstable angina pectoris or myocardial infarction. We'll pay a benefit for angioplasty on more than one occasion. Angioplasty that is the result of the same investigation which identified the need for the angioplasty will be considered to be one angioplasty and the benefit will only be paid once.
Aortic surgery to correct structural abnormality of the aorta	Aortic surgery to correct structural abnormality of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intraarterial procedures or other non-surgical techniques.
Aplastic anaemia (requiring treatment) Subject to a 90 day qualifying period for Children's trauma option	For us to pay a claim under this condition, the aplastic anaemia must be of a specified severity as set out below. You have severe aplasia as diagnosed by an appropriate specialist medical practitioner and require treatment with at least one of the following: - blood product support of red cell or platelet transfusion - bone marrow transplantation, or - Immunosuppressive agents.

Term	Definition
Benign tumour	For us to pay a claim under this condition, the benign tumour must be of a specified severity as set out below. A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord or an acoustic neuroma. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in a permanent neurological deficit, where: • you are totally and permanently unable to perform at least one of the activities of daily living, or • require surgical removal of the tumour to treat the symptoms. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist. The following are excluded: • cysts • granulomas • malformations in or of the arteries or veins of the brain • hamartoma, and • tumours in the pituitary gland.
Early stage benign brain tumour or spinal cord tumour	A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord or acoustic neuroma. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in a permanent neurological deficit. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist. The following are excluded: • cysts • granulomas • malformations in or of the arteries or veins of the brain • hamartoma, and • tumours in the pituitary gland.
Blindness (permanent)	For us to pay a claim under this condition, blindness must be of a specified severity as set out below. Blindness means the permanent loss of sight in both eyes because of injury or sickness to the extent that visual acuity is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in both eyes.
Blindness in one eye (permanent)	We will make a partial payment, once only, if sight is permanently lost in one eye because of injury or sickness to the extent that visual acuity is 6/60, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in one eye.

Term	Definition
Cancer (of specified criteria)	For us to pay a claim under this condition, the cancer must be of a specified severity and cannot be of an early stage as set out below. Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, other malignant tumours and melanomas greater than or equal to 1.0 mm thickness using the Breslow method or Clark Level 3 or where the melanoma is showing signs of ulceration. The following cancers are excluded: • carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification system unless requiring surgery that results in the removal of the entire breast or requiring breast conserving surgery and radiotherapy • all other tumours classified as carcinoma in situ • all other melanomas, including melanoma in situ • other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body • prostate tumours classified as T1 (all categories) under the TNM classification system unless the tumour also has a Gleason score of 7 or above, or prostatectomy is performed • chronic lymphocytic leukaemia less than Rai stage I • tumours of the pituitary gland • tumours that occur within the 90 day qualifying period, and • tumours that are a recurrence or metastasis of a tumour that first occurred within the 90 day qualifying period. If you have trauma insurance plus, we will make a payment of 100% of the Trauma Benefit in the following circumstances: • If a prostate tumour is classified under the TNM classification system as: • T1c or above, • T1a or T1b with a Gleason Score of 6 or above, or • T1a or T1b and is considered untreatable or if you are required to undertake major interventionist therapy, which includes but is not limited to radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment.
Cancer (of specified criteria) early payment • Subject to a 90 day qualifying period	• melanomas that are less than 1.0 mm in thickness using the Breslow method or less than Clark Level 3. • prostate tumours classified as T1a or T1b under the TNM classification system with either a Gleason score less than 6, or where major interventionist therapy is not required. Major interventionist therapy includes but is not limited to prostatectomy, radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. • Carcinoma in situ of the penis where the tumour is classified as stage Tis under the TNM classification system and the tumour requires surgical excision. • Carcinoma in situ of one or both testes where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the cervix where the tumour is classified as stage Tis under the TNM classification system or CIN 3 grading. • Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy. The following cancers are excluded: • tumours that occur within the 90 day qualifying period, and • tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period.
Carcinoma in situ	Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy. Where invade means to move away from the site of origin into surrounding tissue or beyond.

Term	Definition
Cardiomyopathy (permanent)	For us to pay a claim under this condition, the cardiomyopathy must be of a specified severity as set out below. Cardiomyopathy (permanent) means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Chronic lung failure	For us to pay a claim under this condition, the lung failure must be of a specified severity as set out below. Chronic lung failure requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery Subject to a 90 day qualifying period	Coronary artery bypass surgery means bypass grafting performed to correct or treat coronary artery disease but does not include: - angioplasty - intra-arterial procedures - laser techniques, or - other non-surgical techniques.
Deafness (permanent)	For us to pay a claim under this condition, deafness must be of a specified severity as set out below. Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted (other than by cochlear implant), because of injury or sickness. The diagnosis needs to be confirmed by an appropriate specialist medical practitioner.
Deafness in one ear (permanent)	We will make a partial payment, once only, if deafness (permanent) occurs in one ear resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted (other than by cochlear implant), because of injury or sickness . The diagnosis needs to be confirmed by an appropriate specialist medical practitioner .
Dementia including Alzheimer's disease (with severe cognitive impairment)	For us to pay a claim under this condition, the definition of Alzheimer's disease and other dementias must be of a specified severity as set out below. Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) by an appropriate specialist medical practitioner resulting in significant cognitive impairment. Significant cognitive impairment means a deterioration in your Mini-Mental State Examination scores to 24 or less.
Diplegia (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of both sides of the body due to injury or sickness.
Encephalitis (resulting in permanent neurological deficit)	For us to pay a claim under this condition, the encephalitis must be of a specified severity as set out below. Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae: which leaves you totally and permanently unable to perform at least one of the activities of daily living without the assistance of another adult person.
End stage kidney failure	For us to pay a claim under this condition, the kidney failure must be of a specified severity as set out below. Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

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Term	Definition
End stage liver failure	For us to pay a claim under this condition, the liver failure must be of a specified severity as set out below. End stage liver failure resulting in: • permanent jaundice, and • ascites or encephalopathy.
Heart attack (of specified severity) • Subject to a 90 day qualifying period	For us to pay a claim under this condition, the heart attack must be of a specified severity as set out below. Heart attack (myocardial infarction) means the death of heart muscle because of inadequate blood supply to the relevant area. There must be an unequivocal diagnosis of a heart attack by a cardiologist, with evidence of typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, plus at least one of the following: • cardiac symptoms and signs consistent with myocardial infarction (eg chest pain), • new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB), or • imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. If the above tests are inconclusive, we may consider other appropriate and medically recognised tests that unequivocally diagnose a myocardial infarction to the degree of severity or greater than that outlined above. The following are not covered: • other acute coronary syndromes including but not limited to angina pectoris, and • elevated cardiac enzymes or biomarkers arising from elective percutaneous coronary interventions or coronary bypass grafting.
Heart valve surgery (via open heart)	The undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
Heart valve surgery (other than via open heart)	The undergoing of a procedure other than by open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect or abnormalities.
Hemiplegia (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.
HIV – accidental infection through medical procedure	The accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional: • a blood transfusion • transfusion with blood products • receipt of an organ transplant • assisted reproductive techniques, or • a medical procedure or operation performed by a medical practitioner. Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply if any 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 treatment that renders the HIV inactive or non infectious.

Term	Definition	Introducing Elevate Insurance
HIV – accidental occupational infection	Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while you were carrying out the normal duties of your usual occupation. No payment will be made unless all the following are proven to our satisfaction: • proof of the accident giving rise to the infection • proof that the accident involved a definite source of the HIV infection, and • proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply if any 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 treatment that renders the HIV inactive or non infectious.	Applying for cover Cost of insurance
Idiopathic pulmonary hypertension	Idiopathic pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.	Approach to claims
Loss of capacity for independent living	For us to pay a claim under this condition, the definition of Loss of capacity for independent living must be of a specified severity as set out below. Loss of capacity for independent living means that because of an injury or sickness, you are permanently unable to perform at least two of the activities of daily living without the physical assistance of another adult person.	Customer service and complaints
Loss of the use of a limb (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of one hand or foot.	Life, TPD and trauma
Loss of the use of limbs (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of: • both hands • both feet, or • one hand and one foot.	Income insurance
Loss of the use of limbs and sight (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of one hand or foot, and permanent blindness in one eye. Where permanent blindness in one eye means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in one eye.	When your cover ends
Loss of speech (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. Total and permanent loss of the ability to produce intelligible speech because of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.	Key information
Major head trauma (with permanent neurological deficit)	For us to pay a claim under this condition, the major head injury must be of a specified severity as set out below. Major head trauma (with permanent neurological deficit) means cerebral injury caused by external trauma which results in permanent neurological deficit. And solely due to the major head trauma, you are totally and permanently unable to perform at least one of the activities of daily living without the physical assistance of another adult person.	Glossary Interim cover

Term	Definition
Major organ transplant Subject to a 90 day qualifying period for Children's Trauma Option	Major organ transplant means: - the receipt of a transplant, from someone else, of human stem cells from blood or bone marrow, or of whole human organs - upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list to undergo necessary organ transplant, or - undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.
Medical condition requiring life support	The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self inflicted means, are excluded.
Motor neurone disease	Motor neurone disease means unequivocal diagnosis of motor neurone disease by an appropriate specialist medical practitioner and confirmed by neurological investigations.
Multiple sclerosis (persisting impairment)	Multiple sclerosis (persisting impairment) means the unequivocal diagnosis of multiple sclerosis confirmed by an appropriate specialist medical practitioner where there has been more than one episode of neurological deficit with persisting neurological abnormalities.
Muscular dystrophy	Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy confirmed by an appropriate specialist medical practitioner .
Out of hospital cardiac arrest	Cardiac arrest that is the sudden breakdown of the heart's pumping function where it: - is due to asystole or ventricular fibrillation as documented by electrocardiographic (ECG) changes - is not associated with any clinical procedure, and - occurs outside a hospital or other medical facility. If electrocardiogram changes are inconclusive or an ECG is not available, we will consider other medical evidence that unequivocally confirms an out of hospital cardiac arrest has occurred. Examples of suitable evidence include but are not limited to: Ambulance and Hospital Medical Reports confirming cardiac arrest or the administration of Cardiopulmonary Resuscitation (CPR) by an attending ambulance officer or trained first aid officer or Automated External Defibrillator (AED) data.
Paraplegia (permanent)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of the lower limbs due to spinal cord injury or sickness.
Parkinson's disease (with significant functional impairment)	For us to pay a claim under this condition, Parkinson's disease must be of a specified severity as set out below. Parkinson's disease (with significant functional impairment) means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by an appropriate specialist medical practitioner, as characterised by the clinical manifestation of one or more of the following: - rigidity - tremor - akinesia resulting from the degeneration of the nigrostriatal system. All other types of Parkinsonism are excluded (for example, secondary to medication).
Pituitary gland tumour surgical removal (other than by non-transsphenoidal technique)	A malignant tumour in the pituitary gland. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must be treated by undergoing surgery, other than by a non-transsphenoidal technique. The presence of the underlying tumour must be confirmed by histology and imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist. The following are excluded: - cysts - granulomas - malformations in or of the arteries or veins of the brain, and - hamartoma.

Term	Definition
Pituitary tumour with impairment	A malignant tumour in the pituitary gland. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by histology and imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). The tumour must result in you being totally and permanently unable to perform at least one of the activities of daily living. The following are excluded: • cysts • granulomas • malformations in or of the arteries or veins of the brain, and • hamartoma.
Pneumonectomy	You undergo surgical removal of an entire lung.
Quadriplegia (permanent) (also defined as tetraplegia)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or sickness.
Severe burns to specified body surface area	For us to pay a claim under this condition, the burns must be of a specified severity as set out below. Severe burns to specified body surface area means full thickness burns to: • 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification) • 50% or more of the face requiring surgical debridement and/or grafting • 50% of both hands or both feet requiring surgical debridement and/or grafting, or • The whole of the skin of the genitalia, requiring surgical debridement and/or grafting.
Severe rheumatoid arthritis	For us to pay a claim under this condition, the rheumatoid arthritis must be of a specified severity as set out below. Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis by an appropriate specialist medical practitioner. To fulfil the criteria for severe rheumatoid arthritis: • there must be a diagnosis of Rheumatoid Arthritis as specified by the 2010 Rheumatoid Arthritis Classification Criteria⁽ⁱ⁾ • the condition must be unresponsive to treatment for at least nine months with disease-modifying antirheumatic drugs and biologic agents • there must be symptoms and signs of persistent inflammation (swelling and tenderness) of multiple joints, and • due to rheumatoid arthritis, you must permanently satisfy two of the following criteria: • Dexterity – The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil. • Lifting – The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping, an overnight bag or briefcase. • Bending – The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard car. • Mobility – The inability to walk 200 metres on flat ground, with or without the aid of a walking stick or the physical assistance of another adult person, and without having to rest or experiencing severe discomfort. (i) American College of Rheumatology and European League Against Rheumatism.
Stroke (diagnosed) • Subject to a 90 day qualifying period	Stroke (diagnosed) means the damage of brain tissue because of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The following are not covered: • transient ischaemic attacks • cerebral symptoms associated with reversible neurological deficit • cerebrovascular disorder of the eye or optic nerve • symptoms due to migraine or headache, and • brain tissue damage caused by head injury.

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Term	Definition
Subacute sclerosing panencephalitis • Subject to a 90 day qualifying period	The certain diagnosis of subacute sclerosing panencephalitis.
Triple vessel angioplasty	Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure or via two procedures no more than two months apart. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure. Coronary arteries refer to the right coronary, circumflex, left main stem and left anterior descending arteries.
Viral encephalitis • Subject to a 90 day qualifying period	For us to pay a claim under this condition, the viral encephalitis must be of a specified severity as set out below. Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, which leaves you totally and permanently unable to perform at least one of the activities of daily living, without the physical assistance of another adult person.

Glossary of income insurance definitions

Term	Definition
Disability/disabled	Disability/disabled means total disability/totally disabled or partial disability/partially disabled .
Income	Income means: - if you own part or all of a business or practice, income is your share of the money generated by the business or practice, after all expenses in earning that income have been deducted, or - if you are employed, your income is the total package, including commissions, regular bonuses, and fringe benefits and excludes compulsory superannuation guarantee contributions (SGC). Income does not include investment or interest income. For the purpose of calculating the Partial Disability Benefit for income insurance plans, if you have not returned to work but evidence shows you are capable of returning to work, income is the amount you would be capable of earning.
Ongoing income	Ongoing income means any net profit (income less expenses), salary, payment or income in any form that you or any related person or entity on your behalf, receive, derive, or are entitled to receive from any nature or form of business which you are engaged in before the claim or while on claim. Ongoing income does not include dividends, interest, rental income, proceeds from the sale of assets or royalties. For example, it would not include dividends from shares you hold in a publicly listed bank, nor does it include any compulsory superannuation guarantee contributions (SGC).
Partial disability/partially disabled	You are partially disabled if, solely because of injury or sickness, you are: - capable of doing one or more duties that are important and essential in producing income of your occupation but are not totally disabled, or - capable of doing all of the duties that are important and essential in producing income of your occupation, but in a reduced capacity, AND - earning an income less than 80% of your pre-disability income AND - under medical care. Where you have a 5-year benefit period If after two years on claim, you are capable of working at full capacity for 40 hours a week in your own occupation, you will no longer be deemed to be partially disabled.
Pre-disability income	Pre-disability income means your average monthly income for the 12 months immediately prior to disability. If, at the time of disability, your employment status has not changed in the last 12 months and you can demonstrate that your pre-disability income has reduced by 25% or more compared to the 12 months preceding that period, you can request your pre-disability income be based on your average monthly income for a period of up to 24 consecutive months, immediately prior to disability. If you are not working at the time of disability If you have been unemployed, or on employer approved maternity leave, paternity leave or sabbatical leave for a consecutive period of less than 12 months immediately prior to disability, your pre-disability income will be the average monthly income in the 12 months immediately prior to your period of unemployment or leave. Pre-disability income is indexed by the greater of 3% and the Consumer Price Index (CPI) on the extension date, while we are paying a Total Disability or Partial Disability Benefit.
Rehabilitation	Rehabilitation means occupational rehabilitation for the purpose of returning you to employment. Occupational rehabilitation includes initial rehabilitation assessment, functional assessment, workplace assessment, vocational assessment and vocational retraining. Any occupational rehabilitation must be as part of a return to work program approved by us.
Total disability/totally disabled	You are totally disabled if, solely because of an injury or sickness, you are: - under medical care - not working in any occupation (whether paid or unpaid), and - not capable of doing each and every duty that is important and essential in producing income of your occupation. For this definition, an inability to do each and every duty of your occupation means that if you can do one or more duties, you will not satisfy this component of the definition.

Interim cover

In this section:

- ▶ Interim cover certificate – Elevate Insurance
 - Life insurance
 - Total and permanent disability (TPD) insurance
 - Trauma insurance
 - Income insurance
- ▶ When we won't pay for interim cover under life insurance, TPD insurance and trauma insurance
- ▶ When we won't pay for interim cover under income insurance
- ▶ When does interim cover commence?
- ▶ Duration of interim cover

Interim cover

Interim cover certificate – Elevate Insurance

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with Resolution Life is being replaced.

Details (please print):

Insured/Proposer:

Person to be insured:

Resolution Life provides you with interim cover at no extra cost while your application for cover is being assessed. Interim cover may be inside or outside super, depending on whether your application for insurance cover is inside or outside super. However, if your application for insurance cover is being made as a prospective member of NMRF, any interim cover will be provided outside super.

Life insurance

If you have applied for a life insurance plan, you are covered for interim death cover. The interim death cover will be payable if you die within 90 days of the date that interim cover commences because of an **injury** or **sickness** that occurs during the term of the interim cover and is subject to superannuation law, for interim death cover inside super.

Total and permanent disability (TPD) insurance

If you have applied for a TPD insurance plan or TPD option (other than ADL TPD), you are covered for interim accident TPD cover. Generally, the interim accident TPD cover will be payable if you suffer TPD (based on the any occupation definition) because of an **injury**. For interim TPD insurance inside super, a TPD Benefit will only be payable if you also meet the **permanent incapacity** definition (page 77). Payment is subject to superannuation law.

Please refer to the 'Glossary of total and permanent disability (TPD) insurance definitions' starting on page 78.

Trauma insurance

If you have applied for a trauma insurance plan or trauma option, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if you suffer one of the following trauma conditions solely as a result of an **injury**:

- blindness (permanent)
- coma
- diplegia (permanent)
- hemiplegia (permanent)
- loss of capacity for independent living
- major head trauma (with permanent neurological deficit)
- paraplegia (permanent)
- quadriplegia (permanent) (also defined as tetraplegia)
- severe burns to specified body surface area.

Please refer to the 'Glossary of medical conditions' starting on page 123.

Income insurance

If you have applied for an **income insurance plan**, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if your total disability lasts for at least the length of the waiting period that is applied for. The total disability must be caused by an **injury** which occurs after this cover starts, or by a **sickness** which is contracted and commences more than 30 days after this cover starts. For interim income insurance inside super, the payment of a total disability benefit is subject to superannuation law.

The benefit period under this cover will be two years.

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When we won't pay for interim cover under life insurance, TPD insurance and trauma insurance

We will not pay if death, TPD or trauma was as a result of or associated with or was caused by or contributed to by:

- you on purpose
- suicide, whether sane or insane
- intentional self **injury**, including intentionally contracted infection by bacteria or virus, or any attempt there at
- making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- the use of alcohol, recreational, illegal or prescription drugs or medicine, except where following medical advice
- an event which occurred before the application was submitted
- any medical condition, **injury** or **sickness** that you had before the application was submitted unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, **injury** or **sickness** at or before the time the application was submitted.

We will also not pay for the following:

- if the insurance plan applied for is to replace existing insurance cover or another application for insurance on your life
- if your application for insurance would not have been accepted, had the underwriting decision been made immediately before the **injury** or **sickness** giving rise to a claim, under our standard underwriting rules at that time
- if the **injury** or **sickness** which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the **injury** or **sickness** under our standard underwriting rules at that time.

When we won't pay for interim cover under income insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- an **injury** or **sickness** that you had before this cover began unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, **injury** or **sickness** at or before the time the application was submitted.
- you on purpose
- uncomplicated pregnancy, miscarriage or childbirth
- war or war-like activities
- football injuries (all codes, types and forms), or
- motor cycle riding injuries (including trail and dirt bike riding).

We will also not pay for the following:

- if the insurance plan applied for is to replace existing insurance cover or another application for life insurance on your life
- if your application for insurance would not have been accepted, had the underwriting decision been made immediately before the **injury** or **sickness** giving rise to a claim, under our standard underwriting rules at that time
- if the **injury** or **sickness** which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the **injury** or **sickness**, under our standard underwriting rules at that time.

When does interim cover commence?

Cover commences on the date your completed application form, personal statement and first premium payment (or an effective deduction authority for that amount) are received by us.

Duration of interim cover

The cover provided is valid until the earliest of the following:

- the time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- the time when the interim contract of insurance is cancelled
- the date of withdrawal, if you withdraw your application
- the date your application for insurance is declined
- 90 days after this cover starts.

Benefit payable for interim cover

Benefit	Amount
Life insurance	The lower of: • the amount applied for, and • \$1,000,000
Total and permanent disability (TPD) insurance	The lower of: • the amount applied for, and • \$600,000
Trauma insurance	The lower of: • the amount applied for, and • \$600,000
Income insurance	The lower of: • the monthly benefit applied for excluding additional options, and • the monthly benefit we would allow under our usual underwriting rules. The maximum benefit we will pay under this cover is \$200,000

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